



PATIENT

Mango Brandt

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

7.3 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

40035

DATE

8/2/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for was seen at RDV yesterday after having trouble with vomiting for 1 week, then was sent here by them today after they got bloodwork results. Previous Health Concerns: Thyroid radiation Current Medications: None Appetite/When did they eat last: Small amount this AM (1/2 tsp)

Abnormal PE/Chem/CBC/UA Results: Abdominal: no obvious mass, tense cranial abdomen Integument: ungroomed coat; icteric rDVM 8/1 bloodwork: RBC 6.82 L, SDMA 16 H, Creat 2.6 H, Sodium 146 L, Chloride 111 L, ALT 667 H, AST 224 H, ALP 114 H, Total bilirubin 9.7 H, CK 524 H Liver panel: Albumin 3.6 H, Glucose 155 H, ALT 798 H, ALP 143 H, GGT 88 H, Total bilirubin 8.5 H EPOC: Lactate 3.46 H, BUN 14 L, Creat 2.44 H, Glucose 144 H PCV/TP initial: 30/9

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.8 cm. The right kidney measured 4.63 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. 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** presented uniform parenchyma and relatively normal size. The parenchyma was hypoechoic to falciform fat. The gallbladder was not visualized. The common bile duct was upper limits of normal at 4.0 mm.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.



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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

BREED

DSH

- Structurally unremarkable liver without visible gallbladder
- Diffuse intestinal thickening

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gallbladder aplasia may be an issue. Acute cholangiohepatitis suspected, possibility of underlying neoplasia. Hepatic FNA indicated. No overt neoplastic criteria present.

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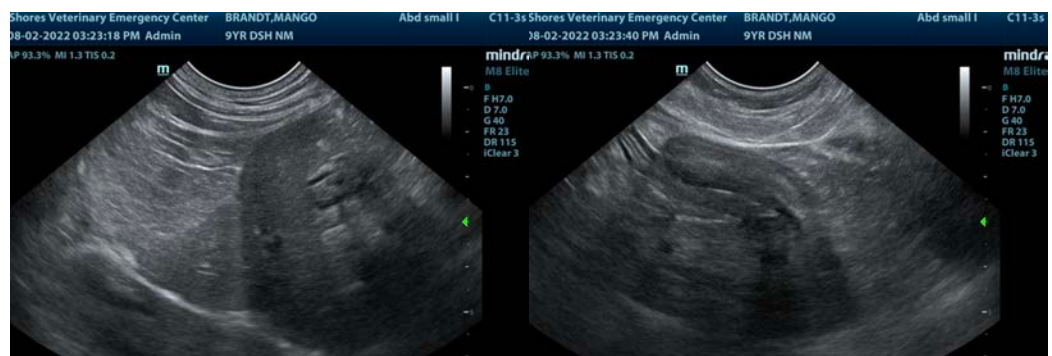
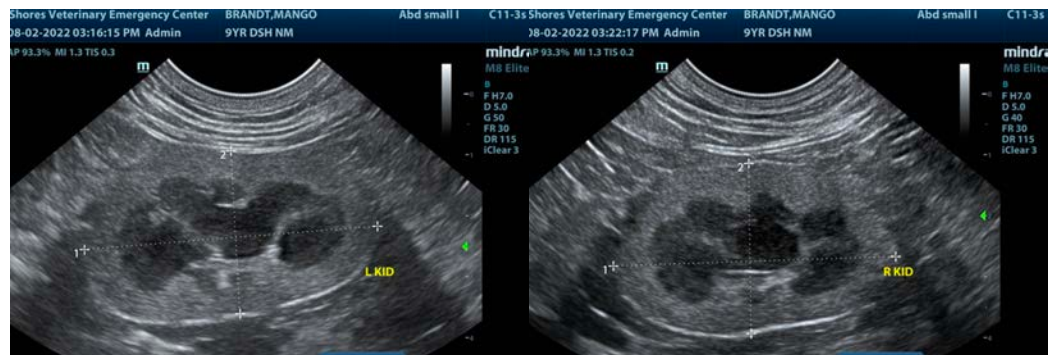
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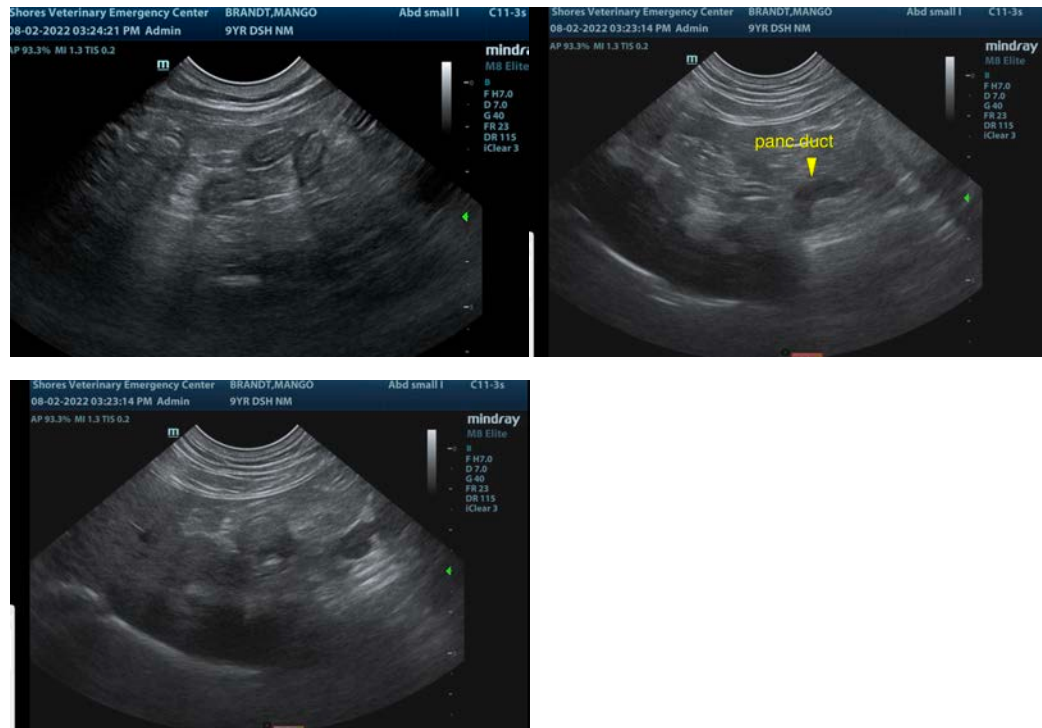
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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