



PATIENT

Tchaikovsky Galowski

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

5 years

WEIGHT

6.3 kg

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

IMAGING PERFORMED BY

Callihan/AEC

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Ruark/AEC

INVOICE

10193

DATE

1/23/22

PRESENTING CLINICAL SIGNS

History: Patient referred from CFC for anorexia, dehydration, Icteric History of 2016 UTI, indoor only, O went out of town, when he returned Pt began to act different, refusing to eat, drink, lethargic. No current medications.

Abnormal PE/Chem/CBC/UA Results: Very fractious, sedated for exam and procedures rDVM : moderate neutropenia (1.99k) mild monocytosis (0.75k), Tbili (3.1), ALT (391) Lytes: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A moderate to large amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (4.01 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

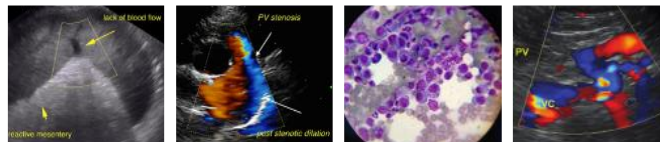
Spleen

The spleen is subjectively prominent in size with slight rounding of the caudal pole. The parenchyma is diffusely homogenous in appearance. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is mildly distended. The wall is mildly thickened (up to 0.23 cm), hyperechoic and slightly irregular. A scant amount of echogenic debris is observed within the lumen. The common bile duct measures 0.24 cm in diameter. There is no obvious evidence of an intraluminal obstruction.



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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of obstruction.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

Trace free fluid is observed. A 0.92 cm lymph node is observed adjacent to the ileocecolic junction.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

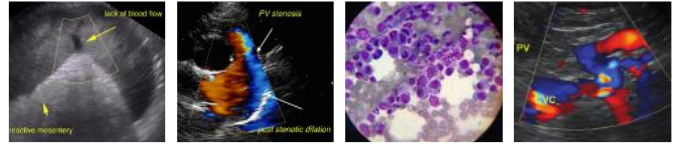
- Non-specific diffuse hepatopathy. Differentials include hepatic lipidosis, inflammatory/immune-mediated disease (i.e., bacterial cholangiohepatitis, FIP, lymphoplasmacytic hepatitis), infiltrative neoplasia (i.e., lymphoma), other hepatopathy.
- The gall bladder wall changes could be secondary to cholecystitis or lack of full repletion. The trace ascites is likely secondary to hepatic pathology.

Secondary Findings

- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.
- The splenic changes may be a normal variant for this patient or may be secondary to lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, or less likely, infiltrative neoplasia.
- The prominent colic lymph node is likely reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Submission of the abdominal fluid and hepatic tissue samples for cytology is recommended, along with empirical treatment for bacterial cholangiohepatitis/hepatic lipidosis (i.e., broad-spectrum antibiotic therapy, nutritional support, symptomatic treatment). While waiting test results, a temporary feeding tube may be warranted if the patient had exhibited prolonged anorexia.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.



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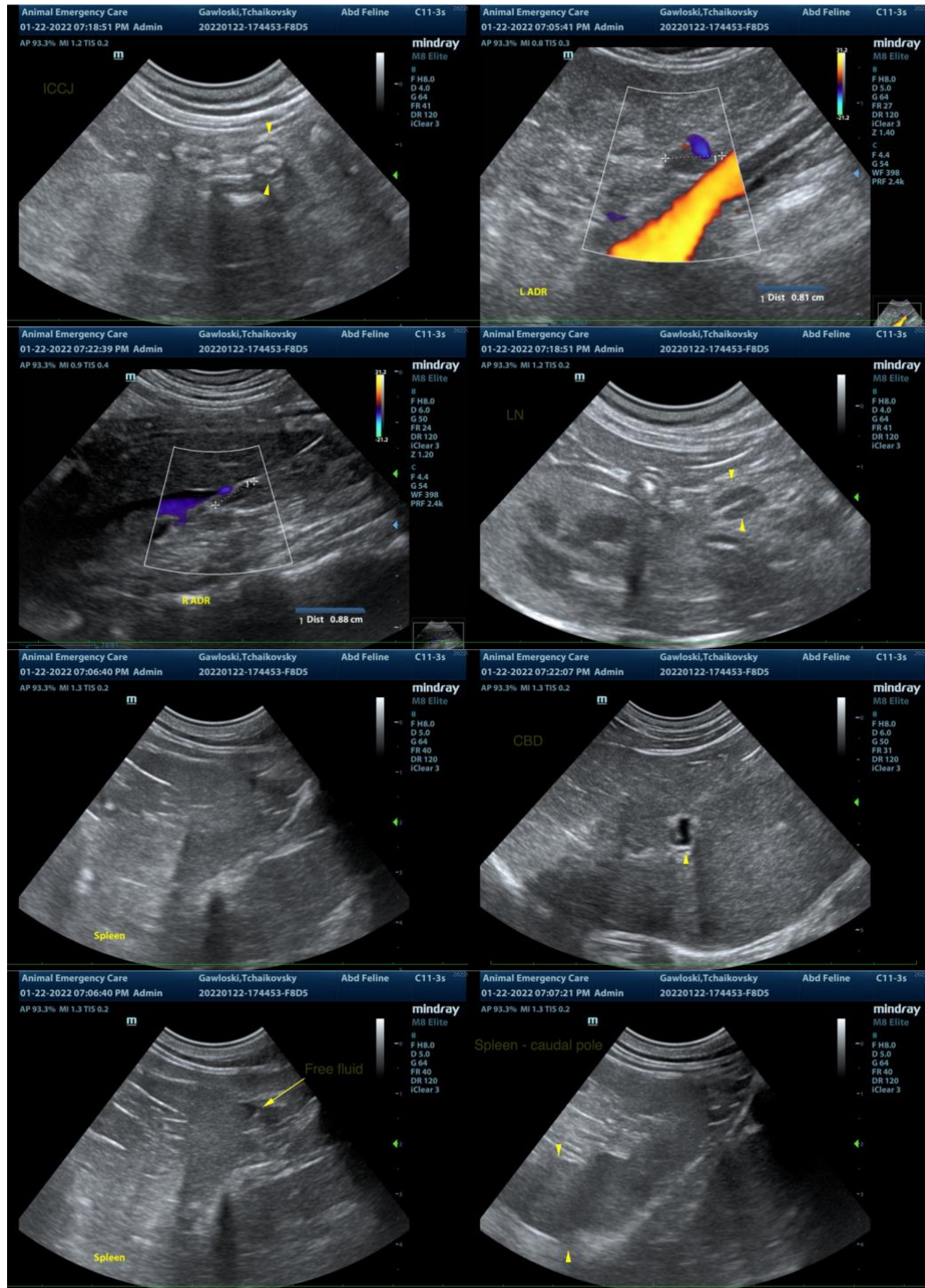
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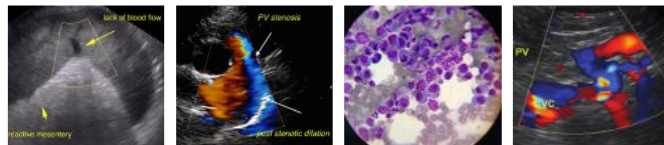
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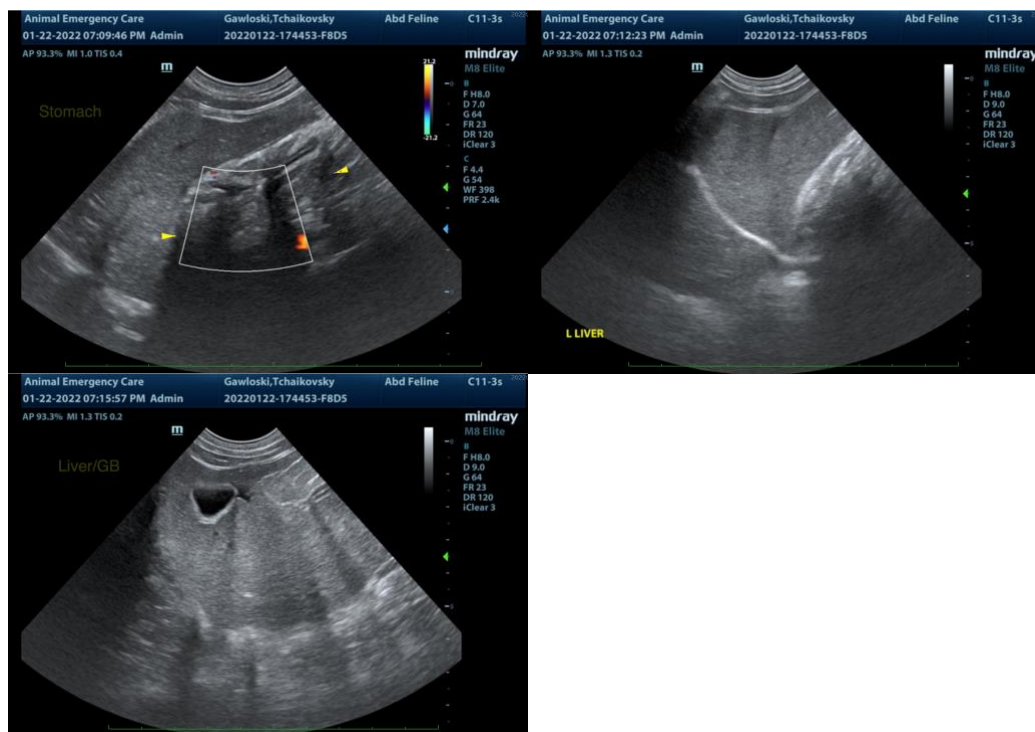
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com