



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Dexter SPCA Surrendered to SPCA- was possibly fed but left behind by owners in apartment, yellow, not eating much, seems painful in abdomen.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

8

**WEIGHT**

5.2

Abnormal PE/Chem/CBC/UA Results: Aug 10 CBC hct 0.29 (30-52) mcv 35 (35-53) lymphocytes 0.78 (0.92-6.88) basophils 0.27 (0.01-0.26) CHEM bg 14 (3.95-8.8) ALT 428 (12-130) alp 925 (14-111) ggt 20 (0-4) tbili 194 (0-15) cholesterol 7.19 (1.68-5.81) TT4 wnl x-ray report Conclusion 1. Mild cardiomegaly likely due to hypertrophic cardiomyopathy. Other forms of cardiomyopathy cannot be ruled out. There is no evidence of heart failure at this time. 2. Constipation. 3. Suspect enteritis due to nonspecific etiologies. Systemic disease such as pancreatitis can cause bowel atony resulting in a similar radiographic change. 4. Unremarkable right forelimb. UA UA cysto, orange, sl cloudy usg 1.044 ph 7 pro 30mg/dl glucose 100mg/dl bld 10 ery/ul bili 6mg/dl urobili 12mg/dl wbc/rbc <1/hpf <1/hpf squam and non squam epi cells Aug 12 recheck bloods Bloodwork results Aug 12 CBC HCT low 23 (30-52) hgb low 8.2 (9.8-16) mcv low 32 (35-53) neutrs elevated 11.3 (2-10) mono 0.83 elevated (0.05-0.67) baso elevated 0.28 (0.01-0.26) pls low 34 (151-600) slow pull glu 16.68 (4-9)\*\* checked fructosamine- normal 336 (191-349) creat 62 low (71-212) urea 2.3 low (5.7-12.9) suspect dilution v liver dz alt high 281 - was 428 (12-130) alpk high 624 - was 925 (14-111) ggt high 18 - was 20 (0-4) tbili high 205 (0-15) chol 6.6 (1.68-5.81) na low 148 (150-165) cl 107 (112-129) fpl snap normal Suspect EHBDO

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.3 cm. The right kidney measured 4.3 cm.

**Adrenal Glands**

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.50 cm.

The region of the right **adrenal gland** was unremarkable.

**Spleen**

The **spleen** was enlarged, measuring 1.34 cm. Undulating contour and heterogeneous parenchyma noted.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Dr. Laura Field

**HOSPITAL NAME**

Westview Vet Hospital

**REFERRING VET**

Dr. Laura Field

**INVOICE**

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8/13/23



**PATIENT** *Liver*

Dexter SPCA

The **liver** was enlarged with heterogeneous parenchymal changes and multifocal hypoechoic nodules. Nodular changes were diffuse. The gallbladder was overdistended with echogenic debris and echogenic wall. Slight areas of free fluid noted between the liver lobes. The common bile duct dilated with dilated lobar biliary ducts. The cystic duct was tortuous.

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Feline

**Gastrointestinal**

**BREED**

DSH

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Soft stool noted in the colon.

**SEX**

**Pancreas**

Neutered Male

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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**ULTRASONOGRAPHIC FINDINGS**

- Enlarged spleen and liver with undefined hepatic nodules – strong concern for infiltrative disease.
- Dilated common bile duct and cystic duct as well as congested gallbladder – cause of dilation is unclear. Duodenal papilla stricture, occult neoplasia at the termination of the common bile duct all possible, however not visible owing to interfering artifact from the full stomach.
- Age related renal and pancreatic changes
- Full stomach

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend screening FNA spleen and liver in this patient with further imaging of the common bile duct as it terminates into the duodenal papilla to assess for underlying obstructive pathology. However, parenchymal disease is evident and should be further defined by FNA. Prognosis is extremely guarded.

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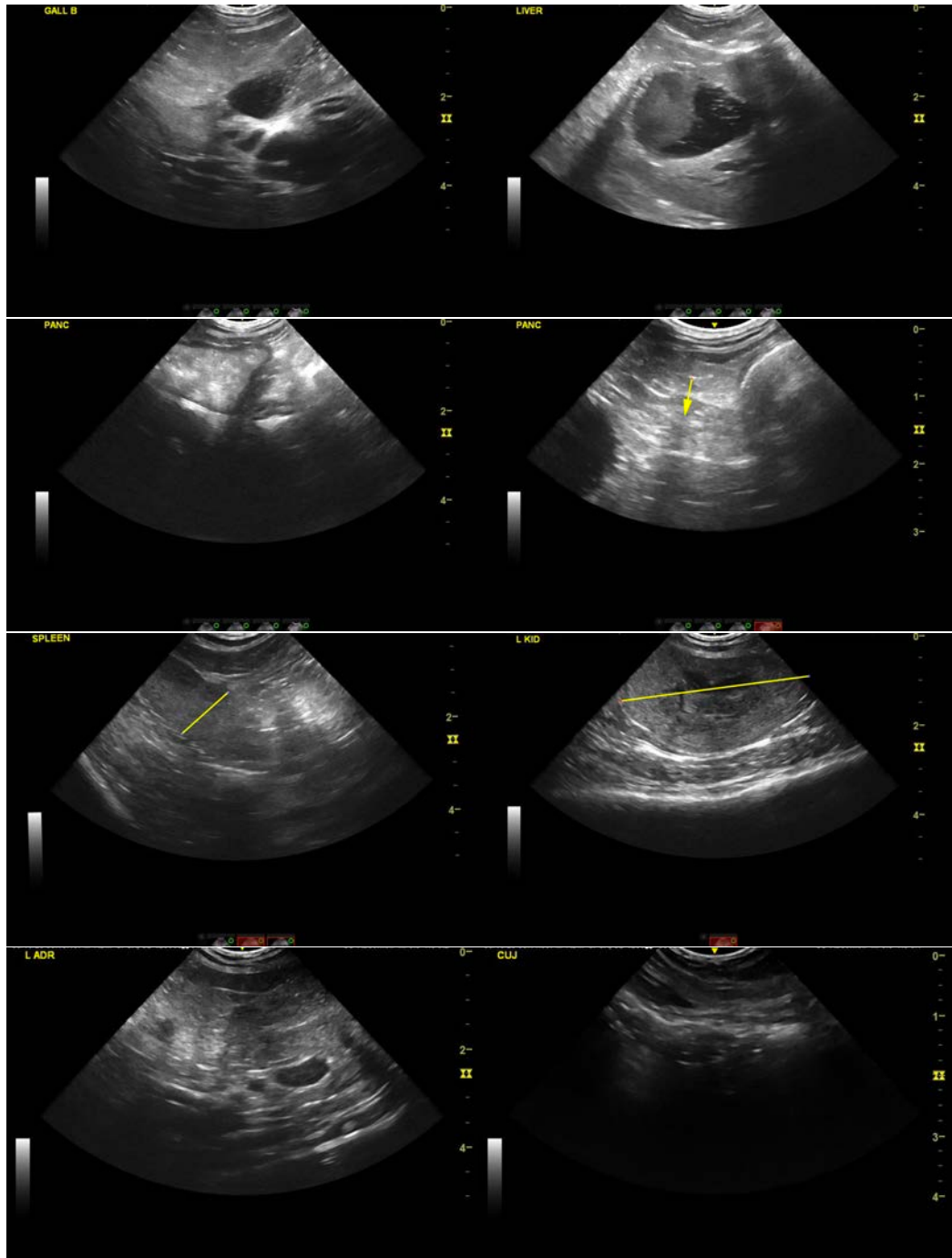
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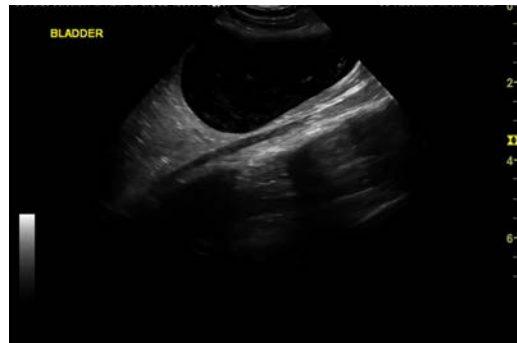
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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