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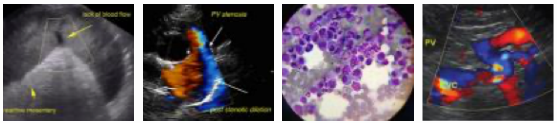


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

La Otra May

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

14 years

WEIGHT

9.24 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr Remcho

INVOICE

11933

DATE

11.30.22

PRESENTING CLINICAL SIGNS

History: P is a new patient. HX of iatrogenic hypothyroidism secondary to I-131 therapy. Chronic elevation of liver enzymes (worsening) along with CKD Iris 2/4

Abnormal PE/Chem/CBC/UA Results: Creat 3.1, SDMA 28, ALT 407, ALP 271, GGT 10, TBil 2.2 Current Medications 0.1 mg thyroid supp q 24 hours Radiographic Findings: None recent

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 lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is borderline small in size (3.04 cm in length) with an irregular shape. The cortex is variably thickened. There is poor corticomedullary distinction. Small, mineralized foci are visualized. A 0.67 cm cortical cyst is observed at the cranial pole. A cortical infarct is suspected at the craniolateral aspect. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.29 cm in length) with a slightly irregular shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of hydroureter. Renal vasculature is normal.

Adrenal Glands

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

The right adrenal gland is upper limits of normal size (0.53 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent in size (1.00 cm in width at the level of the hilus) with normal peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

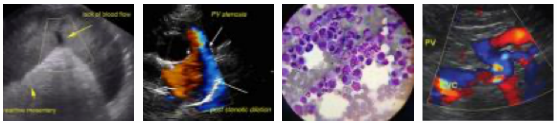
Liver

The liver is prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithes are observed. 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 diffusely thickened (up to 0.32 cm) with a normal layering pattern and appropriate



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mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. 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
There is no evidence of free fluid. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

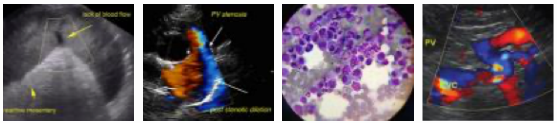
- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, hepatic lipidosis, infiltrative neoplasia (less likely)) cannot be excluded.
- Bilateral degenerative renal changes with dystrophic mineralization and a suspected left cortical infarct

Secondary Findings

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the elevated liver enzymes, consider the following:
  1. Pre-and postprandial serum bile acids
  2. Hepatic tissue sampling (i.e., fine-needle aspirate or biopsy (laparoscopic or surgical)), if clotting status is appropriate. If biopsies are pursued, aerobic and anaerobic bile cultures should also be obtained. If hepatic tissue sampling is not pursued at this time, consider empirical treatment for bacterial cholangiohepatitis (broad-spectrum antibiotics, hepatic antioxidants). If liver values do not begin to improve within 5-7 days of initiating therapy, hepatic tissue sampling should be reconsidered.
  3. Given the patient's age, three-view thoracic radiographs are recommended prior to any anesthetic event.
- Regarding the bowel changes, consider a GI panel including serum cobalamin and folate, TLI and PLI.
- Regarding the azotemia, consider the following d/thickened (if not already performed):
  1. Urine culture and sensitivity
  2. UPC (if proteinuria is present in the absence of infection)



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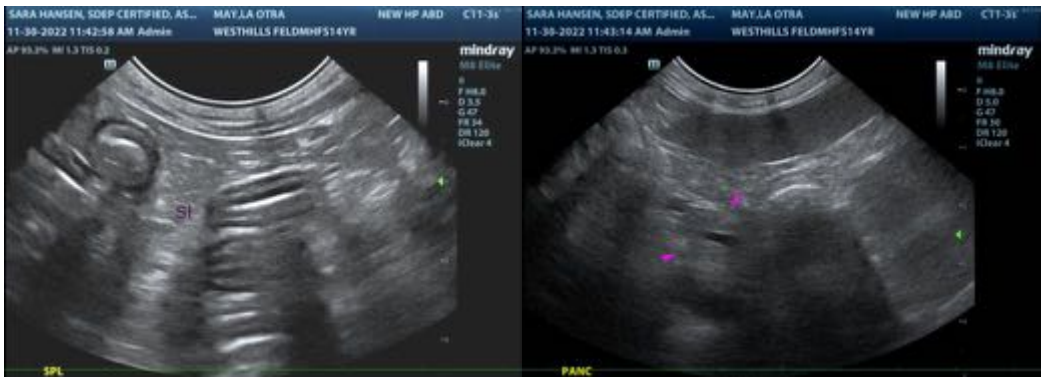
3. Baseline blood pressure measurement
4. Prescription renal diet if the patient will tolerate it



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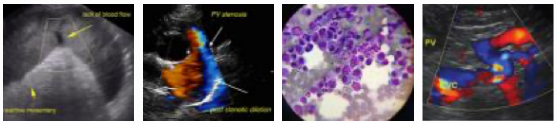

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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