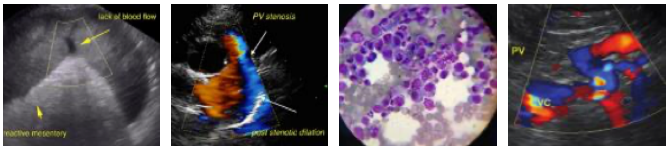
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Moo Quiroz

SPECIES
Feline

BREED
Domestic shorthair

SEX
Male, neutered

AGE
5 Yrs.

WEIGHT
6.2 lbs.

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

IMAGING PERFORMED BY
Dr. Tessa Maggiulli

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Tessa Maggiulli

INVOICE
13882

DATE
8/29/22

PRESENTING CLINICAL SIGNS

Adopted as a street cat approx 2 years ago. Indoor only since adoption. Has been jaundice since June 2021, P also has bilateral thick mucopurulent yellow nasal discharge. Highly suspicious for nasopharyngeal polyp vs nasopharyngeal stenosis. O has tried Baytril, prednisone, Orbax, amoxicillin, Little Remedies decongestant nose drops, No improvement, not seasonal. Eats well but has always been thin.
Abd US in 2021 was unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.10 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 (4.38 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 left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is normal in size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

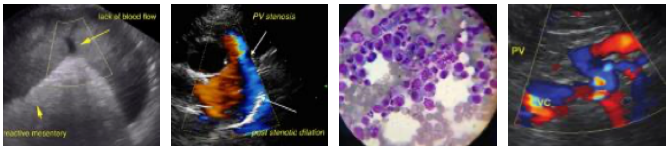
The spleen is normal in size (0.81 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely heterogeneous 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 normal in thickness. Luminal contents are anechoic. The cystic and common bile ducts are visible/tortuous. The common bile duct is mildly dilated proximally (0.35 cm in diameter) and normal in diameter at the level of the duodenal papilla (0.21 cm in diameter). There is no obvious evidence of an intraluminal obstruction. The duodenal papilla is normal in size (0.33 cm in width).

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small



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intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.21 cm in diameter).

Free Abdomen

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

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Non-specific diffuse hepatopathy. Differentials include inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), emerging hepatic lipidosis, infiltrative neoplasia (i.e., lymphoma), other hepatopathy.
- The cystic and common bile duct wall changes are most consistent with cholangitis.
- Bowel pattern suggestive of inflammatory bowel disease with some potential for emerging lymphoma.
- The pancreatic changes could be consistent with mild chronic pancreatitis or may be a normal variant for this patient.
- The trace ascites may be secondary to increased vascular permeability, low oncotic pressure or increased hydrostatic pressure. Correlation with the patient's clinical history is recommended.

*Given the sonographic changes, "triaditis" is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the hepatopathy, consider hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy). Hepatic cytology is useful in assessing for hepatic lipidosis and infiltrative neoplasia but may be less beneficial in evaluating for other hepatopathies. Surgical biopsies are more likely to yield a definitive diagnosis. If pursued, aerobic and anaerobic bile cultures are also recommended.
- Also consider a GI panel including serum cobalamin, folate, TLI and PLI.
- Nutritional support (i.e., via temporary feeding tube) is also recommended to help prevent/treat hepatic lipidosis, particularly if the patient's caloric intake is inadequate.
- Regarding the upper respiratory signs, a head CT scan with rhinoscopy and ryptococcus testing should be considered.

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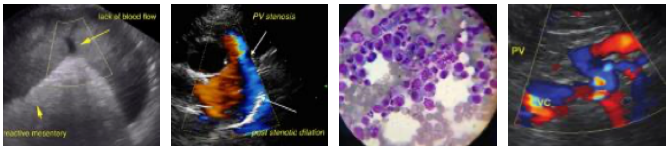

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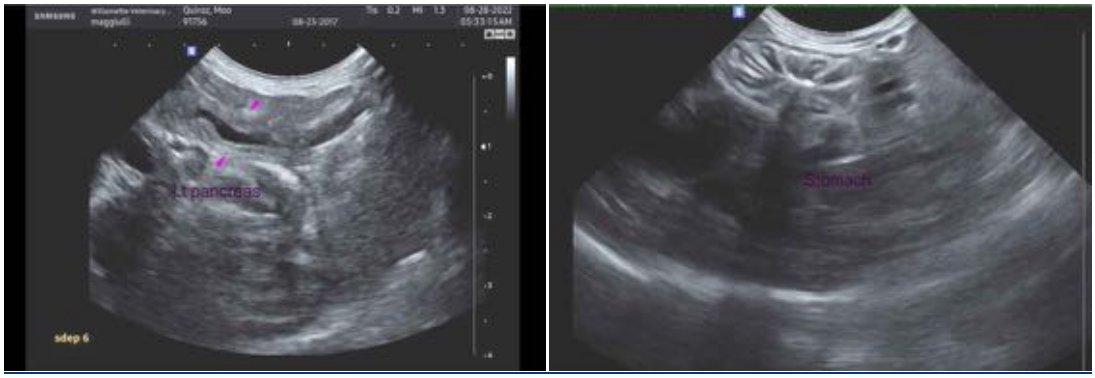

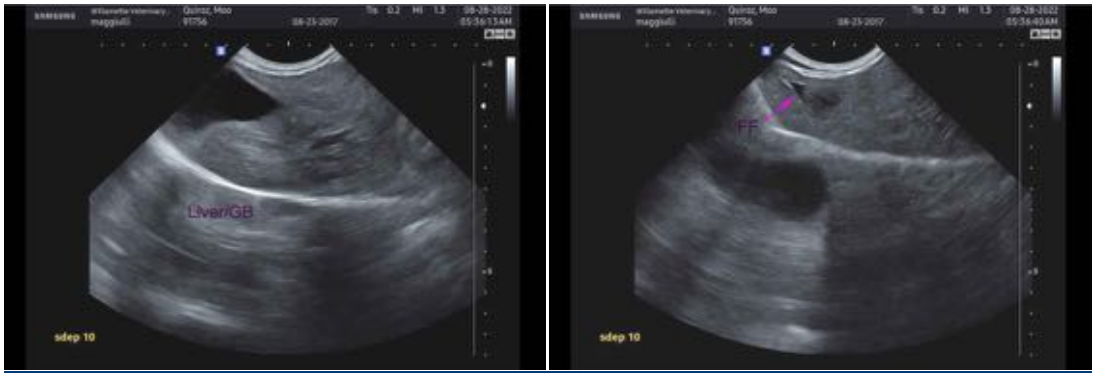

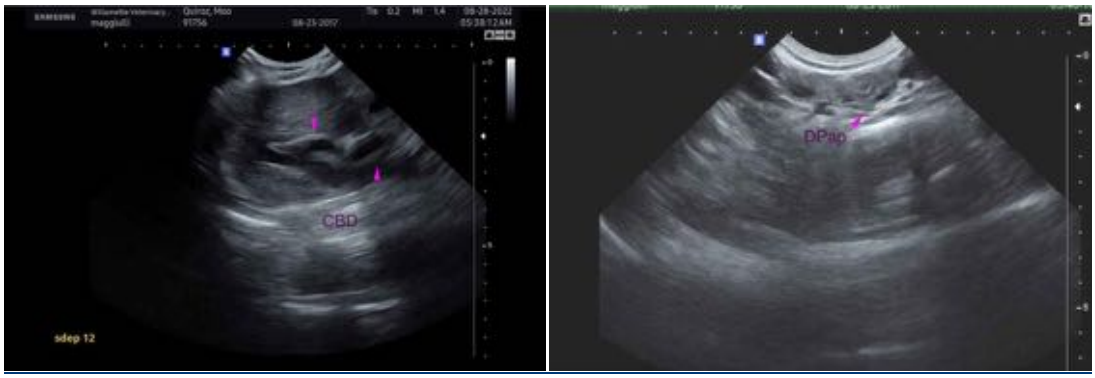

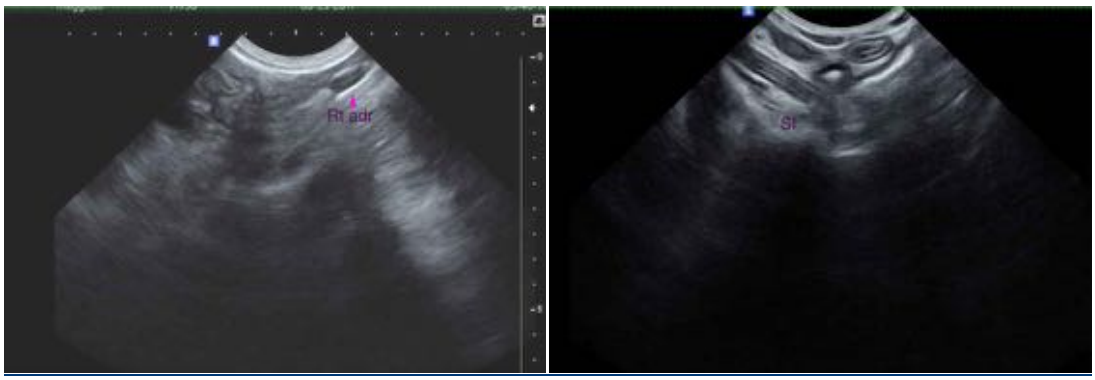

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible

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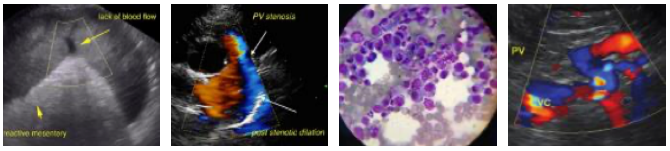

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in the image/video clips provided.

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