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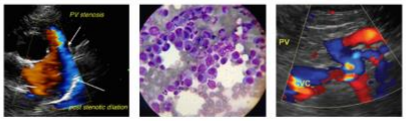
svsimagingqc.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Gracie Travis

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

14 years, 7 mos

WEIGHT

6.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Carri Underwood

HOSPITAL NAME

SVS Imaging MI-2

REFERRING VET

Family Pet Practice

INVOICE

14041

DATE

8.10.23

PRESENTING CLINICAL SIGNS

History: P presented for frequent urination, crying while urinating, and lethargy. P seems painful when picked up. P vomited 5 times this morning, once with food, the rest with bile. P is drinking water normally. Not as interested in eating.

Abnormal PE/Chem/CBC/UA Results: vomited x 5 this AM, presented with stool impacted over anus. Large amount of formed feces palpable in colon. ALT: 618. AST: 416. Amylase
Leukocytosis with a neutrophilia. T4 normal. USG 1.012. No proteinuria.

Radiographs- Large amount of feces throughout transverse and descending colon. Markedly irregular left acetabulum with osteophytosis- rule-out severe OA, neoplasia Constipation Elevated AST/ALT - Primary hepatopathy vs GI disease vs neoplasia

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. Luminal contents are anechoic. 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 (3.57 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal in size (3.76 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

Adrenal Glands

The left adrenal gland is normal size (0.20 cm length; 0.27 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.32 cm length; 0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.55 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.

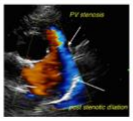
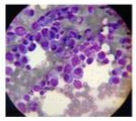
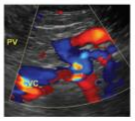
Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. There is a subtle increase in portal. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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

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intestinal wall is normal in thickness 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 region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no obvious evidence of free fluid. A few prominent mesenteric lymph nodes are visualized (the largest measuring 1.31 x 0.67 cm).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The subtle increase in hepatic portal markings could be consistent with inflammatory hepatopathy or may be a normal variant for this patient. Other considerations for the elevated liver enzymes include emerging hepatic lipidosis, infiltrative neoplasia (less likely), other hepatopathy.

Secondary Findings

- Bilateral chronic renal changes with dystrophic mineralization
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fecal evaluation for internal parasites
- Texas GI panel including serum cobalamin and folate, TLI and PLI
- Consider hepatic tissue sampling (i.e., fine-needle aspirate or biopsies (i.e., laparoscopic or surgical) if clotting status is appropriate). If biopsies are pursued, aerobic and anaerobic bile cultures, along with GI biopsies should also be obtained.
- If a more conservative approach is desired, consider empirical treatment for cholangiohepatitis with amoxicillin-clavulanic acid along with hepatic antioxidants. If liver values do not begin to improve within 7-10 days of initiating therapy, antibiotics should be discontinued and hepatic tissue sampling reconsidered. If values do improve, a 4–6-week course of treatment is recommended.
- Nutritional support (i.e., via temporary feeding tube) should also be considered if anorexia persists.
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.
- Given the discomfort when urinating, a urinalysis with a culture and sensitivity should also be considered.

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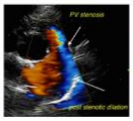
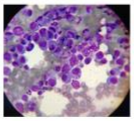
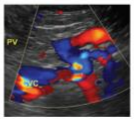

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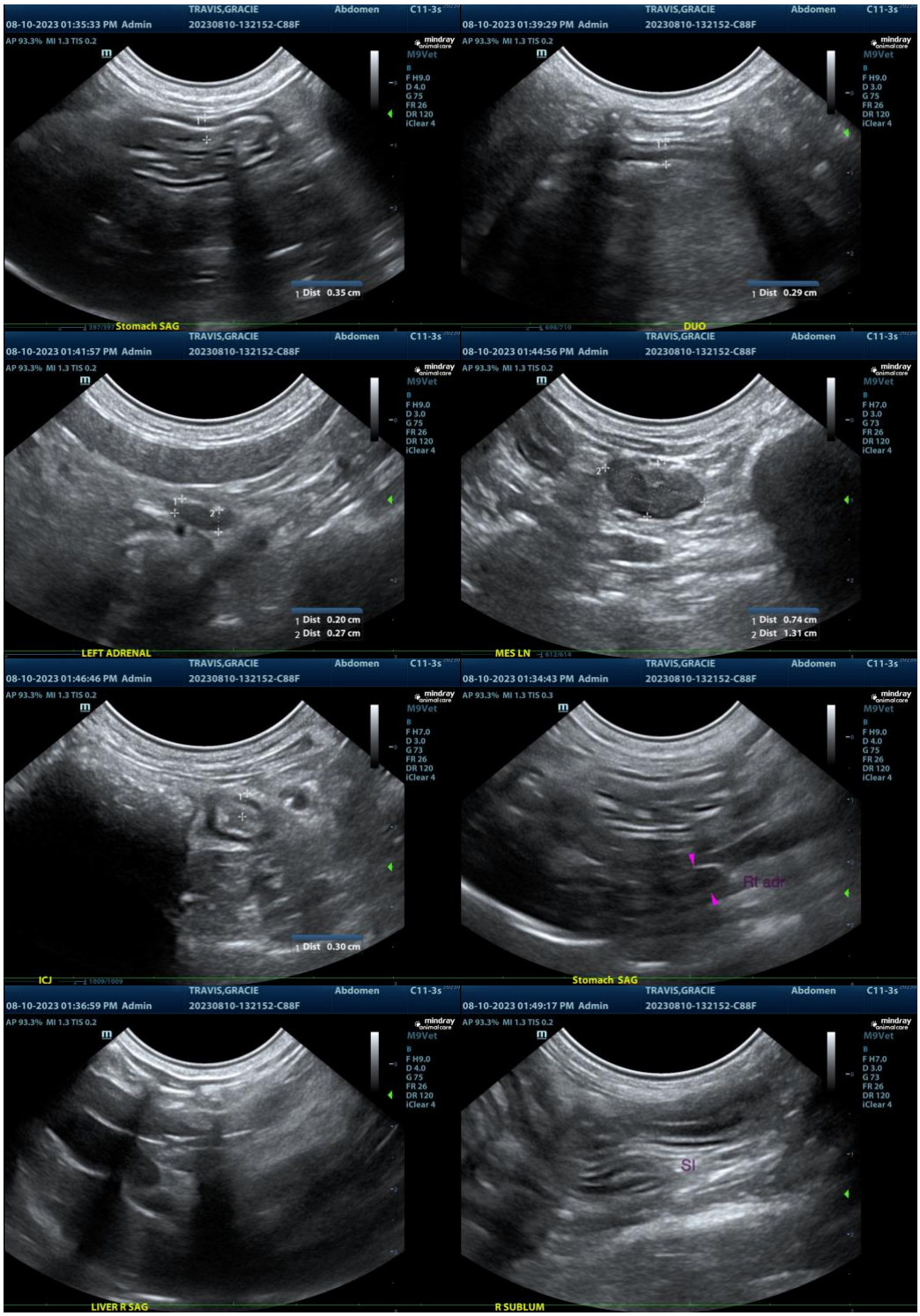

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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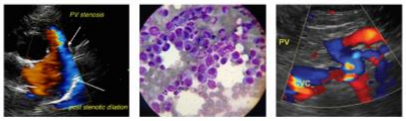

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