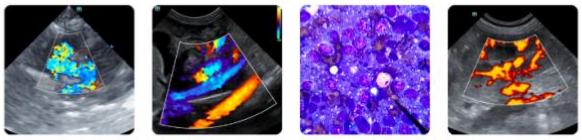


DATE

12-4-25

PATIENT

Pooka Brinker

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6/3/2016

WEIGHT

5lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Parr

INVOICE

22214

PRESENTING CLINICAL SIGNS

Patient History: Pt was previously seen 12/1 for a follow up for excoriation on L rostral pinna. There was concern that pt was icteric and possibly had been starving himself. Pt was treated outpatient and told to follow up with progressing symptoms. Pt presented for decreased appetite, progressive lethargy, jaundice.

Current Medications: None listed.
Labwork Results: Labwork not attached, reported as: Phosphorous - 4.7 (normal), Magnesium - 2.6 (normal), Venous Blood Gas - mild hypokalemia. PCV/TS - 38%/8. CHEM- BUN- 53.4 (H), Ca- 8.0 (L), Cholesterol- 245(H), ALT- 164 (H), AST- 216 (H), ALP- 288 (H), GGT- 71 (H), T BIL- 11.1 (H), Triglycerides- >500 (H). CBC- WBC- 23.91 (H), NEU- 21.05 (H), PT/PTT- 48.9sec (H), 148.3sec (H) normal range- Canine: PT:12s-17s aPTT: 96s-116s. Radiographs- unremarkable thorax/cardiac silhouette; GI ileus with possible scant abdominal effusion
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Approved/Requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A moderate amount of aggregated, echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.17 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A cortical infarct is suspected at the lateral aspect. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.30 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A cortical infarct is suspected at the craniomedial aspect. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

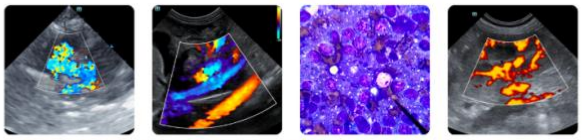
The right adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent-in-size (0.95 cm in width at the level of the hilus) with scalloping of the medial contour. The parenchyma is subjectively hypoechoic, and homogenous in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

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



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The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal-in-size (0.27 cm in width).

Gastrointestinal
The gastric lumen is mildly distended with ingesta. 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 in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The mesentery throughout the abdomen is hyperechoic. A small amount of free fluid is observed.

Other:
A brief visualization of the heart reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy.
- The splenic changes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, emerging neoplasia (i.e., round cell tumor), other.
- Diffuse peritonitis, the cause of which is unclear

Secondary Findings

- Bilateral nonspecific age-related renal changes with suspected bilateral infarcts
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The urinary bladder debris could be consistent with cells, crystals, exfoliated material, mucous, and/or lipid droplets.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Feline leukemia, FIV, and FIP testing are recommended (if not already performed).

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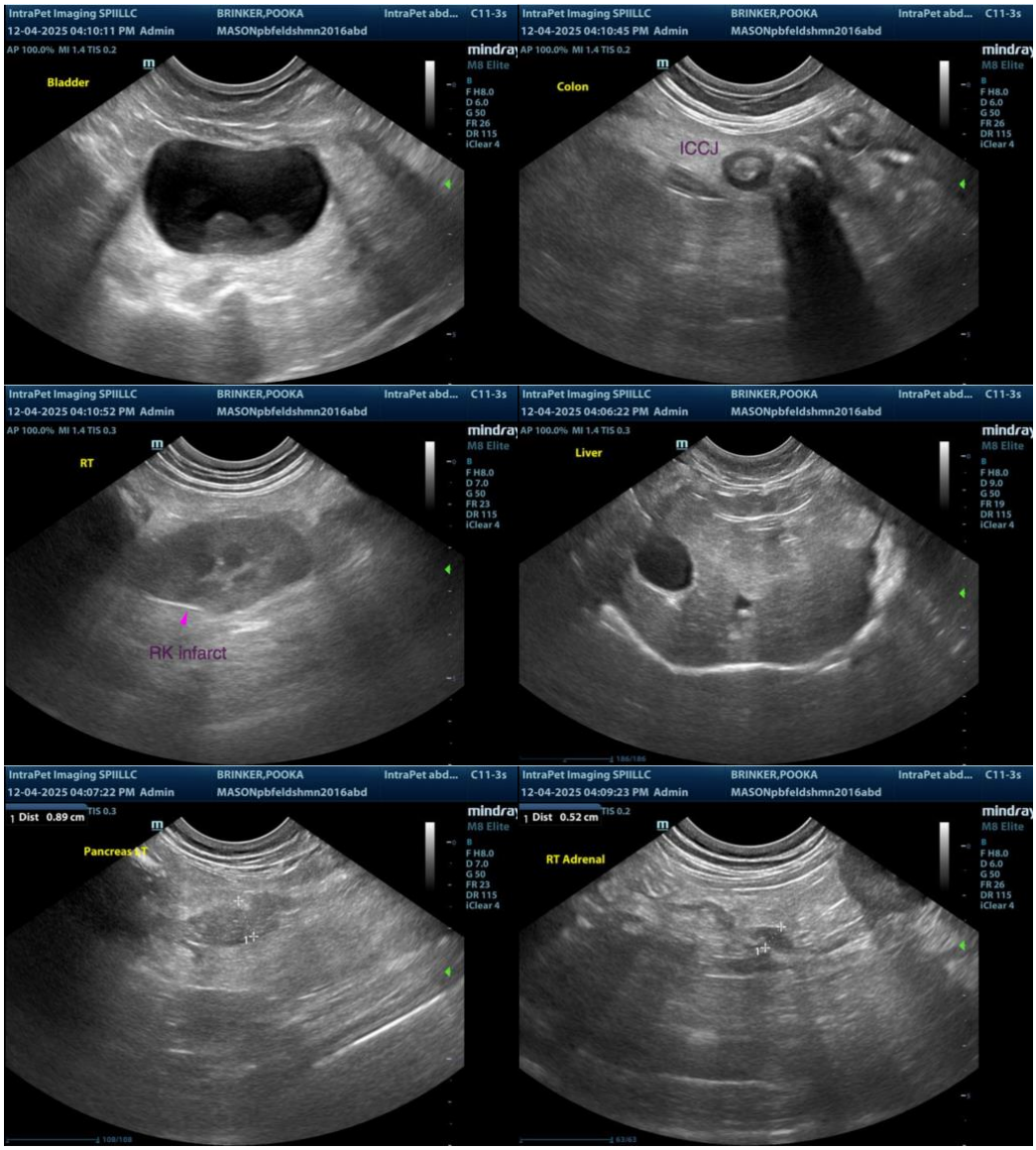
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- If the patient's clotting status can be stabilized, consider fine-needle aspirates of the liver and spleen. Twenty-five gauge-needles should be used.
- In the meantime, consider empirical treatment for cholangiohepatitis/hepatic lipidosis (i.e., broad-spectrum antibiotic, hepatic antioxidants, nutritional support (i.e., via temporary feeding tube), fluid therapy, and/or other symptomatic measures) with close monitoring of the patient's liver values to assess progression.



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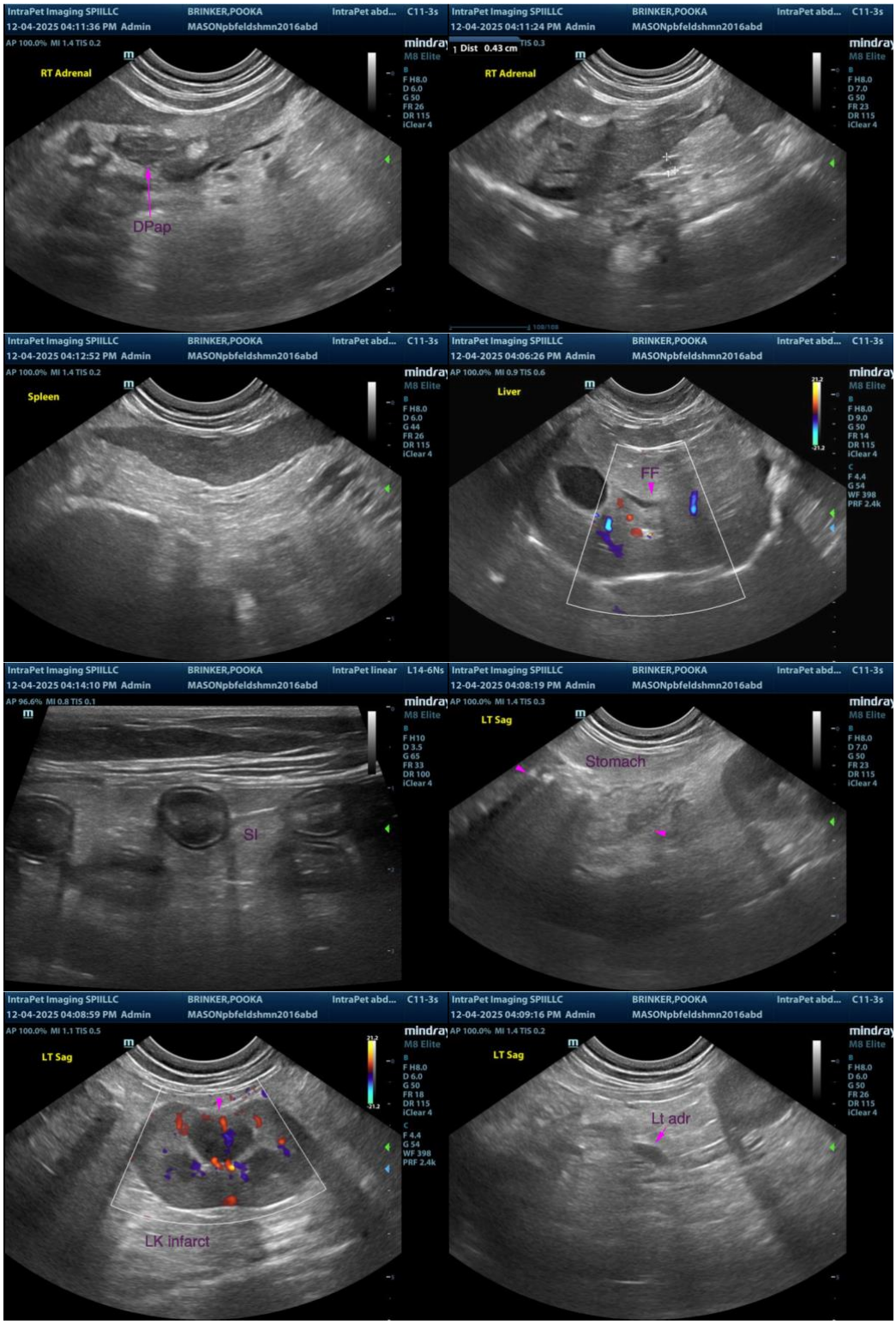
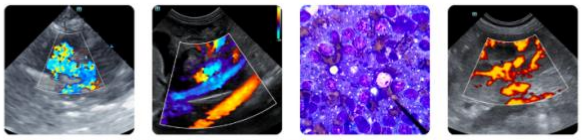


The information and recommendations provided are based on the images presented by the referring



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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