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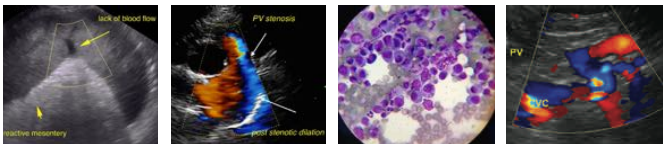

PATIENT

Sammy Whynot

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

14 years

WEIGHT

9.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Goodman

INVOICE

91905

DATE

9/17/21

PRESENTING CLINICAL SIGNS

History: Depressed, lethargic, seizures, and not eating. Started on Phenobarbital 1 week ago, also got 1 dose of Keppra (but vomited it back up).
Abnormal PE/Chem/CBC/UA Results: PE: Depressed, intermittent trembling or stretching. Sensitive on palpation of abdomen. BCS 3/9, mild jaundice and pale mm. Hct 20%, WBC 6.22k with 21% Neut, 64% Lymphs, 9% Monos, 5% Eos. ALT 797, Phos 2.8, T Bili 1.9, Glu 170 UA SG 1.040, Prot 30, Glucose 50, USB 8, Bili 3, BLD 10. Sed: 2 WBC/HPF, 4 RBC/HPF, 6-20 Bilirubin crystals/HPF.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The urethra revealed a 0.45 cm calculus that was lodged approximately 0.5 cm caudal from the cystourethral junction. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The iliac trifurcation was unremarkable.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.33 cm. The left kidney measured 4.09 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 0.65 cm. The right adrenal gland measured 0.4 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. The splenic width measured 1.25 cm. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** revealed mild, uniform enlargement. The hepatic parenchyma was mildly heterogenous. The left lateral liver in this patient was nodular and irregular with focal swelling. The gallbladder was slightly rounded. The common bile duct was dilated and measured 0.6 cm which is 0.2 cm larger than normal. The cystic duct was mildly tortuous with lobar biliary duct dilation and increased portal markings. A 0.5 cm tissue thickening was noted at the junction of the common bile duct with the pancreatic duct prior to the duodenal papilla. This may represent stricture or emerging carcinoma. There was no obvious metastatic disease noted.

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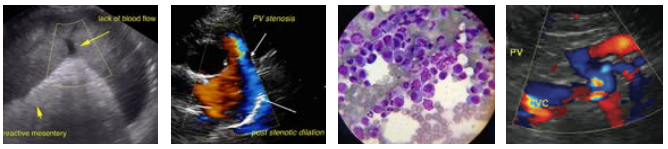

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Gastrointestinal

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.

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.

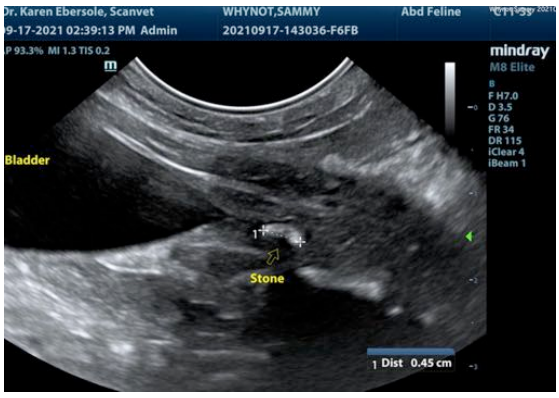
ULTRASONOGRAPHIC FINDINGS

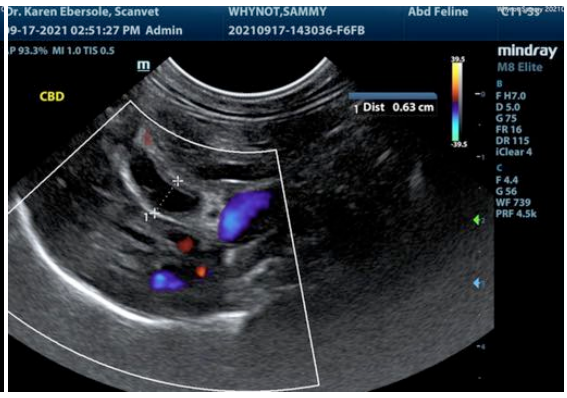
Slight splenic enlargement.

Hepatomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend ultrasound-guided FNA of the spleen and liver in this patient. An argument could be made for both parenchymal splenic and hepatic disease as well as post hepatic obstruction. FNA in the area of the irregular liver with focal swelling is recommended. Hemolytic disease is also a potential as cause of bilirubin elevation. However, both the parenchymal presentation of the liver and the common bile duct dilation can both justify bilirubin elevations. I recommend ultrasound-guided FNA of the spleen and liver as a cursory evaluation Given the CNS examination CT with contrast would be idea. If by chance the splenic and hepatic aspirates are benign then I would be concerned for either hemolytic disease or post hepatic obstruction by the strictured area in the common bile duct junction with the pancreatic duct. Differentials for this lesion include stricture owing to inflammatory disease and polypoid changes or carcinoma.





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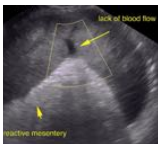
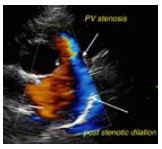
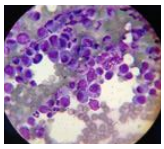
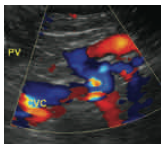

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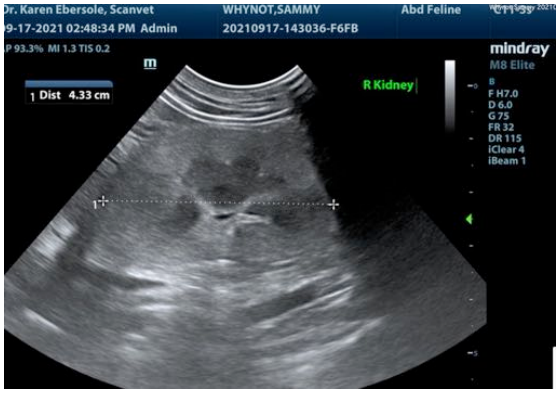

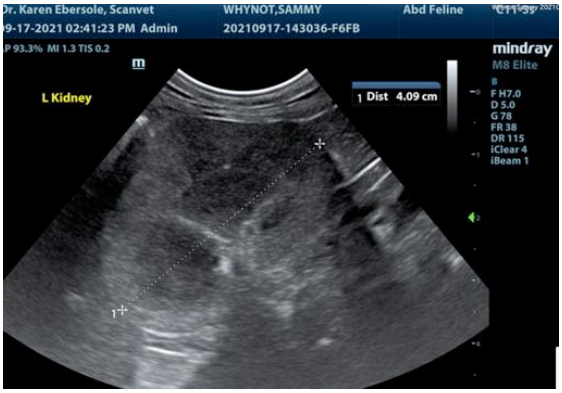

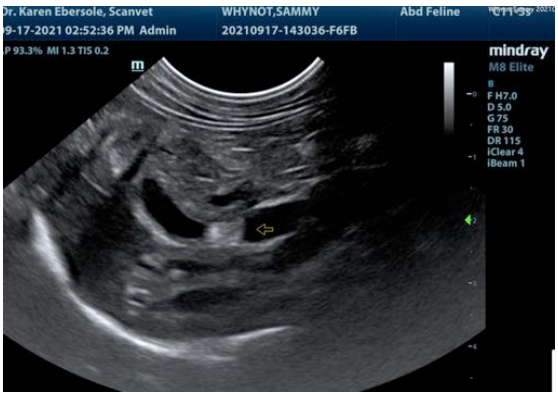

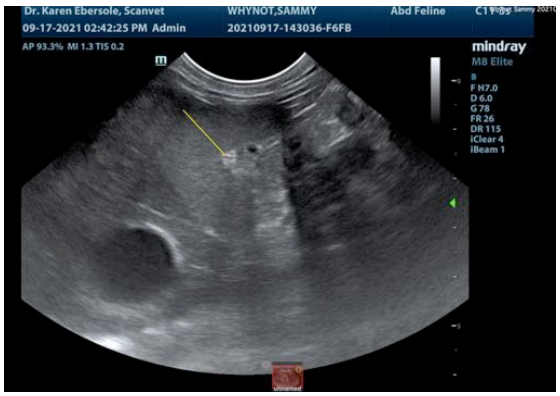

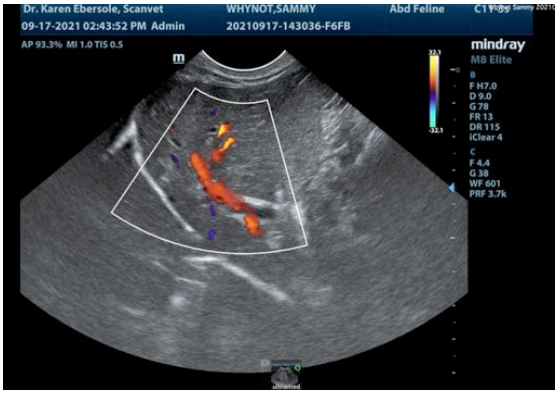

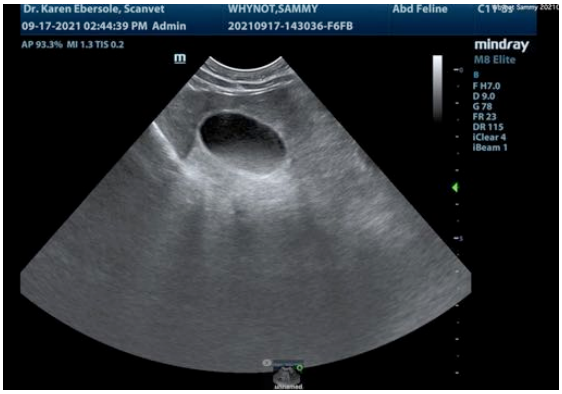

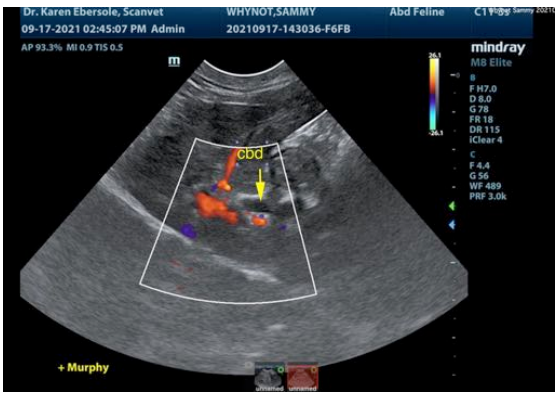

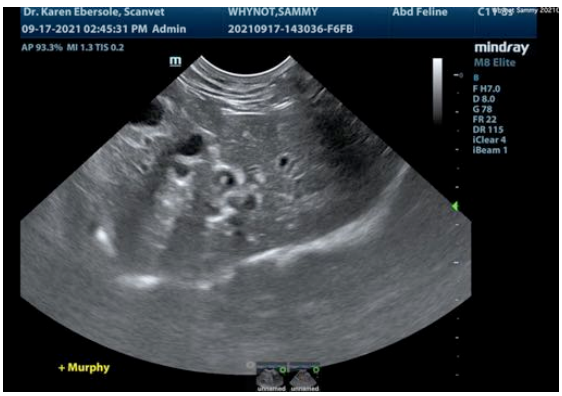

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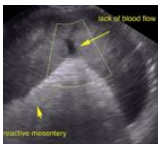
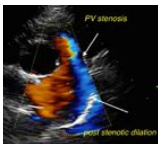
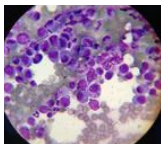
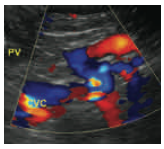

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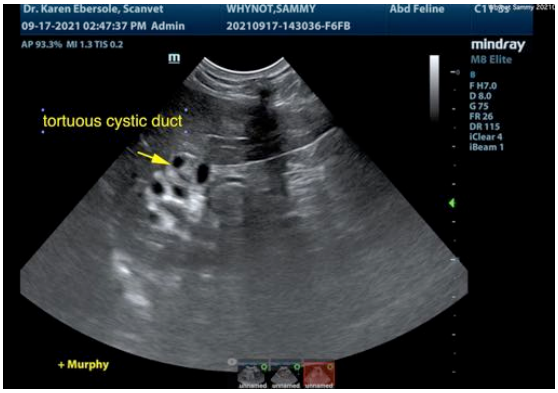

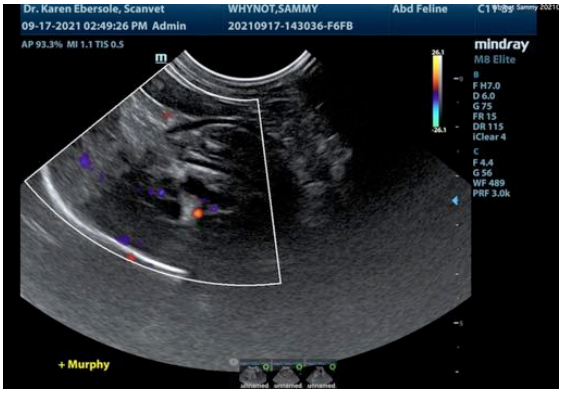

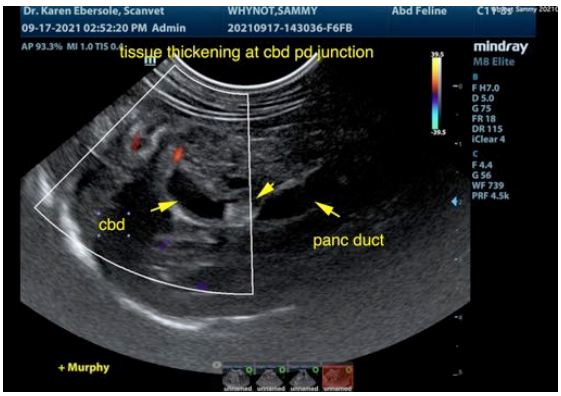

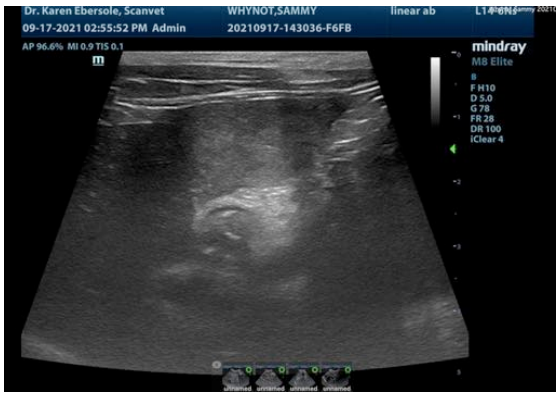

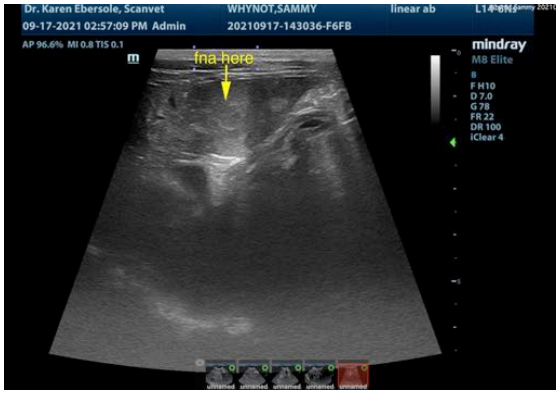

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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