



PATIENT	PRESENTING CLINICAL SIGNS
Vez SOAR Rescue	4 lb weight loss, jaundice, not eating Abnormal PE/Chem/CBC/UA Results: increased liver values
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
Domestic Shorthair	
SEX	Left kidney is normal in size (3.8 cm) with normal echogenicity and a normal 1:3 cortex to medulla ratio and appropriate corticomedullary distinction. However, the shape of the kidney is distorted by a homogenous, hypoechoic nodule on the caudal pole of the kidney that measured 1.0 cm in size.
Neutered male	
AGE	Right kidney is normal in size (4.3 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.
8 years	
WEIGHT	Adrenal Glands
10.8 lbs	Left adrenal gland is normal in size (0.84 cm long x 0.24 cm thick pole), shape and contour. Corticomedullary structure is unremarkable.
INTERPRETED BY	Right adrenal gland is unable to be visualized, but no overt pathology is present in the area of the right adrenal gland.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Spleen
Adrienne Ligenza	Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.
HOSPITAL NAME	Liver
Rush Veterinary Urgent Care	Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation. A mildly dilated cystic duct measuring 0.5 cm was noted.
REFERRING VET	
Dr. Milot	
INVOICE	
95301	
DATE	
1/17/22	



PATIENT

Gastrointestinal

Veze SOAR Rescue

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

SPECIES

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Feline

Colon is normal in wall thickness (< 0.2 cm) and layering.

BREED

Domestic Shorthair

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

SEX

Neutered male

Free Abdomen

Lymph nodes are normal with no observed enlargement. There is a moderate amount of cellular appearing free fluid throughout the abdomen as well as clumped hyperechoic mesentery.

AGE

8 years

WEIGHT

10.8 lbs

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hyperechoic hepatomegaly feline – consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- Mildly distended cystic duct. Rule outs include cholecystitis with debris/sludge/mucous causing a partial post hepatic cholestasis versus chronic pancreatitis, infiltrative small bowel disease/other versus a stone or mass within the biliary tree none of which are visible in these images. Normal patient variant is also possible given the very mild distension.
- Nodule/mass on the caudal pole of the left kidney. This is most concerning for infiltrative neoplasia such as lymphoma versus other infiltrative neoplasia. A benign nodule i.e. granuloma cannot be ruled out, but is much less common.
- Free fluid and hyperechoic mesentery. This is concerning for infiltrative neoplasia as can be seen with carcinomatosis versus benign inflammatory changes associated with the hepatopathy.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Adrienne Ligenza

HOSPITAL NAME

Rush Veterinary
Urgent Care

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Secondary Findings

- Urinary bladder sediment (feline) – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.

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PATIENT

Vez SOAR Rescue

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

10.8 lbs

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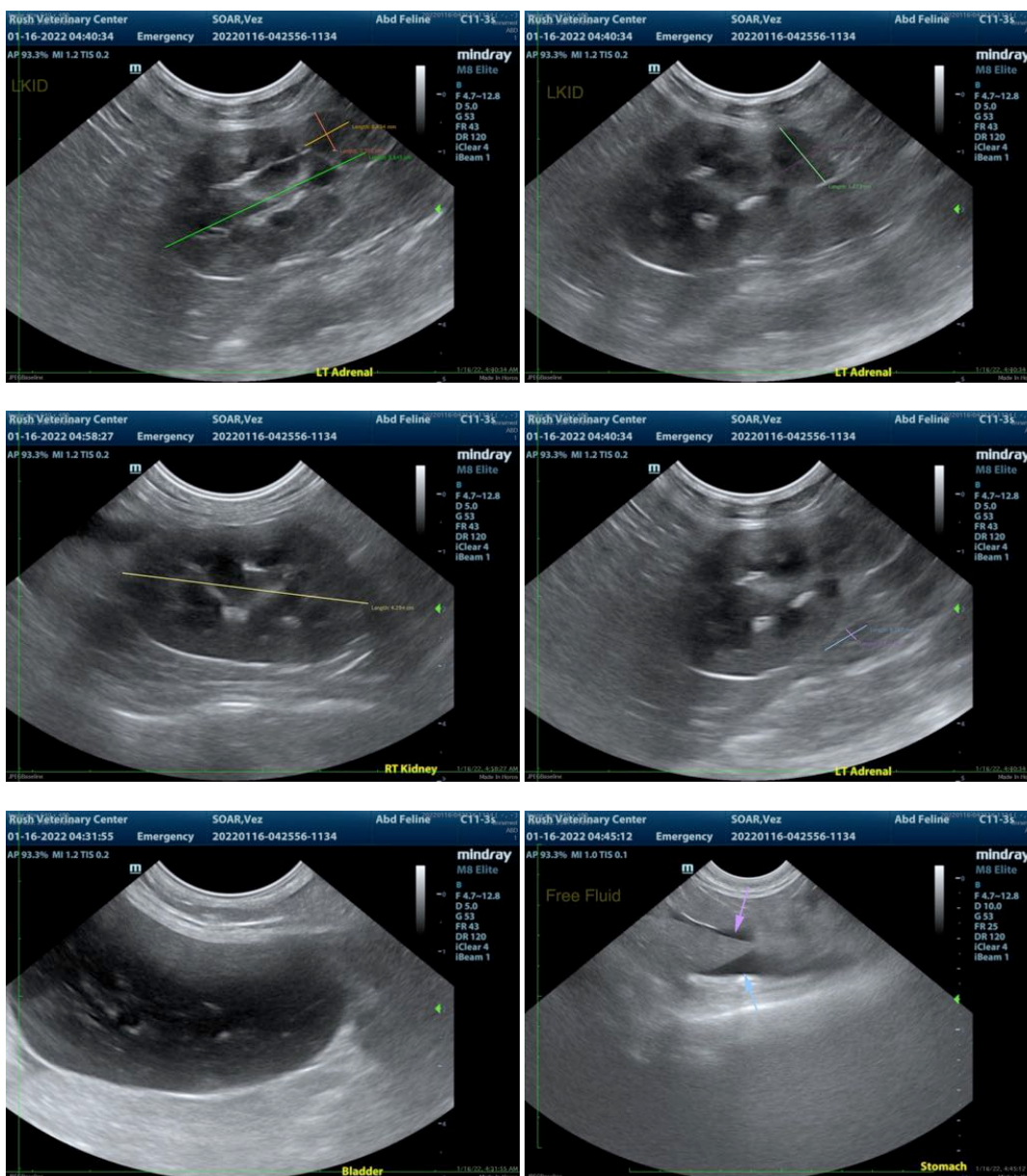
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's jaundice appears more likely to be an intrahepatic cholestasis assuming that the patient is not also anemic, which would support a concurrent prehepatic. There was mild duct dilation indicating some post hepatic obstruction, but no visible cause of the obstruction is present and the dilation is very mild lending the cholestasis primarily to intrahepatic given the concurrent hepatomegaly. Therefore, recommendations include a FNA of the liver as well as a FNA of the renal nodule and sampling of the fluid for cytology and culture if the patient's coagulation status is appropriate. In the meantime, medical management of clinical signs with IV fluids, anti-emetics, appetite stimulants as well as antibiotics to address any contributing cholecystitis +/- Denamarin and/or Ursodiol while awaiting results of recommended diagnostics.





PATIENT

VeZ SOAR Rescue

SPECIES

Feline

BREED

Domestic Shorthair

SEX

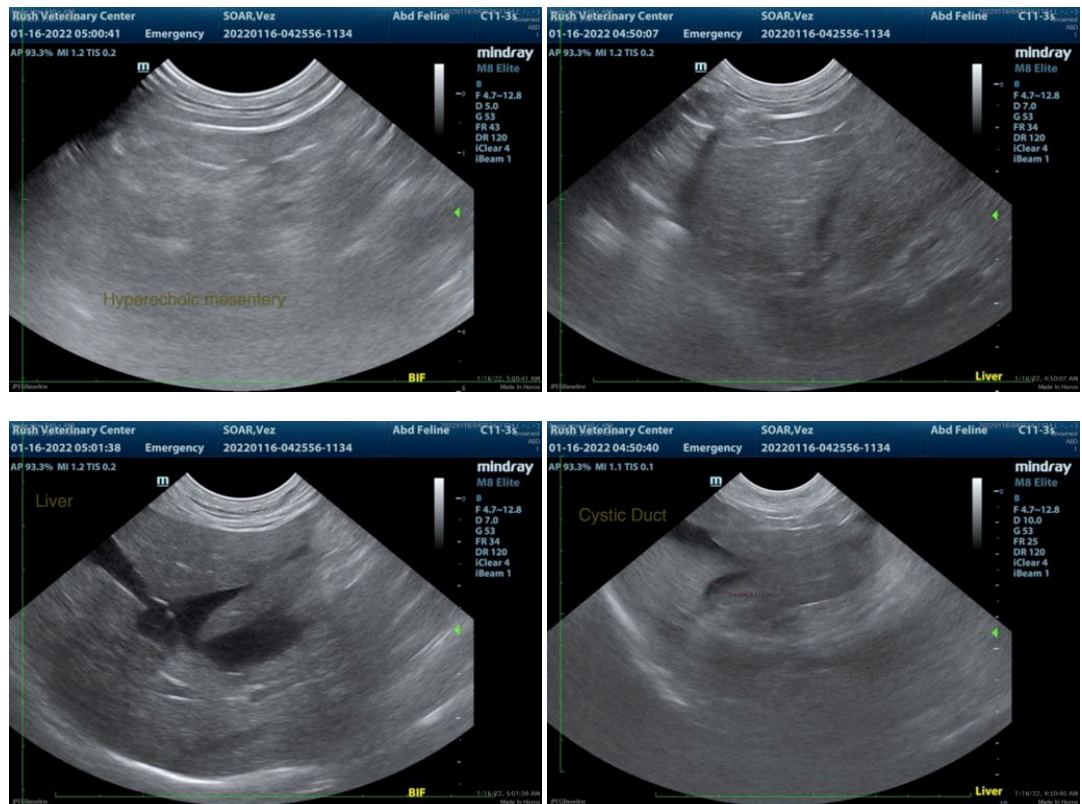
Neutered male

AGE

8 years

WEIGHT

10.8 lbs



INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

IMAGING PERFORMED BY

Adrienne Ligenza

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com

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