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Clinical Sonography & Telecytology
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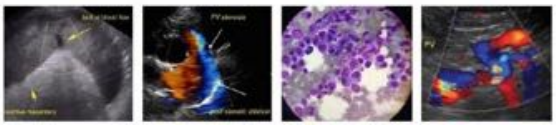

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Tigger Nippard

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 years

WEIGHT

6.23 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Snelgrove VS

REFERRING VET

Dr. McQueen

INVOICE

11814

DATE

10.12.22

PRESENTING CLINICAL SIGNS

History: weight loss, ulcerative dermatitis, severe liver disease and hyperthyroidism

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is mildly distended. The wall is normal in thickness with a smooth mucosal surface. There is a questionable 0.20 cm cystic calculus within the lumen. The remaining luminal contents are anechoic. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (5.40 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.

The **right kidney** is normal size (5.01 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 (0.89 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 normal in size with normal curvilinear 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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is mildly to moderately distended with ingesta and soft, shadowing material. The gastric wall is normal in thickness with a normal layering pattern. 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.

Pancreas

The left limb is visible with slightly irregular peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

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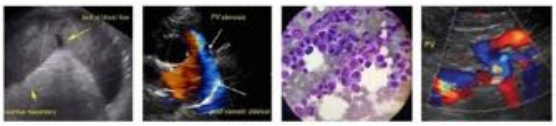

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia (i.e., lymphoma), or other hepatopathy.
- The pancreatic changes in the left limb are suggestive of mild chronic active pancreatitis.

Secondary Findings

- If the patient was fasted for the study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying. The soft, shadowing luminal contents may represent normal ingesta and/or foreign material (i.e., hair). Correlation with the patient's clinical history is recommended.
- Bilateral degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy). If surgical biopsies are pursued, aerobic and anaerobic bile cultures should also be obtained. While awaiting test results, consider empirical treatment for bacterial cholangiohepatitis/hepatic lipidosis (i.e., amoxicillin-clavulanic acid), hepatic antioxidants and nutritional support (i.e., via temporary feeding tube)).

Regarding the possible cystic calculus, consider an abdominal x-ray to confirm this finding. Alternatively, a repeat ultrasound could be considered in 3-4 weeks to confirm this finding. If still present, consider either a cystotomy with stone removal analysis and culture or an attempt at medical dissolution.

Given the pancreatic changes, consider an fPLI +/- a full GI panel (i.e., serum cobalamin and folate, TLI and PLI) to further assess for pancreatitis and concurrent gastrointestinal disease.

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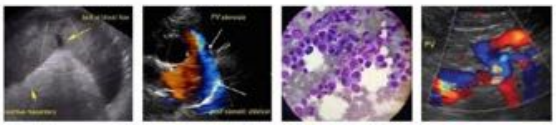

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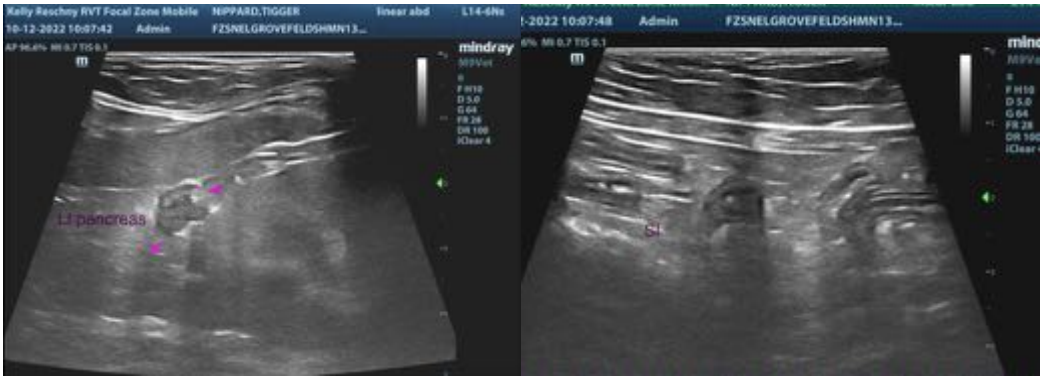

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com