

PATIENT

Dylan Hubert

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Welch

INVOICE

43978

DATE

4/25/23

PRESENTING CLINICAL SIGNS

Decreased appetite, vomiting for 2 days. History of pancreatitis and weight loss. ALT elevation. New heart murmur grade II-III/VI. HCT 27.9%, RCB 5.27, HGB 9.0, WBC 19.73, neut 13.17, mono 1.61, ALT 564, ALP 123

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** 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. Slight cortical cysts were noted. The left kidney measured 4.2 cm. The right kidney measured 4.31 cm. Blood flow appeared adequate.

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 adrenal glands measured 0.4 cm each.

Spleen

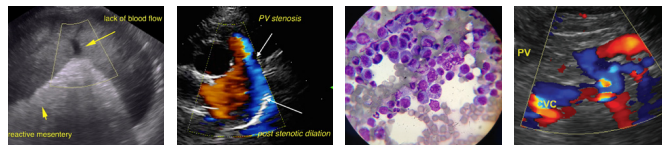
The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** in this patient revealed a thickened duodenal papilla and mild common bile duct dilation with tortuous cystic duct. The common bile duct measured 0.4 cm. The common bile duct was dilated as was the gallbladder and cystic duct. The gallbladder revealed excessive gallbladder debris. Mildly increased portal markings were noted.

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

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The **pancreas** was enlarged, mildly heterogenous, hypoechoic and mildly swollen.

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Free Abdomen

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Trace free fluid was noted between the liver lobes.

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ULTRASONOGRAPHIC FINDINGS

Cholangiohepatitis liver pattern with trace free fluid between the liver lobes.

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Excessive gallbladder debris.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA with cytology and culture as well as gallbladder. Cholecystitis and culture would be recommended. There is a mild potential for underlying lymphoma. Underlying infectious agents such as Toxoplasmosis should be ruled out. If sampling is not an option then empirical measures with Enrofloxacin and Clindamycin combination and infectious disease testing +/- low-dose Prednisolone can all be considered in this patient. Bacterial versus lymphoplasmocytoc cholangiohepatitis are primary concerns with a potential of emerging round cell neoplasia. Some level of pancreatitis has likely been an issue in this patient's past. Low-grade inflammation is possible.

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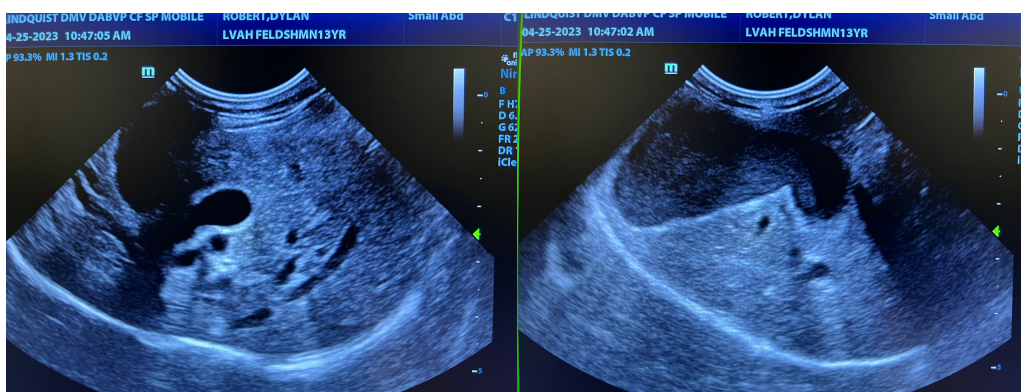
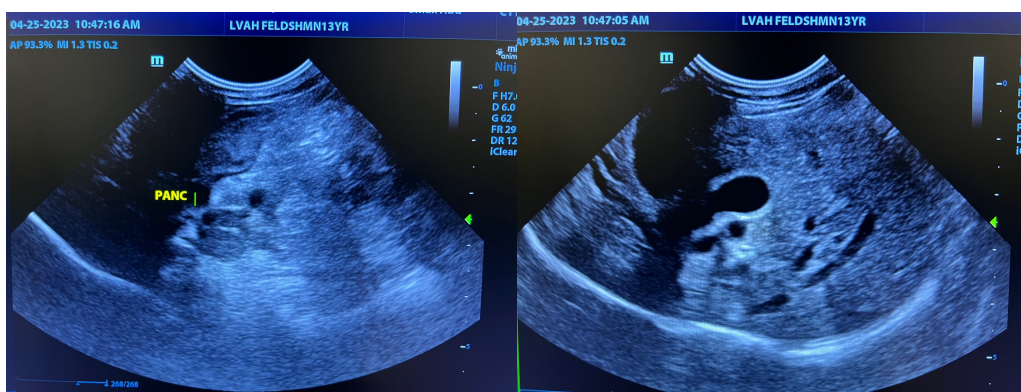
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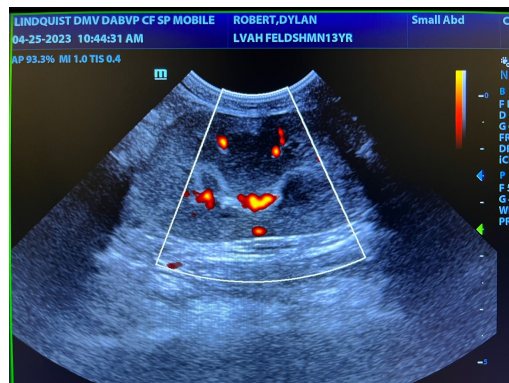
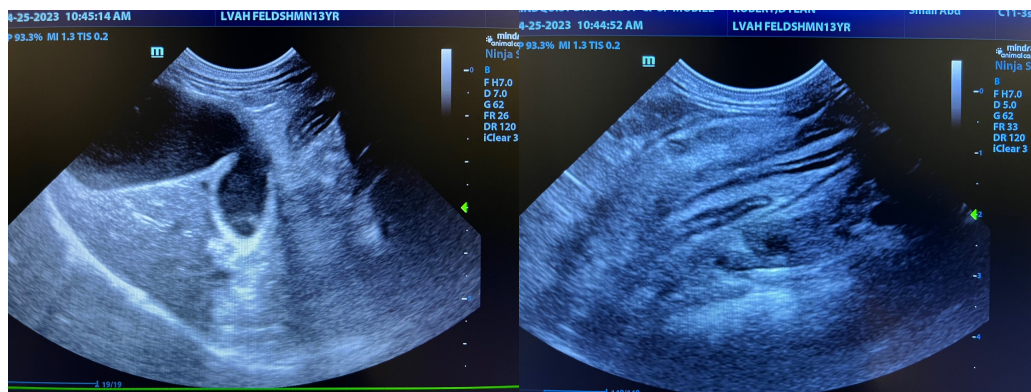
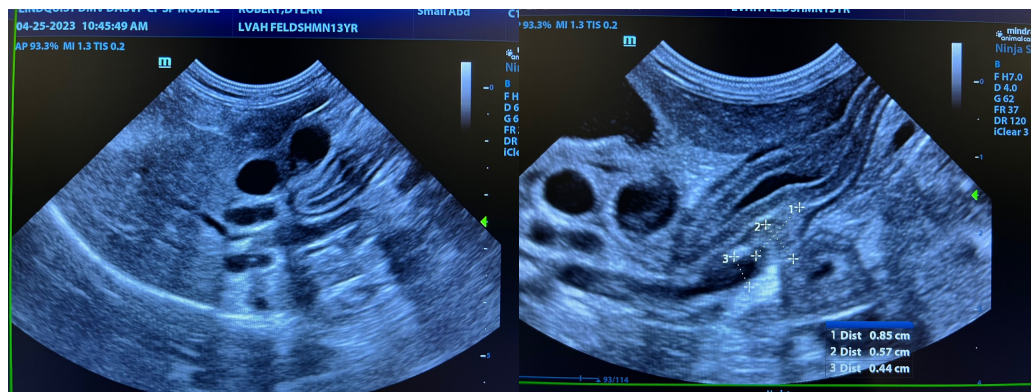
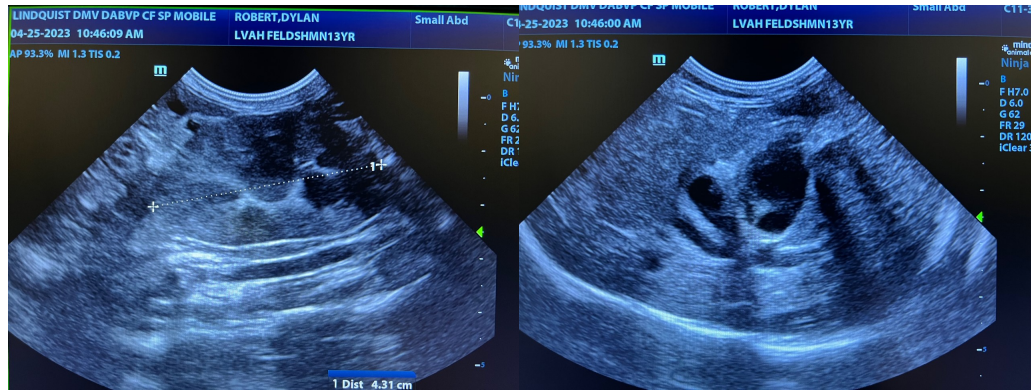
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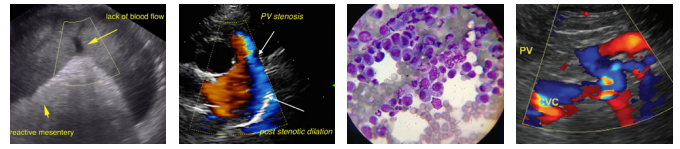
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Info@SonoPath.com

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