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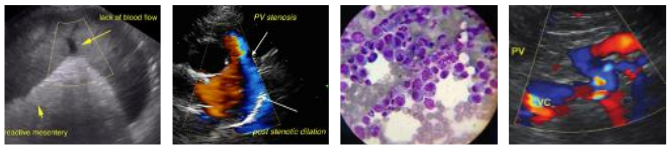


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Oonie Wakefield

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

4 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Bailey

INVOICE

17535

DATE

10/1/22

PRESENTING CLINICAL SIGNS

History: Presented for several day history inappetence, vomiting

Abnormal PE/Chem/CBC/UA Results: Anemia PCV 28/TP 7.8, nonregenerative Elev Tbili 3.8 Monocytosis Mild elev ALT 178, Amyl 1935 SDMA slight elev

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, combined with a larger amount of crystal appearing debris, most consistent with both incidental suspended lipid in a cat, as well as , exfoliated cells, mucous, crystals and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.99 cm. The right kidney measures 4.24 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.36 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.34 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

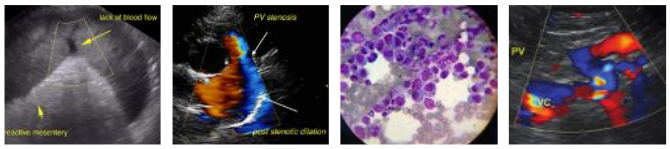
Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

Free Abdomen

A small amount of anechoic free fluid was noted, primarily in the cranial abdomen, as well as mesenteric lymphadenopathy is noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hypoechoic hepatomegaly-This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Chronic active pancreatitis
- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely

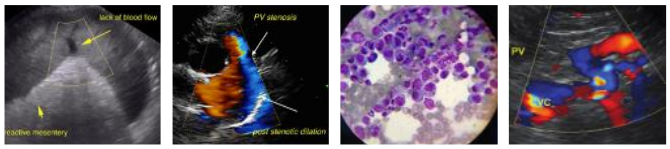
Secondary Findings

- Age-related kidney changes
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no obvious evidence of posthepatic cholestasis present in these images. Given the concurrent reported anemia, some prehepatic could be present, secondary to hemolysis, however, given the liver appearance, the primary differential is intrahepatic cholestasis due to potentially infiltrative disease, such as round cell neoplasia or potentially a benign hepatic lipidosis. Therefore, recommendations are the reportedly already obtained liver +/- spleen and free fluid aspirates. Recommendations are to submit samples for cytology.

In the meantime, treatment recommendations include fluid therapy, antiemetics, gastroprotectants, hepatic nutraceuticals, and broad-spectrum antibiotics. Nutritional support is critical to prevent/manage possible concurrent hepatic lipidosis, so appetite stimulants and/or if indicated,



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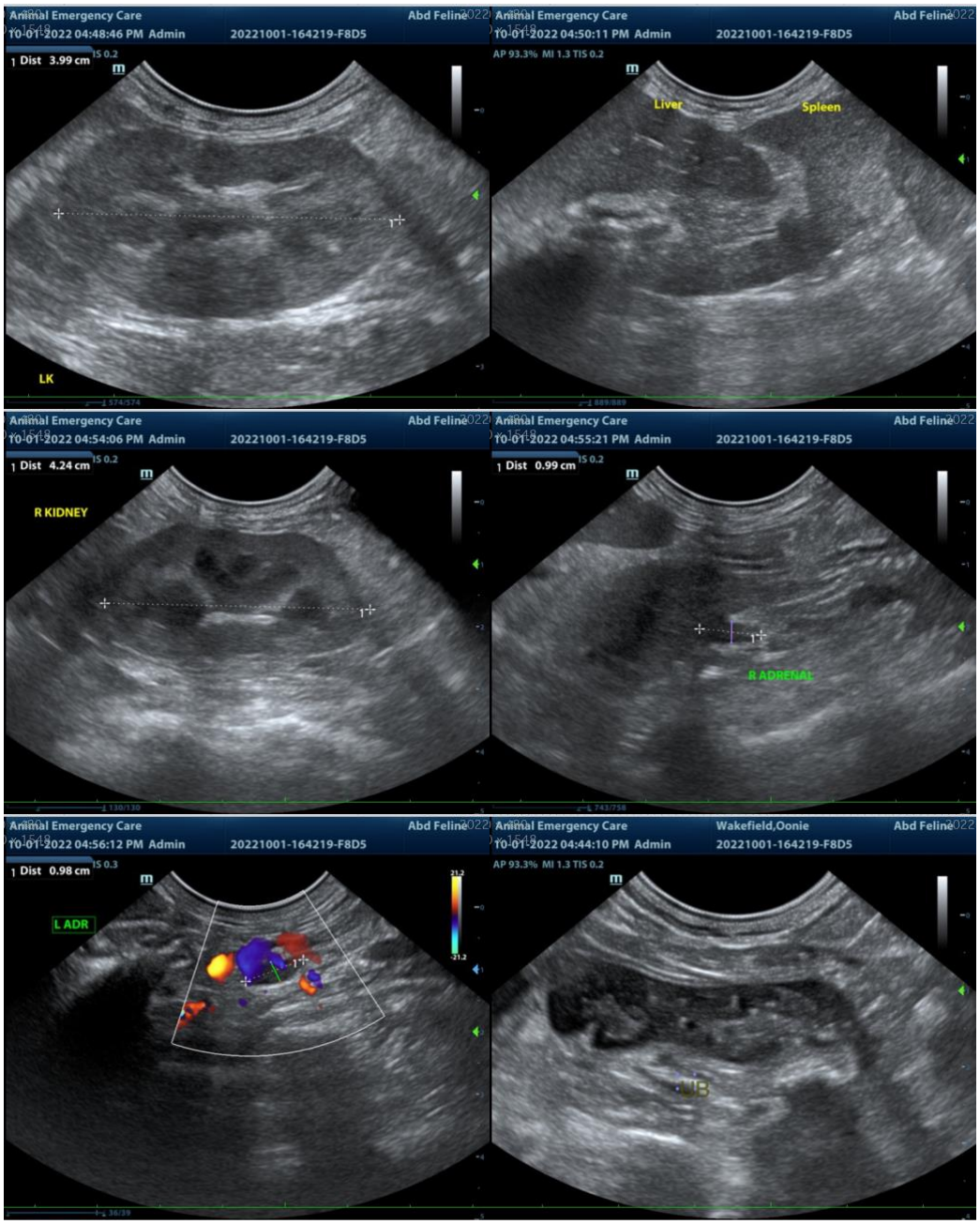
feeding tube placement are also recommended.



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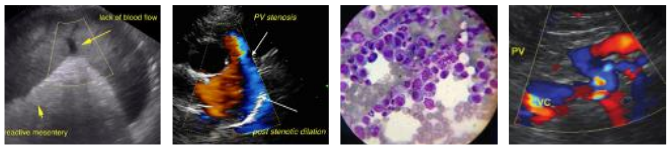

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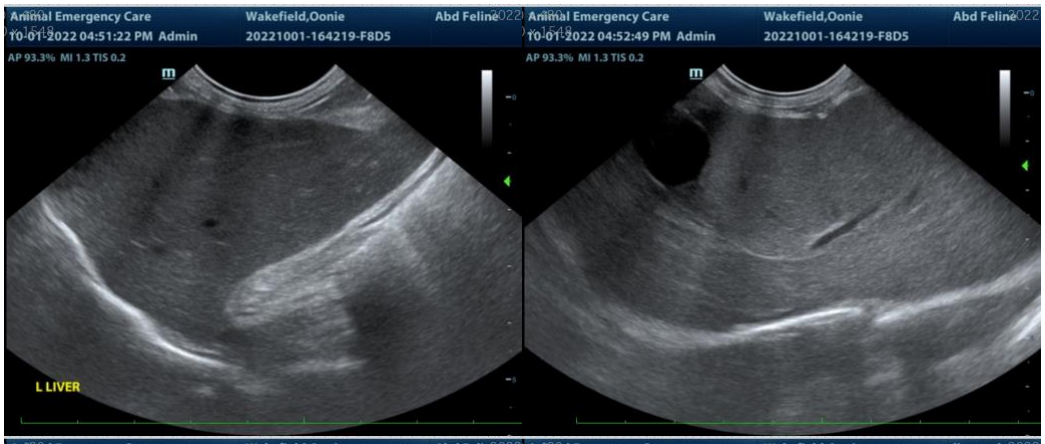

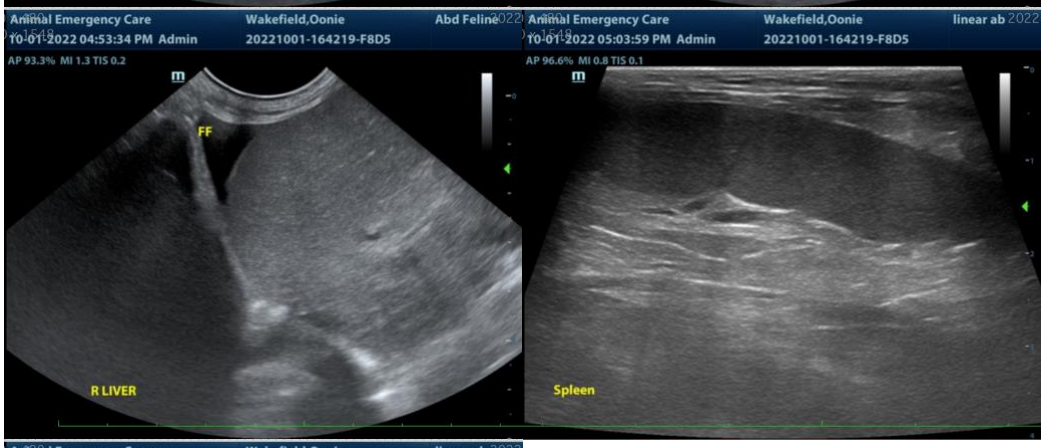

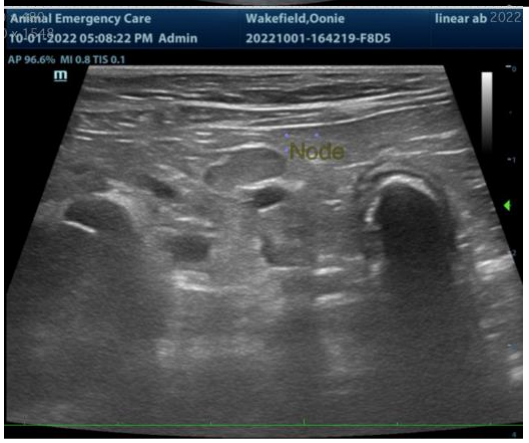

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com

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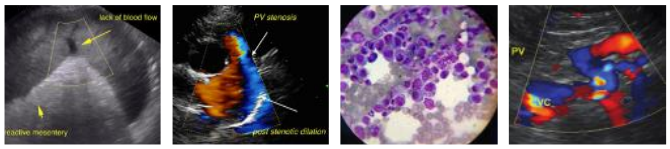

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