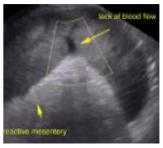
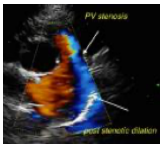
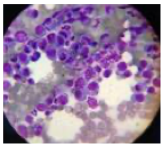
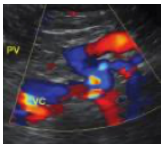
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Sheldon Dryden

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
9 years

WEIGHT
10.9 lbs

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

IMAGING PERFORMED BY
Jonathan Moss

HOSPITAL NAME
Harvest Hills VH

REFERRING VET
Jonathan Moss

INVOICE
12436

DATE
3.16.23

PRESENTING CLINICAL SIGNS

History: Pt has history of fatty liver with another DVM in same practice. Pt was diagnosed by ultrasound and confirmed with liver cytology in Jan of 22. Feeding tube was placed feeding tube in Feb and was on high calorie diet(A/D), metoclopramide, cerenia, pradofloxacin, vit B-12 injs, ursodiol and prednisolone syrup. Pt was roughly 11.8lbs at time of diagnosis and weight bounced around from 12.2-11.5 then pt finally began gaining weight and clinically improving but Tbili was never back to normal (typicaly above 4.0) and liver enzymes stayed consistently elevated. Globulins have also consistently been elevated. Pt presented today, 3/16 for vomiting blood and more weight loss than he's ever has in the past.

Abnormal PE/Chem/CBC/UA Results: Labs on 3/16 CBC: HCT-25, WBC-28, neuts-23.9, monos-1.39, baso-0.66 Chem: Glob-5.8, Gluc-167, ALT-385, ALP-348, GGT-11, Tbili-4.8, Na+-166. pt has lost roughly 2.5 lbs, pt is yellow

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The left kidney is borderline enlarged (4.42 cm in length) with normal curvilinear peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is mildly enlarged (4.99 cm in length) with normal curvilinear peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

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

Spleen

The spleen is subjectively normal in size 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 irregular peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely heterogenous, with numerous anechoic areas throughout the organ, some of which may represent parenchymal cysts, and others which may be dilated intrahepatic bile ducts. Hepatic vasculature is of normal volume with no evidence of congestion.

The gall bladder is moderately distended. The wall is mildly thickened (up to 0.27 cm), hyperechoic and irregular. A moderate amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are difficult to distinguish from the dilated structures within the hepatic parenchyma.

Gastrointestinal

The lumen is not distended. 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. There is no evidence of an obstructive pattern.

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

Free Abdomen
Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic parenchymal changes could be consistent with hepatic lipidosis, inflammatory disease (i.e., bacterial cholangiohepatitis/cholangitis, lymphoplasmacytic hepatitis, FIP), infiltrative neoplasia (i.e., lymphoma), biliary cystadenomas or cystadenocarcinomas, liver flukes (if endemic in your region), multifocal abscessation, or other hepatopathy.

- The gall bladder changes are consistent with cholecystitis +/- benign age-related hyperplasia.

- The trace ascites is suspected to be secondary to hepatic pathology.

Secondary Findings

- The mild bilateral renomegaly may be a normal variant for this patient or may be secondary inflammatory disease or less likely, emerging neoplasia.

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

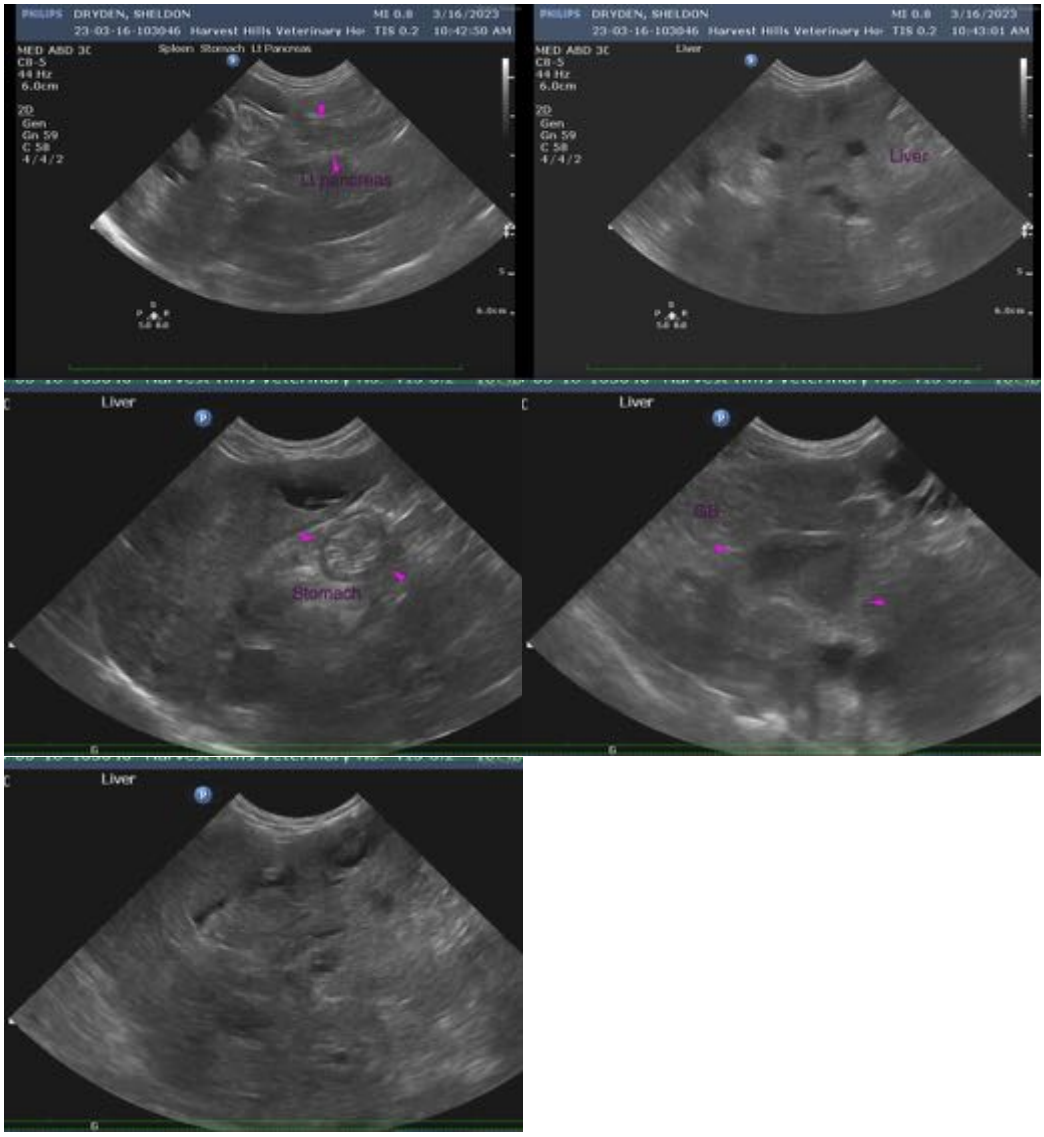
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.

- Consider a fine-needle aspirate of the more-solid-appearing hepatic parenchyma (If clotting status is appropriate). A 25-gauge needle should be used. If the cytology results are inconclusive, laparoscopic or surgical liver biopsies should be considered along with aerobic and anaerobic bile cultures.

- If liver flukes are endemic to your region, also consider fecal sedimentation.

- A GI panel (serum cobalamin, folate, TLI, PLI) is also recommended to assess for concurrent GI and pancreatic disease.



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