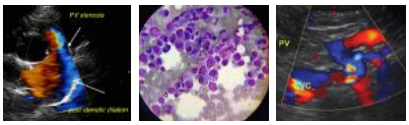
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

2/10/2022

PATIENT

Tuxie Edwards

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

5-12-2014

WEIGHT

6.5 Lbs.

INTERPRETED BY

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

HOSPITAL NAME

Alexander Animal Hospital

REFERRING VET

Dr. Alexander

INVOICE

10313

PRESENTING CLINICAL SIGNS

History: P seen on 2/5/22 for o reporting frequent vomiting and weight loss; and owner is correct! last weight on 3/2016 was 8lb 11oz, today 6ld 8oz. with slight yellow mm's.

Lab Results: BW 2/5/22= >ALT-333, >ALP-416, >AST-119, >T.bili-4.5.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.78 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.80 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.70 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 to caudal vena cava ratio is approximately 1: 1. A fine needle aspirate was performed at the end of the study (see *Free abdomen*).

The gall bladder lumen is moderately distended. A bi-lobed conformation is present. The wall is normal in thickness. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are visible. The common bile duct measures 0.22 cm in diameter. There is no obvious evidence of an intraluminal obstruction in the visualized portions.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid 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. There is mild thickening of the submucosal layer in some segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely prominent in size, more so on the right side. The parenchyma is 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 of the right limb is hyperechoic.

Free Abdomen

Trace free fluid was observed between the liver lobes post-hepatic aspirate. The area was monitored sonographically for 10 minutes post-aspiration with no change in the amount of free fluid observed.

A few colic lymph nodes are visualized, the largest measuring 0.52 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Non-specific diffuse hepatopathy. Differentials include hepatic lipidosis, inflammatory/immune-mediated diseases (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), infiltrative neoplasia (i.e., lymphoma), other hepatopathy.
- The right pancreatic changes are most consistent with pancreatitis (i.e., acute or acute-on-chronic). There is some evidence of age-related pancreatic remodeling.
- The small intestinal wall changes are suggestive of an inflammatory process (i.e., inflammatory bowel disease).

Secondary Findings

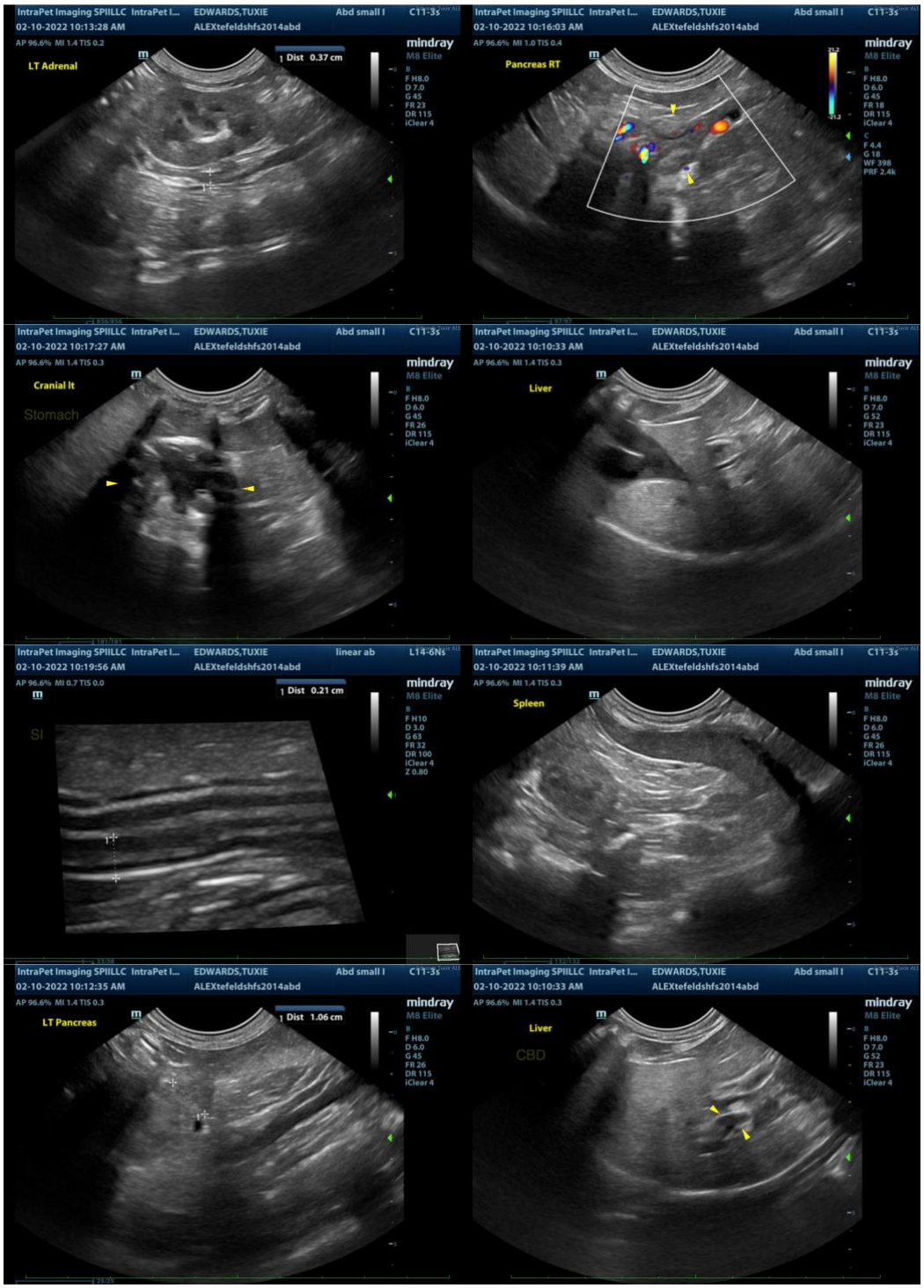
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

**Given the sonographic changes, “triaditis” is a consideration for this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If hepatic cytology results are inconclusive, a surgical liver biopsy with aerobic and anaerobic bile cultures may be warranted.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI is also recommended, +/- testing for toxoplasmosis (i.e., IgG, IgM).
- Supportive care for pancreatitis as well as empirical treatment for hepatic lipidosis/bacterial cholangiohepatitis is recommended while awaiting test results. Nutritional support (i.e., via temporary feeding tube), should also be considered to help prevent/treat hepatic lipidosis.

- Given the multitude of issues, three-view thoracic radiographs are recommended to assess cardiopulmonary status.



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.

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