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Clinical Sonography & Telecytology
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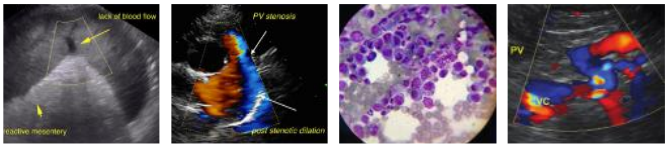

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Chloe Simmons

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

5 years

WEIGHT

4.85 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Van Nieuwal

HOSPITAL NAME

Animal EH Volusia

REFERRING VET

Van Nieuwal

INVOICE

14219

DATE

8.25.23

PRESENTING CLINICAL SIGNS

History: P presented for lethargy, icteric, and anorexia x 3wks, P boarded the last 2 wks of July, since being home P has not been eating/drinking, has been losing weight, O states P has been losing weight, P is 10% dehydrated: bloodwork done at RDVM today ALKP - 452, BUN- 10, CREAT - 0.4, GGT- 6, TBILI - 2.5, RBC - 6.64, HGB - 8.8

Abnormal PE/Chem/CBC/UA Results: PT/aPPT- WNL. FeLV/FIV- NEGATIVE

Radiograph Report Findings: 3 images including VD, right and left lateral thoracic and abdominal (trunk) radiographs, are provided for review, acquired August 24, 2023.

There are thin pleural fissure lines that widen toward the periphery of the thorax and there is very mild rounding and retraction of lung margins consistent with a low-volume of pleural effusion.
Some of the cardiac silhouette margins are obscured by the pleural fluid, but within the limitations of the pathology, the heart is estimated to be normal in size. The pulmonary vessels are normal in size and shape.
There is a mild diffuse bronchial interstitial pulmonary pattern. No thoracic mass lesions are evident.
The size, shape, and opacity of the renal, splenic, and hepatic silhouettes are normal. No urinary bladder abnormalities are evident. The pet is moderately overweight. The stomach and small intestines are empty except for small quantities of gas consistent with recent fasting or anorexia. No abdominal mass lesions are evident. Serosal detail is good.

Conclusion: Pleural effusion could be secondary to systemic inflammatory response syndrome, hypoproteinemia, infectious disease such as FIP, chylous effusion, or less likely pleural hemorrhage, neoplastic effusion or effusion secondary to occult right heart failure.
The cause for liver enzyme elevations in this patient could be diffuse liver disease such as cholangiohepatitis, hepatic lipidosis, a toxic hepatopathy, or biliary tract obstruction; or much less likely diffuse hepatic neoplasia. Overweight body condition consistent with obesity prior to recent anorexia

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 mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (3.76 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.

The right kidney is normal in size (4.28 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.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.57 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.

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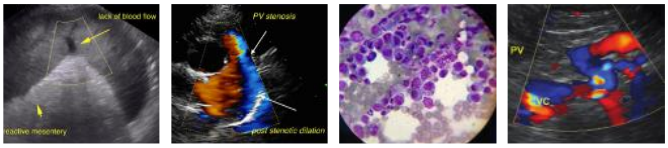

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Liver
The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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 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.

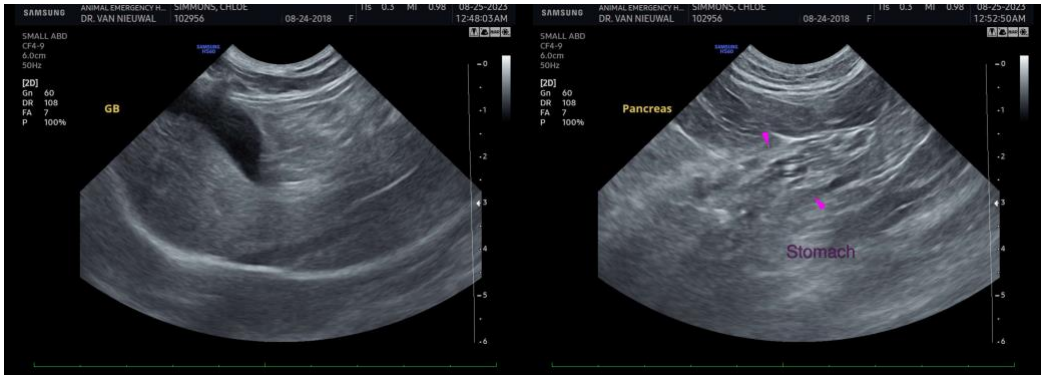
Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine-needle aspirates of the liver and pleural effusion, with submission of the samples for cytologic evaluation.
- Given the pleural effusion, consider an echocardiogram +/- baseline blood pressure measurement, +/- ECG.
- While awaiting test results, empirical treatment for bacterial cholangiohepatitis/hepatic lipidosis is recommended, including broad-spectrum antibiotics, hepatic antioxidants, and nutritional support (i.e., via a temporary feeding tube).



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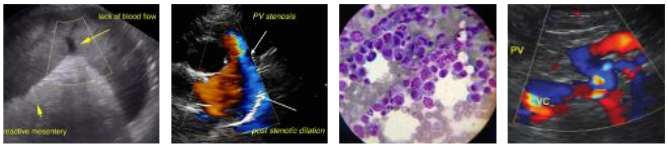

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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