



PATIENT

Spunky Buchko

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

12 years

WEIGHT

7.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Isaac

HOSPITAL NAME

Valley West & Elk
Valley VH

REFERRING VET

Dr. Isaac

INVOICE

46694

DATE

8/21/23

PRESENTING CLINICAL SIGNS

History: Diagnosed with thyroid disease approx 6 months ago and has been taking methimazole BID. ALT greater than 1000 at time of diagnosis, but have been coming down since treatment for thyroid disease was initiated. ALT today is 162 (12-130)

Abnormal PE/Chem/CBC/UA Results: Pet is thin, but no other abnormalities noted on exam.

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 was noted. Ureteral papillae were normal.

The **kidneys** are normal in size and contour. However, wide, hyperechoic, corticomedullary band was noted in this patient. This is an idiopathic finding, yet may be related to tubular disease. The left kidney measured 3.6 cm. The right kidney measured 3.5 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.

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 was noted.

Liver

The **liver** revealed mildly increased portal markings. The calculi are non-obstructive at the time of the sonogram. However, this may obstruct at anytime. The gallbladder wall was slightly echogenic. Gallbladder calculus was localized in the cystic duct and measured 0.9 cm.

Gastrointestinal

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

ULTRASONOGRAPHIC FINDINGS

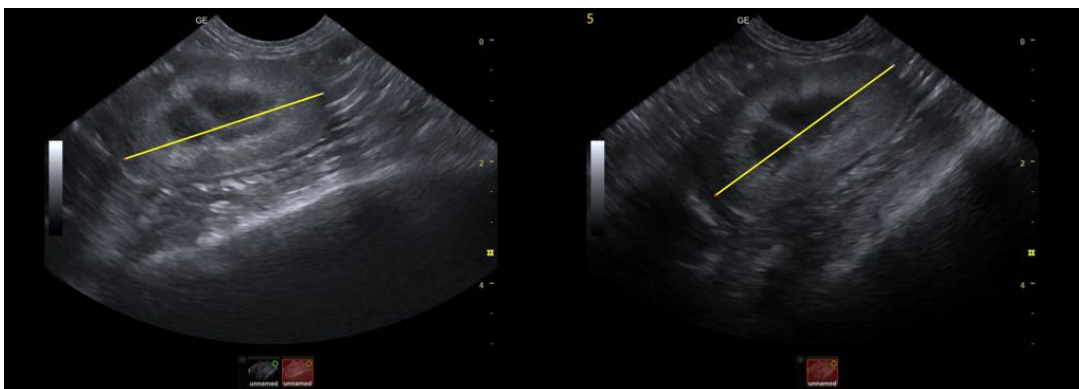
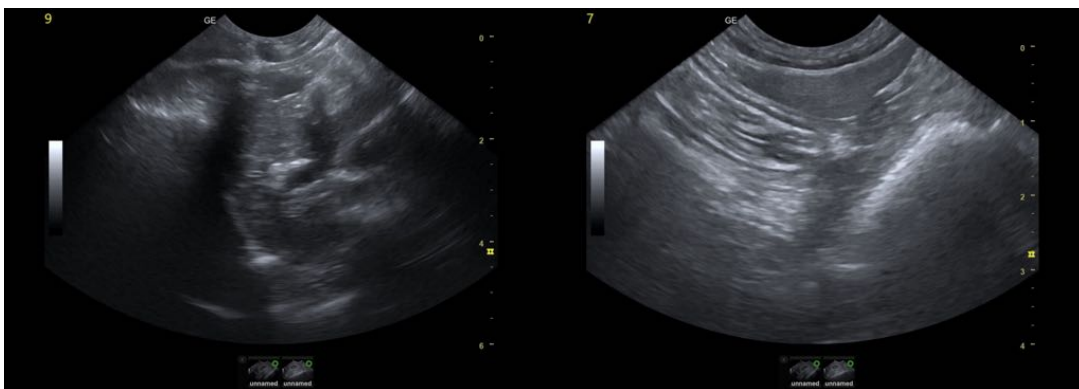
Cystic duct and common bile duct calculi.

Mild chronic GI changes.

Mild chronic renal changes with medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient does not have a surgical obstruction of the biliary tree at this point; however, this can occur at any time. Ursodiol therapy can be considered in an attempt to dissolve the calculi. However, this is highly variable patient to patient. FNA of the liver is indicated. If anorexia is an issue or if bilirubin ALKP elevations occur then surgical intervention with common bile duct lavage and liver biopsy would be appropriate.





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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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