



PATIENT

Rusty Rupp

PRESENTING CLINICAL SIGNS

History: Anorexia, weight loss, lethargy. No current meds
Abnormal PE/Chem/CBC/UA Results: AST 231, ALT 943, TBili 3.3

SPECIES

Feline

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.

BREED

Domestic Longhair

SEX

Spayed female

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 left kidney measured 3.87 cm. The right kidney measured 4.05 cm.

AGE

12 years

WEIGHT

8.1 lbs

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.54 cm. The left adrenal gland measured 0.39 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Shari Reffi, CVT

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. The spleen measured 0.57 cm.

HOSPITAL NAME

VCA Blairstown AH

Liver

REFERRING VET

Dr. Lovell

The **liver** itself revealed a mildly increased portal markings. This is consistent with chronic inflammatory disease. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was over distended with dependent debris and tortuous cystic duct. The common bile duct was dilated at 0.53 cm. A polyp was noted at the duodenal papilla measuring 0.62 cm. The polyp extends from the duodenal papilla and measures 1.7 cm in length x 0.6 cm in width. A lymph node was enlarged in this region.

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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness and acceptable curvilinear mural detail. The gastric lumen was fluid filled. 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.

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Pancreas

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Post hepatic obstruction with bile duct tumor or inflammatory polyp. There was no obvious evidence of metastatic disease.

Slight lymph node was noted in the region.

Minor concurrent pancreatitis.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention with common bile duct deviation procedure is indicated resecting the duodenal papilla. Liver biopsy is warranted at that time. There was no evidence of metastatic disease. The lesion may be inflammatory and not necessarily neoplastic. An inflammatory pattern was noted in the right pancreatic limb. Surgical intervention for bile duct deviation procedure is indicated. Chest radiographs are warranted to assess for any evidence of metastatic disease. Bile duct carcinoma versus inflammatory polyp are the primary differentials.

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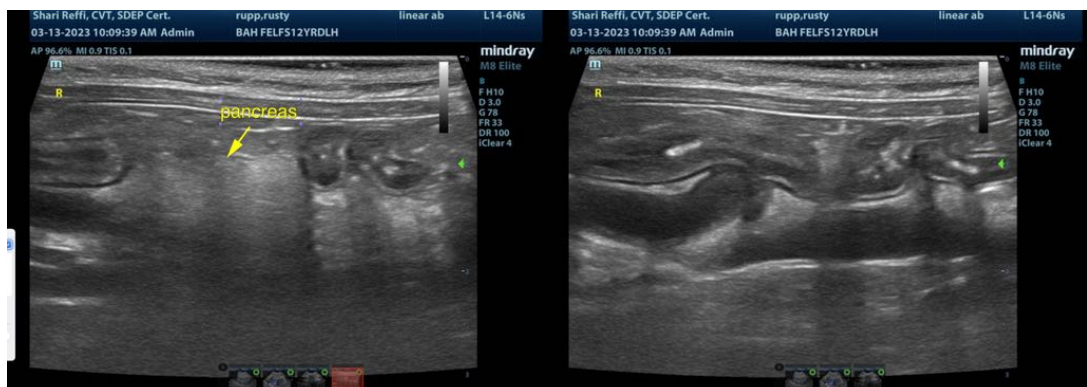
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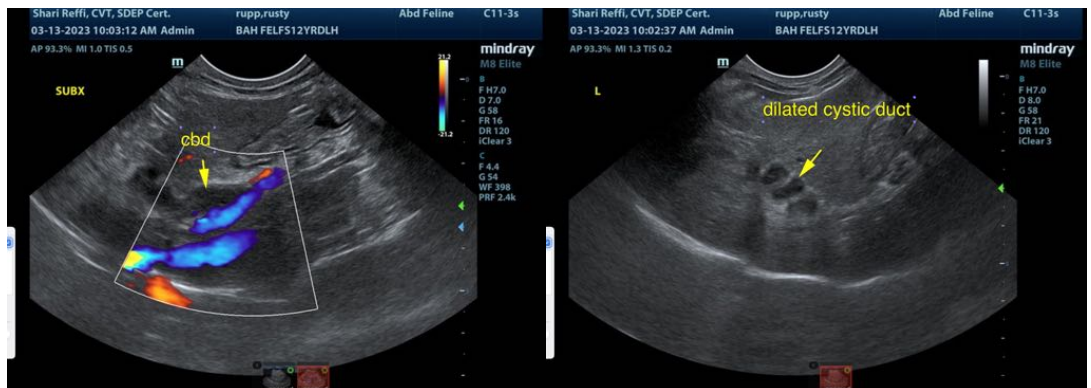
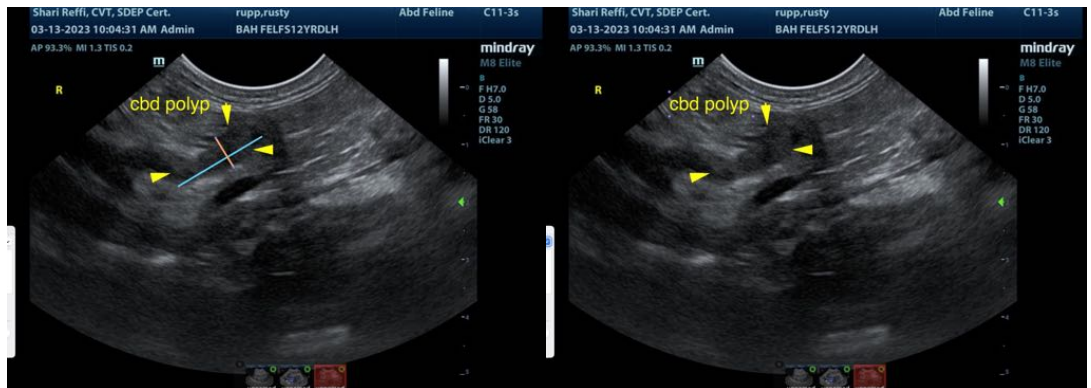
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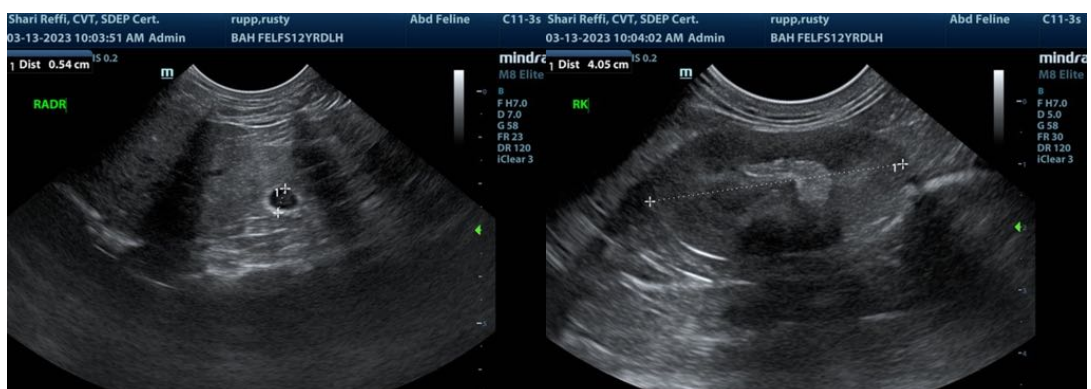
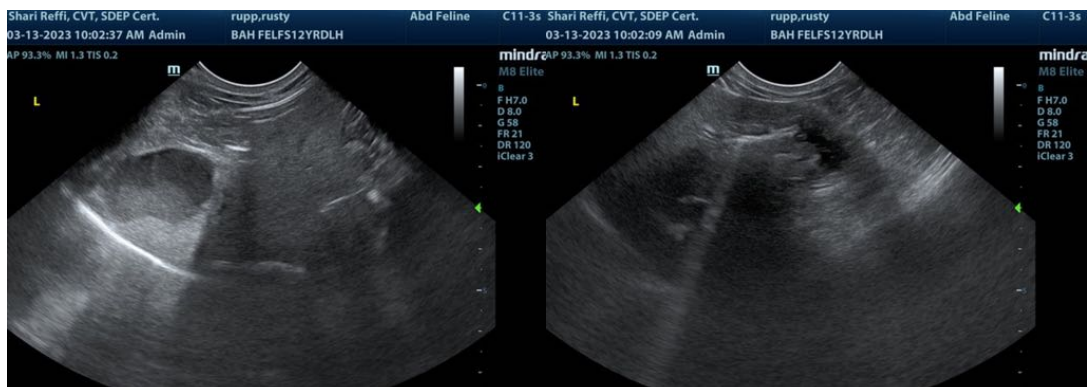
Dr. Lovell

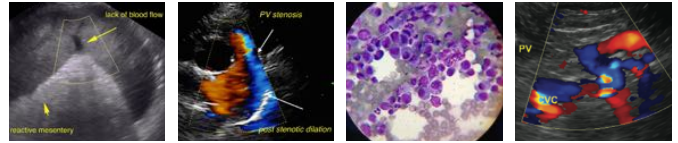
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Info@SonoPath.com