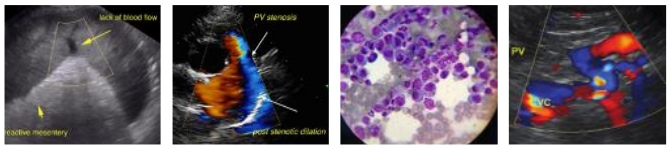
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Giotto Rotondi

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Summit Dog & Cat Hospital

REFERRING VET

Dr. Levitian

INVOICE

14240

DATE

11/10/21

PRESENTING CLINICAL SIGNS

History: PU/PD, elevated liver and calcium values. No current meds.
Abnormal PE/Chem/CBC/UA Results: ALT 463, AST 285, Ca 13.3, PLT 156, USG 1.014, Trace blood, PH 6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness. A 0.91 cm x 0.51 cm cystic calculus is observed within the lumen along with a scant amount of suspended echogenic debris. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.76 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (3.87 cm in length); with a normal shape, smooth peripheral margins and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.78 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.

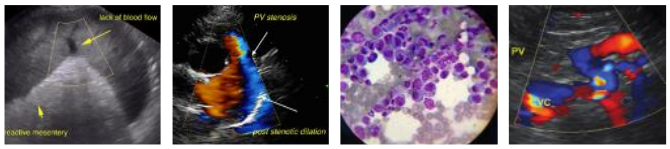
Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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 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 is normal to borderline thickened (up to 0.26 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most



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segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The colonic lumen contains granular appearing fecal material. There is no evidence of an obstructive pattern.

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

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

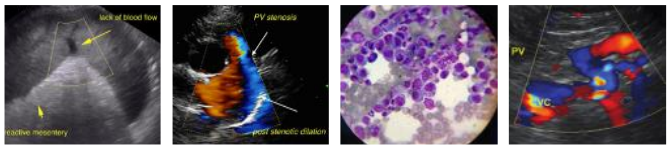
- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, hepatic lipidosis, reactive hepatopathy, infiltrative neoplasia (less likely) should be considered.
- Bowel pattern consistent with inflammatory bowel disease. However, there is potential for emerging lymphoma. Correlation with clinical findings is recommended.

Secondary Findings

- Minor age-related renal changes with dystrophic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A total T4 is recommended, if not already performed.
- Regarding the elevated ALT, if a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (i.e., amoxicillin clavulanic acid +/- antioxidant therapy). If no improvement in the liver values is seen within 7-10-days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling should be considered. If the ALT does improve, antibiotics should be continued for 4-6 weeks and 1 week beyond normalization of the ALT.
- If a more aggressive approach is desired, consider a fine needle aspirate or surgical liver biopsy. If a liver biopsy is pursued, aerobic and anaerobic bile cultures should also be obtained. A cystotomy with stone removal analysis and culture should be performed at the time of surgery. Gastrointestinal biopsies should also be obtained (given the sonographic changes).
- Regarding the bladder stone, medical dissolution with broad spectrum antibiotics and a prescription urinary diet can be considered. Alternatively, a cystotomy with stone removal and analysis can be performed.



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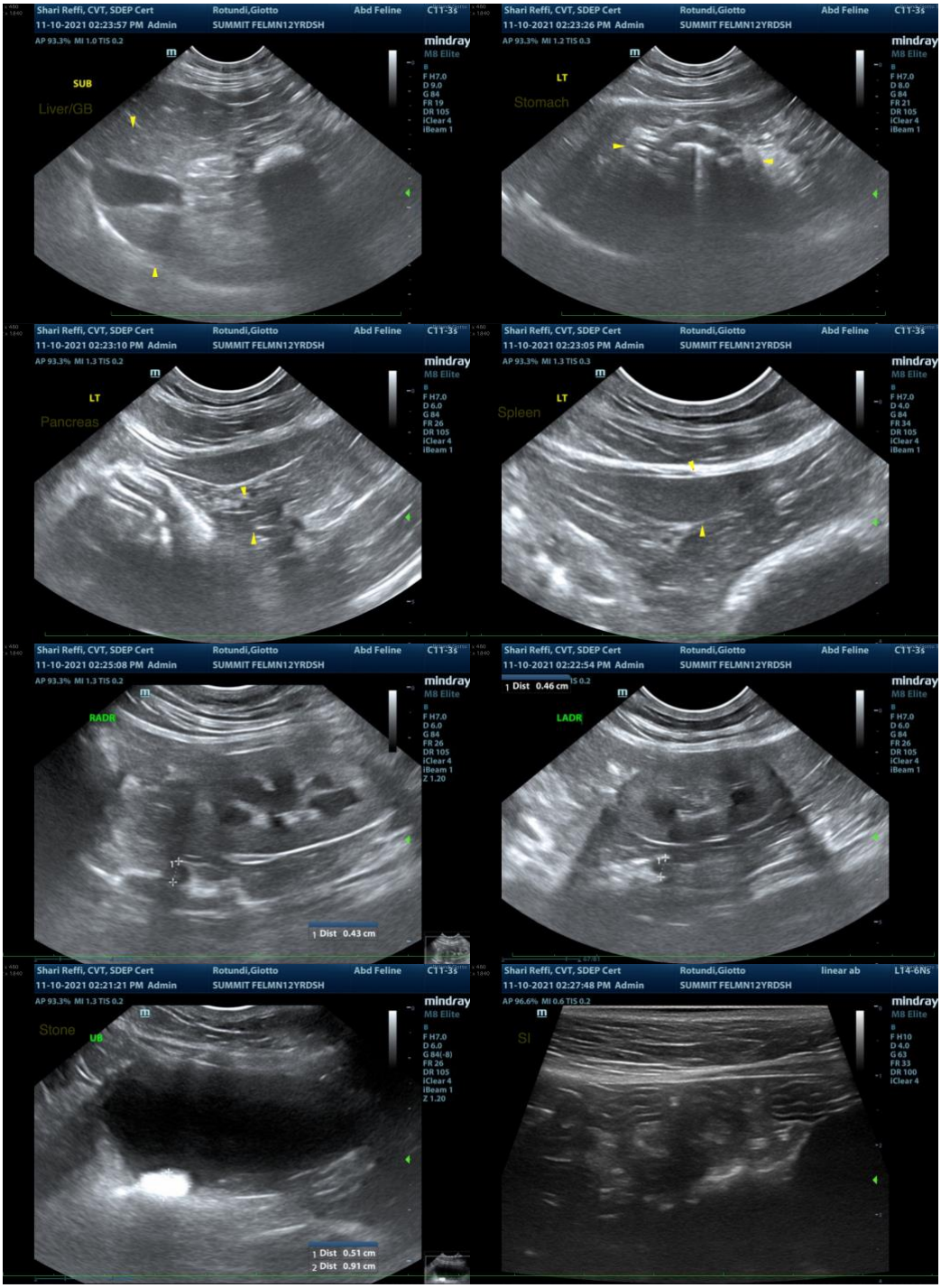
- Given the patients' hypercalcemia, a PTH/PTHRP/Ionized calcium is recommended, along with three-view thoracic radiographs (to assess for occult neoplasia).



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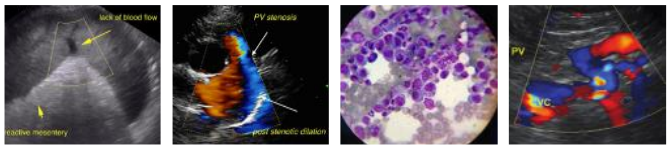

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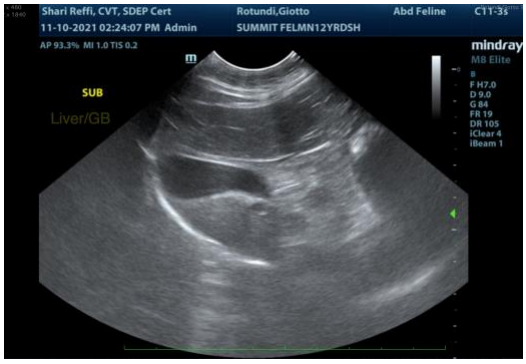

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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