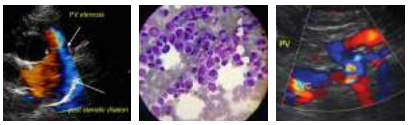
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

9/30/21

PATIENT

Max Dixon-Chard

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male Neutered

AGE

11/29/12

WEIGHT

16 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Jones

INVOICE

11930kk

PRESENTING CLINICAL SIGNS

History: Date: 09-27-2021 Notes: Past week behavior changes, restless, decreasing appetite. Tried to V+ last night, nothing came up. Foster kittens just left yesterday. Similar presentation to last time he was hospitalized for hepatic lipidosis. New cat in home. 5 yrs. ago - feeding tube, extensive treatments and finally responded to steroids. Assessment: 8 YO MN Domestic Shorthair; PC: ADR; anorexia; hiding; Similar symptoms as to when he was hospitalized here years ago with hepatic lipidosis. Plan: Rec BW to start - found elevated LES: ALP 367, ALT 235, Tbili 2.4. Rec ATH for IVF and aggressive supp care - IVF, GI support. O consents to plan. Recheck LES in 24 hrs.

Current Medications: Gabapentin, Metoclopramide, Buprenex, Omeprazole, Cerenia, Unasyn, Mirtazapine.

Lab Results: Attached separately.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

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 with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (4.24 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.38 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter.

Adrenal Glands

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

Spleen

The spleen is contracted (0.63 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and attenuating. No distinct focal lesions are observed. 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. Luminal contents are mostly anechoic.

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 intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace free fluid is observed between the liver lobes. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

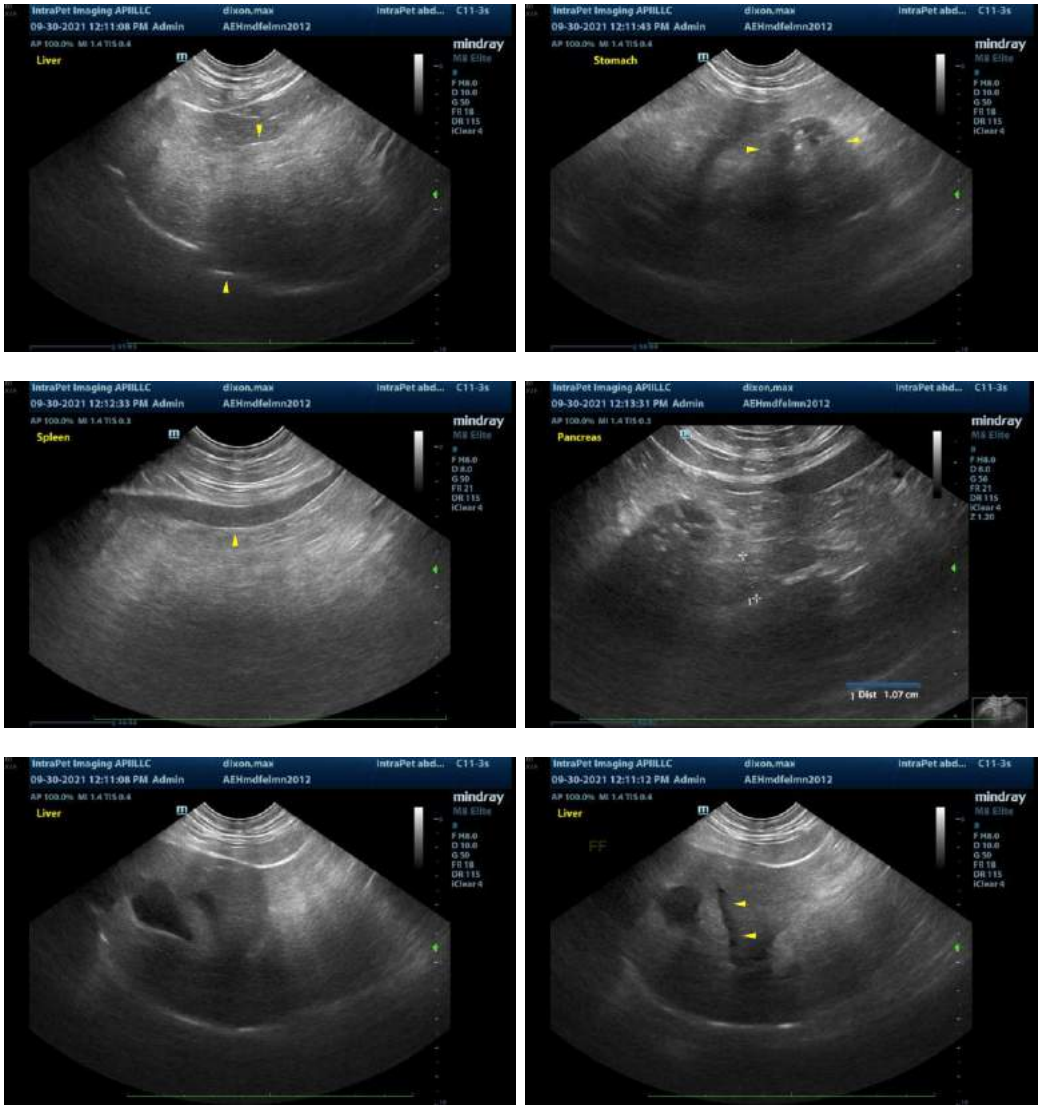
- The hepatic parenchymal changes are most consistent with vacuolar hepatopathy (i.e., secondary to hepatic lipidosis). However, concurrent inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy cannot be excluded.
- The trace ascites is likely secondary to hepatic pathology.

Secondary Findings:

- Bilateral, age-related renal changes.
- The splenic contraction is likely secondary to dehydration.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the liver is recommended (if clotting status is appropriate). A 25-guage needle should be used. While awaiting test results, empirical treatment for hepatic lipidosis/cholangiohepatitis is recommended including fluid therapy, broad spectrum antibiotics, gastric protectants, and nutritional support (i.e., via temporary feeding tube). If hepatic cytology results are inconclusive or if the patient does not improve with supportive care, a surgical liver biopsy with aerobic and anaerobic bile cultures may be warranted.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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*)
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