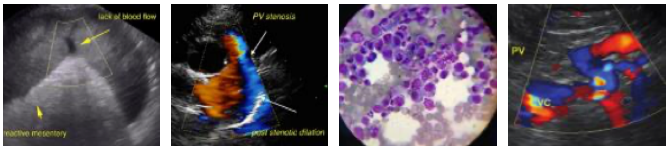
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Sophie Williams

SPECIES
Feline

BREED
Bengal

SEX
Female, spayed

AGE
6 Yrs.

WEIGHT
3.97

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

IMAGING PERFORMED BY
Dr. Limbrick

HOSPITAL NAME
Cedarview AH

REFERRING VET
Dr.Limbrick

INVOICE
13485

DATE
6/14/22

PRESENTING CLINICAL SIGNS

History: Sophie presented for routine pre-dental bloodwork where elevations were noted in her TP, albumin, globulin, and liver enzymes (see below for exact values). As a precaution her procedure was delayed in place of further diagnostics (see below). Clinically she is normal aside from one episode of vomiting last week. Her bowel movements, litter box habits, energy levels and appetite are normal. She has a history of dermatological disease which responded well to a short course of steroids. However, this was discontinued in late January. She has a chicken allergy and therefore she eats a lamb and mackerel diet. She has severe dental disease with FORLs present. Previous bloodwork from 2020 and 2019 was wnl.
Abnormal PE/Chem/CBC/UA Results: Total Protein 119 57 - 89 g/L H Albumin 51 22 - 40 g/L H Globulin 68 28 - 51 g/L H ALT 483 12 - 130 U/L H ALP 481 14 - 111 U/L H T4 normal 22 10 - 60 nmol/L Urinalysis unremarkable bile acids pending.

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. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.32 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.

The right kidney is normal size (3.40 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.

Adrenal Glands

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

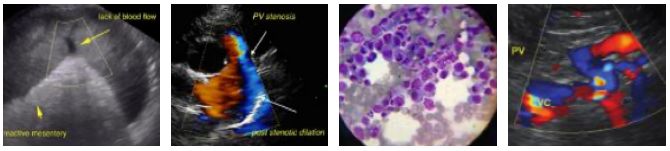
Spleen

The spleen is normal in size (0.8 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 prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is moderately distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

- Given the patient's liver values and sonographic changes, a diffuse hepatopathy is suspected. Top differentials include inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), hepatic lipidosis and less likely, infiltrative neoplasia (i.e., lymphoma).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the hyperglobulinemia, a serum protein electrophoresis is recommended to determine if a monoclonal vs a polyclonal gammopathy is present.
- Ultimately, hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy) would be necessary to get a definitive diagnosis. Surgical biopsies are preferred in that they are more likely to be representative of global organ pathology. If pursued, aerobic and anaerobic bile cultures should also be obtained at the time of surgery. Clotting times should be performed prior to any tissue sampling. Thoracic radiographs are also recommended prior to anesthesia to evaluate cardiopulmonary status.

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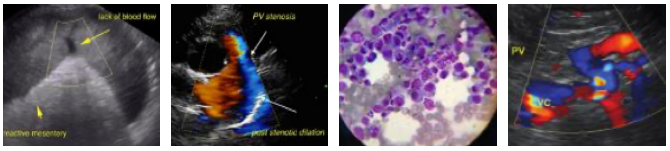

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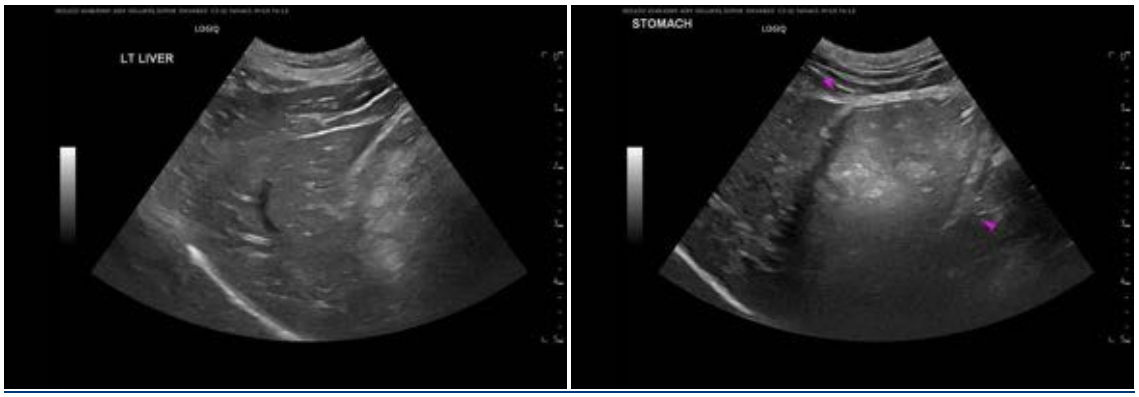

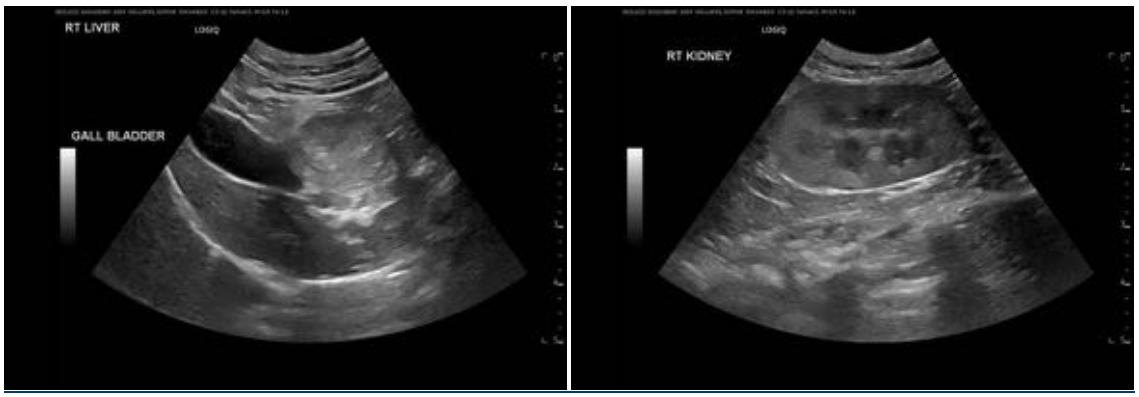

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com