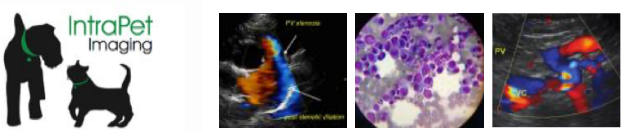
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

5.9.2023

PATIENT

Yofee Donner

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

9/28/2010

WEIGHT

10.14 lbs

INTERPRETED BY

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

HOSPITAL NAME

Advanced Veterinary Complex

REFERRING VET

Dr. Benson

INVOICE

13002

PRESENTING CLINICAL SIGNS

Jaundice, weight loss, little appetite, increased ALT and bilirubin.

Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.79 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.99 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

The right adrenal gland is normal in size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.88 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is mildly to moderately distended. The wall is diffusely thickened (up to 0.31 cm), irregular, and hyperechoic. Luminal contents are mostly anechoic. The cystic and common bile ducts are visible/tortuous, but not overtly dilated. The common bile duct measures 0.18 cm at the distal aspect. The cystic and common bile duct walls are diffusely thickened. There is no obvious evidence of an intraluminal obstruction. The duodenal papilla is thickened (up to 0.60 cm).

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 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 pancreas is diffusely prominent to enlarged with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is hyperechoic.

Free Abdomen
There is no obvious evidence of free fluid. One to two prominent lymph nodes are observed in the right cranial quadrant (the largest measuring 0.83 cm in length). A few colic lymph nodes are also visible. Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic parenchymal changes could be consistent with an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), infiltrative neoplasia (i.e., lymphoma), emerging hepatic lipidosis, other hepatopathy, or some combination thereof.
- The gallbladder wall and cystic/common bile duct changes are most consistent with cholecystitis/cholangitis, with a lower possibility infiltrative neoplasia or benign age-related hyperplasia.
- The pancreatic changes are most consistent with mild to moderate acute or chronic active pancreatitis, with age-related remodeling.

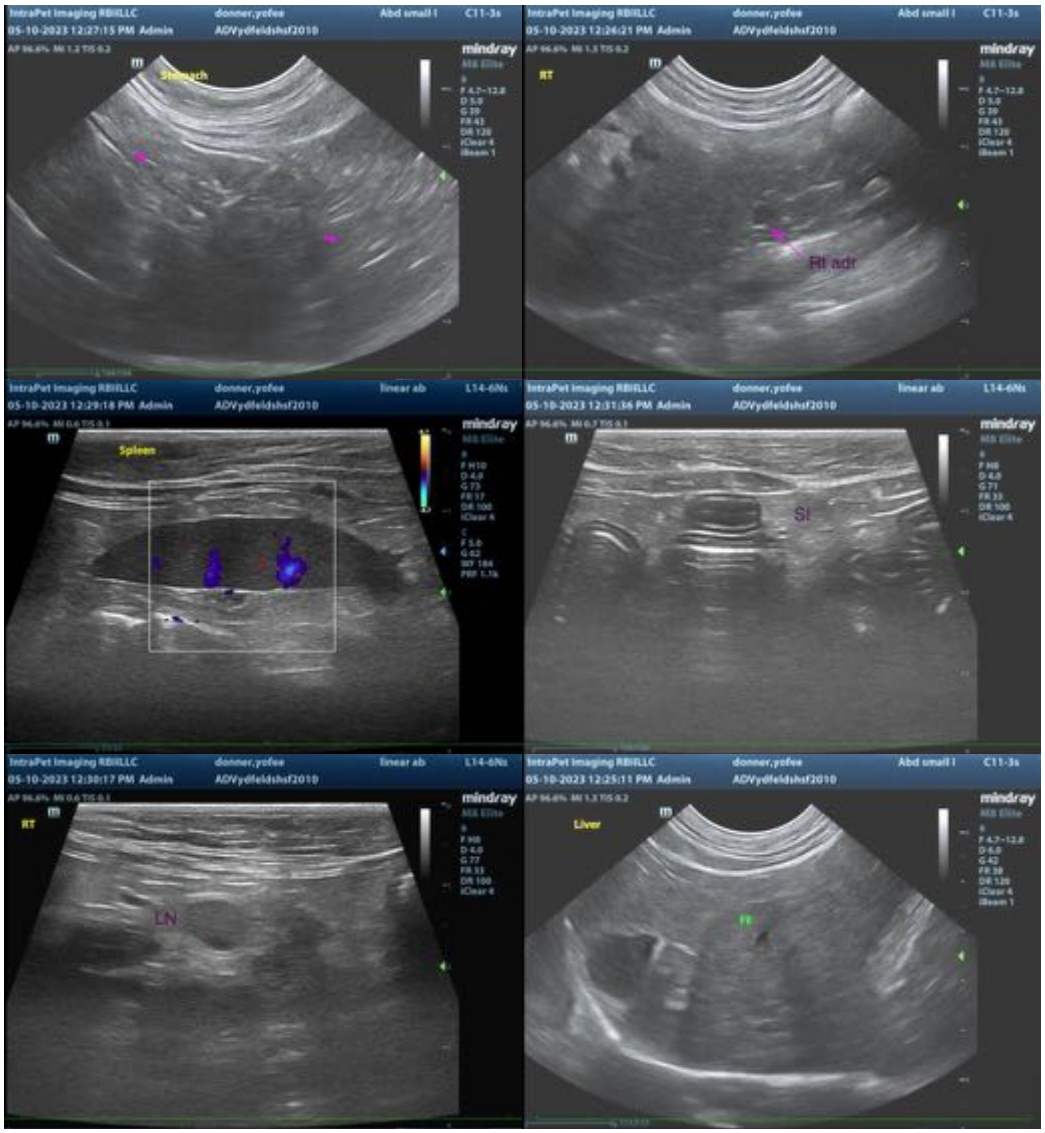
Secondary Findings

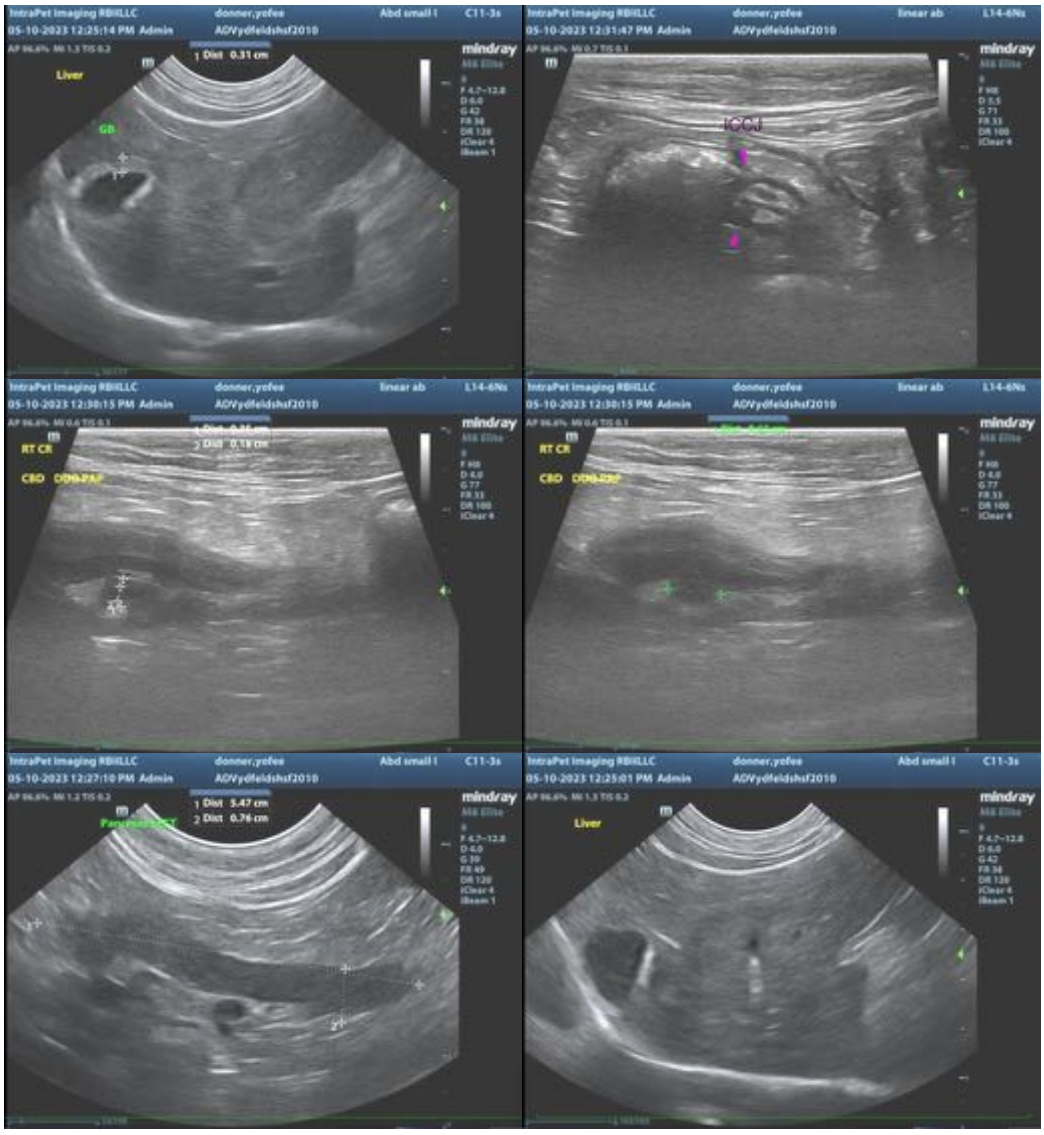
- Mild bilateral chronic renal changes
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the sonographic changes, consider toxoplasmosis testing (IgM and IgG).
- Hepatic tissue sampling (i.e., fine-needle aspirate or biopsies) also should be considered, along with aerobic and anaerobic bile cultures. Clotting times should be performed prior to any hepatic tissue sampling.
- Also consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI to further evaluate for concurrent GI disease, as well as pancreatitis.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.

- While awaiting test results, empirical treatment for bacterial cholangiohepatitis/cholcystitis/hepatic lipidosis/pancreatitis is recommended, including fluid therapy, gastric protectants, broad-spectrum antibiotics, pain medication (as needed), nutritional support (i.e., via a temporary feeding tube), as well as other supportive measures.





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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