



PATIENT PRESENTING CLINICAL SIGNS

Ozzie Hamel Weight loss and decreased appetite. Vomited last night. On Pred-L SID. USG FNA of liver done with 25G. Fractious, fully sedated.

SPECIES Abnormal PE/Chem/CBC/UA Results: T-4 6.3. BW (8/25/22): WBC 31.7k, Neut 29.5k. ALT 477, AST 149, ALP 81, T Bili 2.6. Conj Bili 1.7. UA (cysto): SG 1.050, Bili 2+, Prot 3+, cocci bacteria >40/HPF.
Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH
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 3.0 cm beyond the cystourethral junction.

SEX Neutered Male
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 4.02 cm. The left kidney measured 3.8 cm.

WEIGHT 7.2 Pounds
Adrenal Glands
The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.49 cm. Slight mineralization noted in the left adrenal gland.

INTERPRETED BY Eric Lindquist, DMV
Spleen

DABVP, Cert. IVUSS
The **spleen** was mildly enlarged (1.0 cm) 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.

IMAGING PERFORMED BY Dr. Ebersole
Liver

HOSPITAL NAME Scanvet
The **liver** was swollen and slightly coarse in architecture with mild lobar biliary dilation. Lobar biliary calculi also noted. The gallbladder, common bile duct, and cystic duct were filled with multiple calculi measuring up to 1.21 cm. Post hepatic obstruction present. The common bile duct was dilated to 1.2 cm. The common bile duct was followed to the level of the duodenal papillae. The primary obstruction is on the proximal portion of the common bile duct and cystic duct.

REFERRING VET Dr. Peyser
Gastrointestinal

INVOICE 41084
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.

DATE 9/7/22



PATIENT

Pancreas

Ozzie Hamel

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.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

DSH

- Cholangitis liver pattern with post-hepatic biliary obstruction
- Stress adrenals
- Mild splenic enlargement
- Age related renal changes
- Age related pancreatic changes

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

17 Years

No obvious evidence of neoplasia. Surgical intervention necessary with liberation of the common bile duct and potential cholecystectomy. The Prednisone may be suppressing a more significant presentation.

WEIGHT

7.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

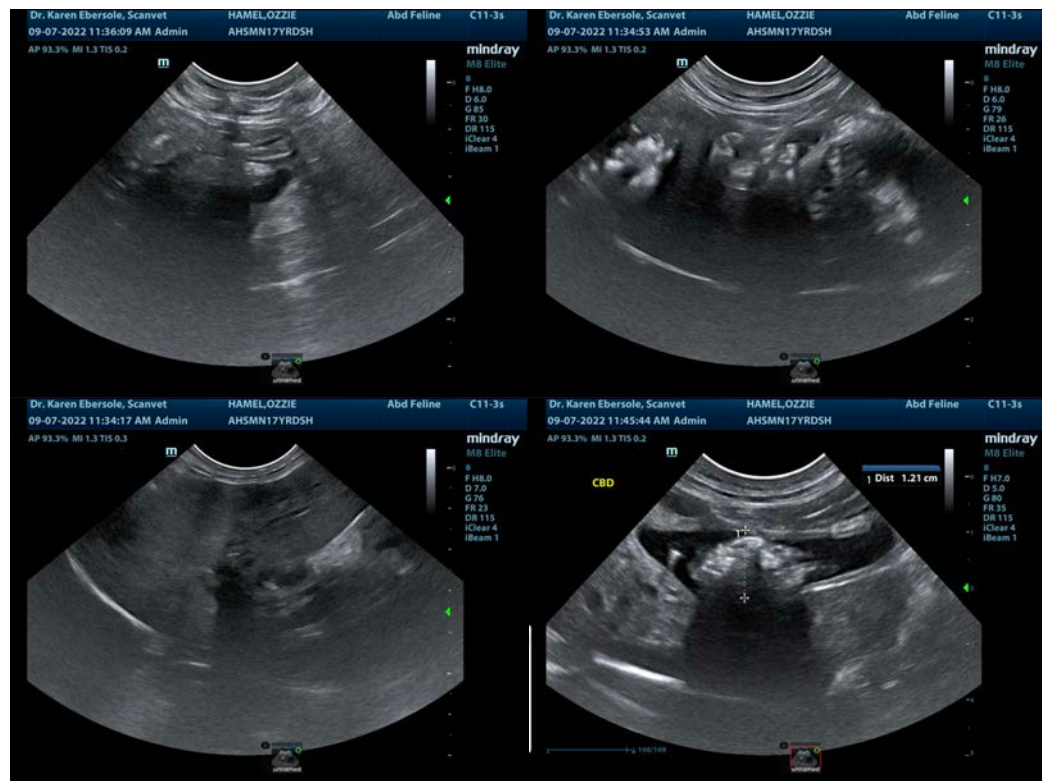
Dr. Peyser

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PATIENT

Ozzie Hamel

SPECIES

Feline

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DSH

SEX

Neutered Male

AGE

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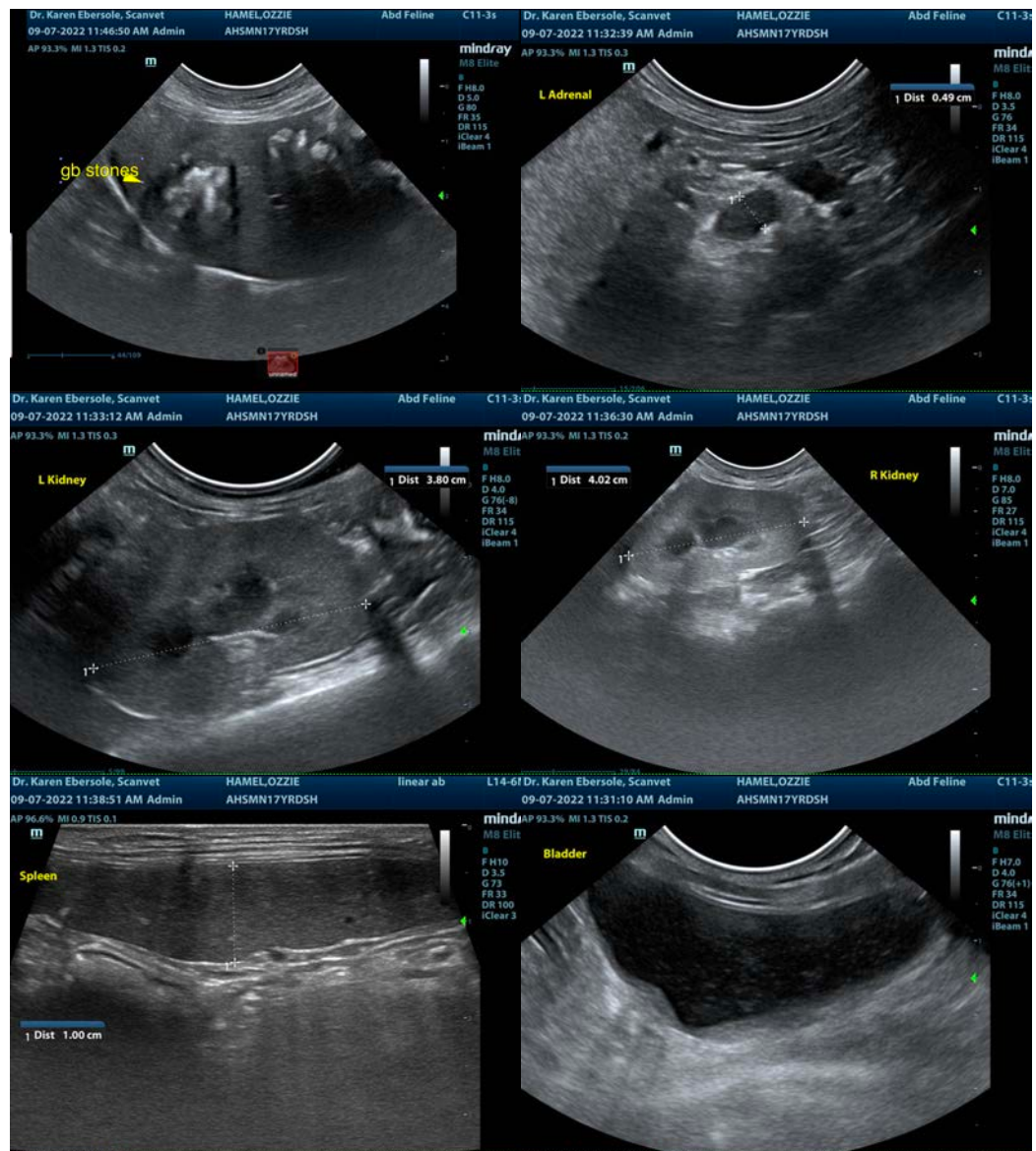
Dr. Peyser

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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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