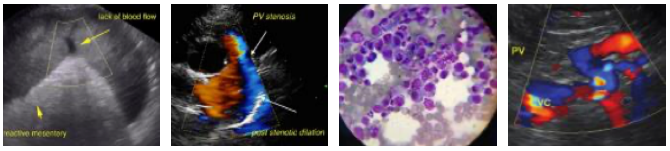
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Shadow Dexter

SPECIES
Feline

BREED
Domestic shorthair

SEX
Male, neutered

AGE
13 Yrs.

WEIGHT
17.8 lbs.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Dr. Reyes

HOSPITAL NAME
Mobile Vet Ultrasound

REFERRING VET
Dr. Pultz

INVOICE
14453

DATE
1/17/23

PRESENTING CLINICAL SIGNS

History: Pet presented to the ER on 01/09 for trouble holding urine for about 3 months. Pet would hold his bladder and then would urinate a large amount on the floor. Pet also had decreased appetite. Pet was sent home with Cefpodoxime at that time. Client then presented for second opinion at current vet. Steroid injection was started yesterday and pet's appetite improved.
Abnormal PE/Chem/CBC/UA Results: Icteric on PE Alp: 580 Alt: 574 Amyl: 948, prev 1074 T bil: 11.2,, 6.6 on 01/13 Fpl abnormal Triple snap: neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (4.63 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.51 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.68 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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 portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. A bi-lobed confirmation is suspected. The wall is normal in thickness. A small amount of aggregated, echogenic mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are visible but not overtly dilated. The common bile duct measures 0.27 cm in diameter at the distal aspect. There is no obvious evidence of intraluminal obstruction.

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 colonic wall is normal. No obstructive disease is noted.

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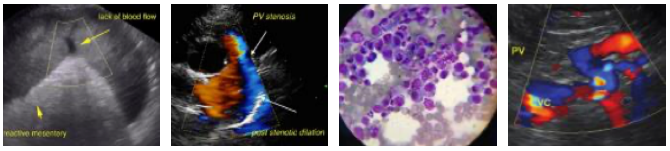

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Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is observed. A few colic lymph nodes are visualized, the largest measuring 0.53 cm in diameter A 1.18 cm cranial abdominal lymph node is also seen. The mesentery surrounding the visible nodes is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The trace ascites is likely secondary to hepatic pathology.

Secondary Findings:

- Bilateral chronic age-related renal changes.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The urinary bladder debris could be consistent with cells, crystals, exfoliated material and/or lipid droplets.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Hepatic tissue sampling (i.e., fine needle aspirate or biopsies-laparoscopic or surgical) is recommended if clotting status is appropriate. If biopsies are pursued, aerobic and anaerobic bile cultures should also be considered.
- While awaiting test results, empirical treatment for bacterial cholangiohepatitis and hepatic lipidosis is recommended, including broad spectrum antibiotics, hepatic antioxidants and symptomatic care. In addition, nutritional support (i.e., via temporary feeding tube) should also be considered to help prevent/treat hepatic lipidosis.
- Given the patient's age, also consider thoracic radiographs to assess cardiopulmonary status.
- Given the recent history of dysuria, a urinalysis with a culture and sensitivity should be considered.

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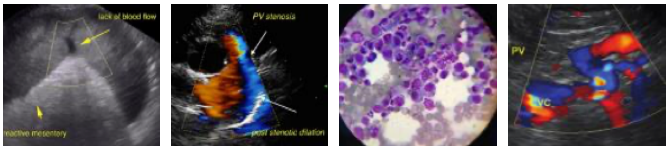

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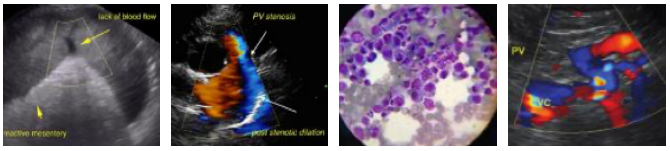

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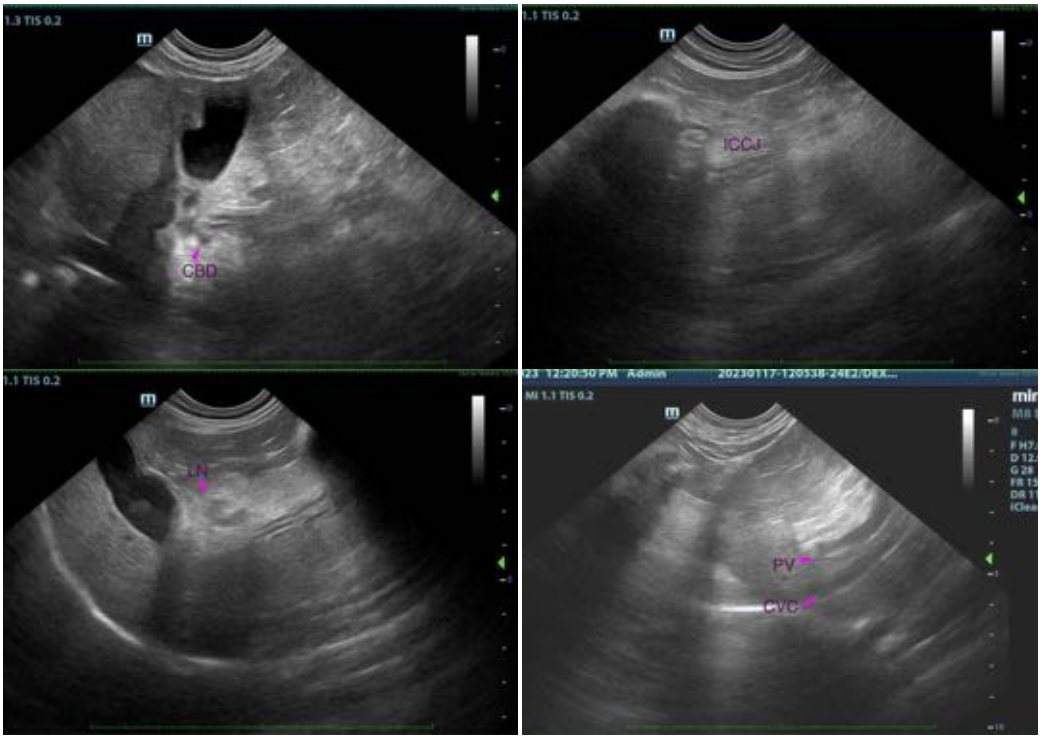

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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