SonoPath
Clinical Sonography & Telecytology
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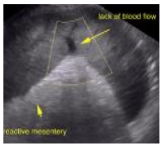

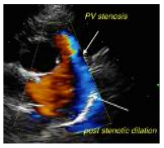

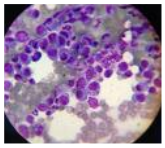
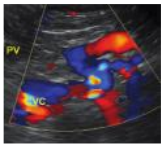

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kissa Toborski

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3.5 years

WEIGHT

4.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brittany Gardner DVM

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Brittany Gardner DVM

INVOICE

14076

DATE

8.14.23

PRESENTING CLINICAL SIGNS

History: Neurologic/circling to R, dilated pupils w/ decreased PLP, plantigrade stance, hepatopathy w/ hyperbilurubinemia, azotemia. Subacute, not eating/drinking 2 days, vocalizing.

Abnormal PE/Chem/CBC/UA Results
UA-RBC 13/HPF, EPOC-cSO2 81.5, Ca 1.18, Lactate 3.99, HCT 52

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly to moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (4.13 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 appears normal.

The right kidney is upper limits of normal size (4.41 cm in length) with a normal shape, architecture and smooth peripheral contours. 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 appears normal.

Adrenal Glands

The left adrenal gland is normal in size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

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

Spleen

The spleen is normal in size (0.63 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 appears 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 gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is mildly to moderately fluid-distended. The gastric wall is normal in thickness with a normal layering pattern. 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.

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.

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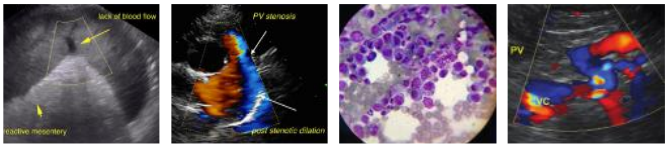

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Trace ascites

Secondary Findings

- The gastric distention is consistent with ileus. A functional ileus is suspected. However, a mechanical ileus (i.e., outflow tract obstruction) cannot be completely excluded.

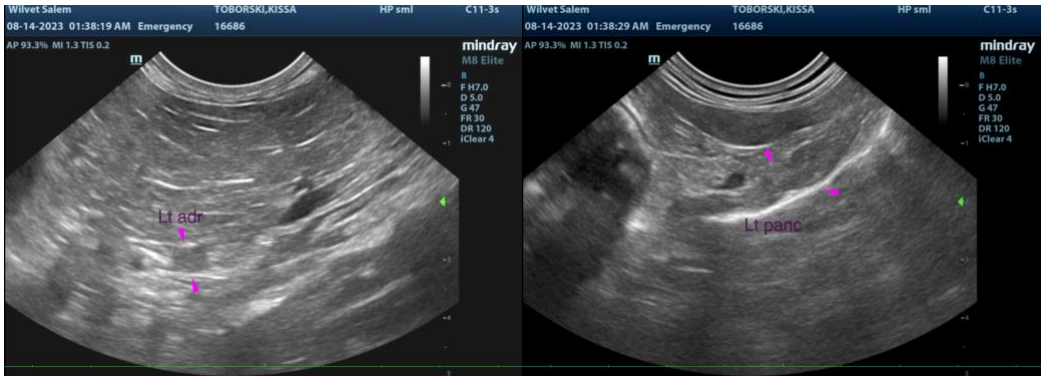
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's neurologic status, consider the following:

  1. Pre-and postprandial serum bile acids +/- blood ammonia level to assess hepatic function.
  2. Feline leukemia and FIV testing, FIP and toxoplasmosis testing
  3. Baseline blood pressure measurement to assess for systemic hypertension
  4. Consultation with a board-certified neurologist +/- MRI/CSF tap

- Regarding the sonographic liver changes, consider a fine-needle aspirate (if clotting status is appropriate). A 25-gauge needle

- Also consider nutritional support (i.e., via. temporary feeding tube) particularly if the patient's anorexia becomes chronic in nature.



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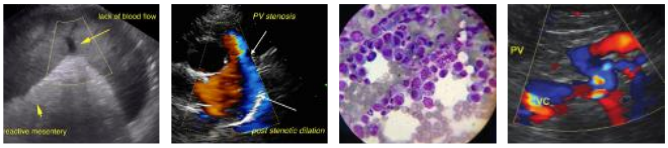

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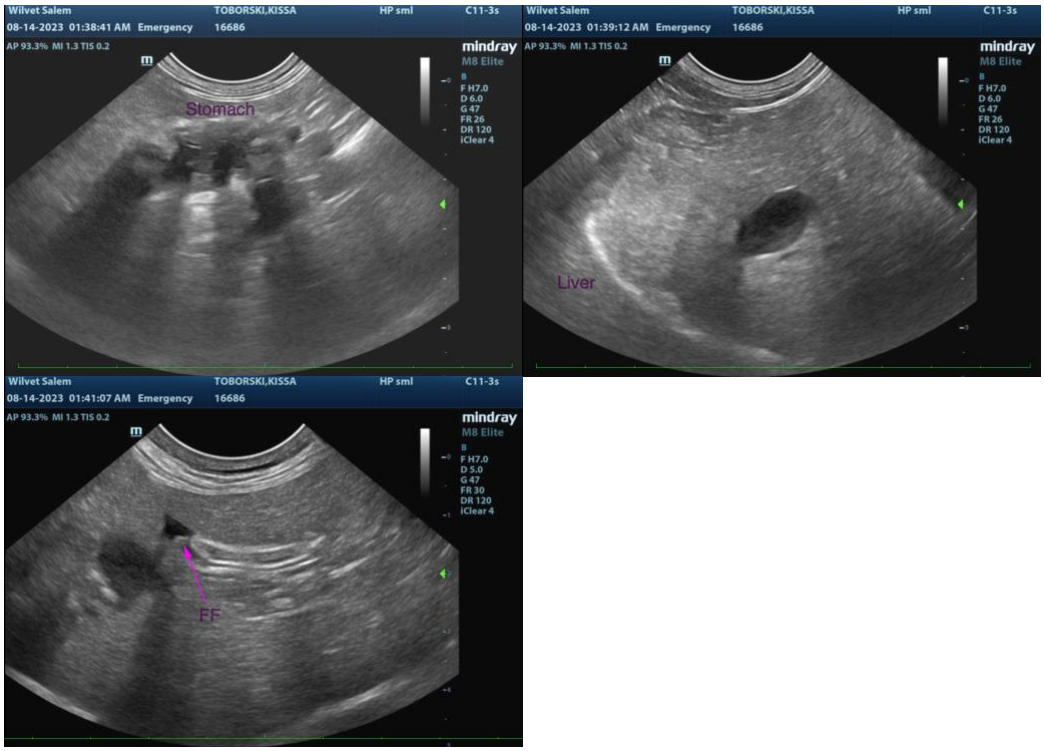

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com