



PATIENT

Pumpkin Hendricks

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

5.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

12626

DATE

8/20/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for: Was doing well up until this afternoon. Started V+ food around lunch, V+ foam/ liquid this evening. Not interested in food tonight Previous Health Concerns: Elevated Liver Values- Was hospitalized last week at York ER. Current Medications/Supplements/OTC: PredL. Ursodiol, Mirataz, Baytril, Lactulose

Abnormal PE/Chem/CBC/UA Results: Abdominal: Tender in cranial abdominal palpation Bloodwork: iCa 1.56; BUN 12; GLU 182; pH 7.450; K 3.4; ALP 312; GGT 22; Tbili 4.8

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. Slight mineralization was present in the kidneys. The left kidney measured 6.84 cm. The right kidney measured 4.82 cm. Pyelectasia (1.0 cm x 1.0 cm) and echogenic debris were noted in the right kidney.

Adrenal Glands

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

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.2 cm in width.

Liver

The **liver** images submitted revealed mildly swollen liver size with increased portal markings. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Lobar biliary dilation noted. The gallbladder wall was echogenic and thickened with suspended debris, rounded. The common bile duct was dilated to 4.0 mm at the duodenal papilla. No pathological hepatic lymphadenopathy was evident. Slight regional free fluid was noted adjacent to the gallbladder.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and mild echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be



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related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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Pancreas

The **pancreatic** duct adjacent to the duodenal papilla was dilated. Heterogeneous pancreatic changes were noted with regional inflammation.

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ULTRASONOGRAPHIC FINDINGS

- Pancreatitis/cholangiohepatitis pattern with concurrent mild post hepatic obstruction, mild potential for underlying lymphoma
- Scalloping spleen
- Age-related renal changes with pyelectasia and echogenic debris right kidney
- Age-related GI changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

12 Years

The gallbladder is not healthy in this patient, likely should be removed, especially given the slight free fluid adjacent to gallbladder. Screening FNA of the liver warranted, if no obvious neoplasia such as lymphoma is present, then surgical intervention with cholecystectomy, liver biopsy and common bile duct lavage would all be indicated. Empirical treatment for cholangitis/cholangiohepatitis with enrofloxacin, metronidazole, pain management and plasma expanders all indicated. If empirical measures are to be undertaken without sampling or surgical intervention, then recheck sonogram recommended in 48-72 hours to assess for progression or regression.

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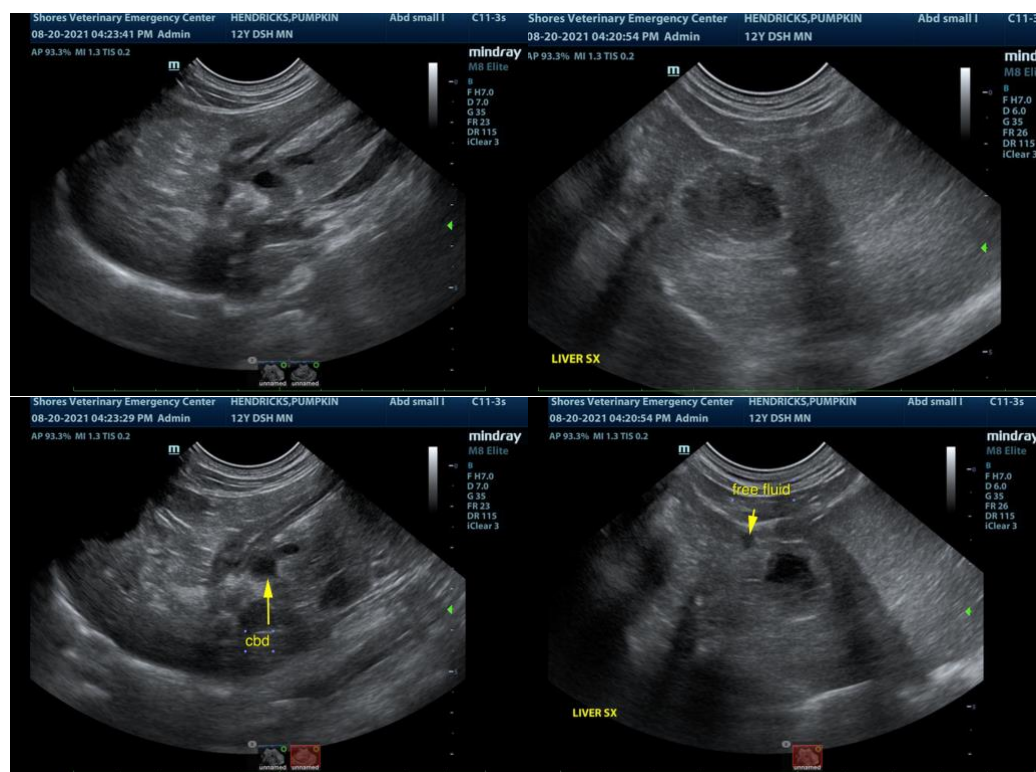
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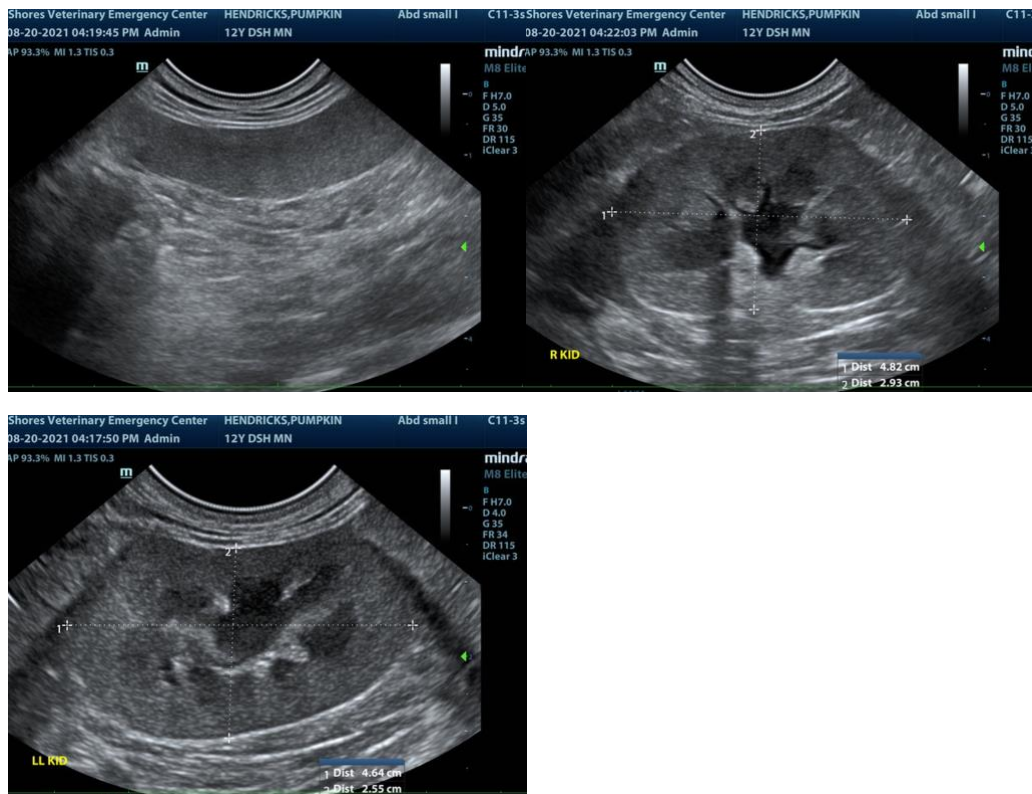
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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