



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Chloe Young

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
9 Years

WEIGHT
9.12 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Amanda Olsen

HOSPITAL NAME
Limestone Vet Hospital

REFERRING VET
Dr. Amanda Olsen

INVOICE
40637

DATE
8/19/22

Presented 5/14/22 (10.12 lbs) for vomiting and decreased appetite for a month that seemed to have resolved on its own. Presented again 7/29/22: (9.5 lbs). Will only eat raw chicken (which she eats well). Vomits with food other than raw chicken. Weight loss. Icteric on exam. BW showed elevated liver enzymes and TBili. Treated with convenia, metronidazole, and Denamarin as well as GI supportive medications. Rechecked 8/12/22 (9.12 lbs): Vomiting daily, still eating raw chicken, continued weight loss, still icteric on exam. Rule out: Infectious hepatitis/cholangitis, inflammatory hepatitischolangitis, obstructive cholangitis, +/- IBD/pancreatitis, neoplasia, other hepatopathy

Abnormal PE/Chem/CBC/UA Results: 7/29/22: ALP 161, ALT 682, Tbili 6.6 8/12/22: AST 310, ALT 719, ALP 231, GGT 12, Tbili 7.4, Chol 352, USG 1.037, 2+ protein, 2+ bilirubin

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 right kidney measured 3.45 cm. The left kidney measured 3.77 cm.

Adrenal Glands

Both **adrenal glands** were 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 0.40 cm.

Spleen

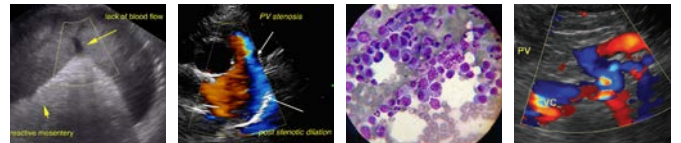
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen measured 7.0 mm in width. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was swollen with increased portal markings. Multifocal cystic changes noted, coalescing into a mass. Multiple cystic masses occupied the left medial liver. Irregular right lobe as well. The gallbladder wall was slightly thickened. The common bile duct was normal.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



PATIENT

Pancreas

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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

- Multifocal cystic hepatic masses with irregular swelling
- Age related renal and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

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Cystic carcinoma possible. Polycystic liver with underlying parenchymal disease possible. FNA of the variable portions of the liver recommended. Possible concurrent pancreatitis. Treatment should be based on FNA results. Subxyphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

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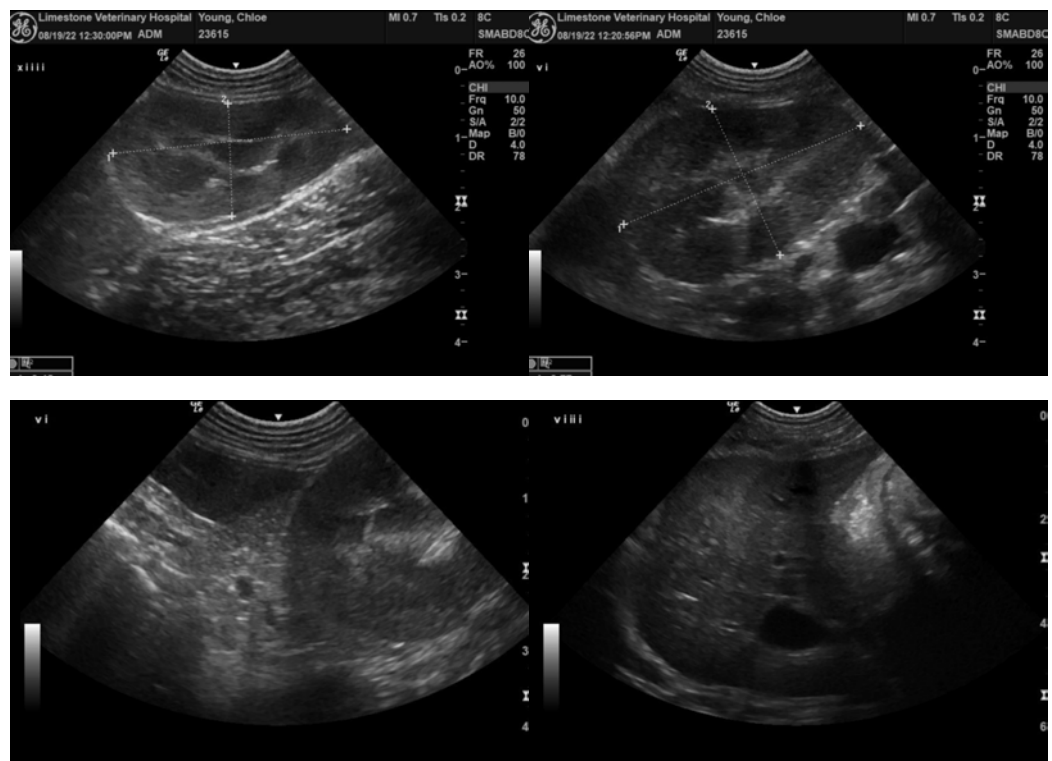
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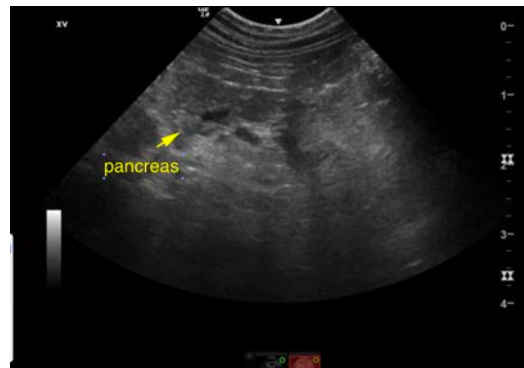
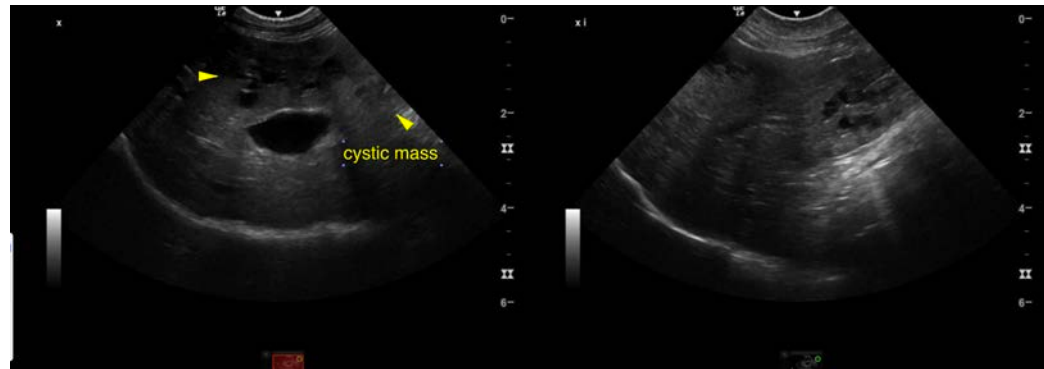
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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