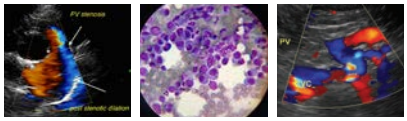
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

11/15/22

PATIENT

Irie Hughitt

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5/11/20

WEIGHT

6.4 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Gernhart

INVOICE

42713

PRESENTING CLINICAL SIGNS

Few week history of decreasing weight and appetite. Weakness and trouble walking have developed. New to this owner as of 5 months ago, took over care from a family member.

Current Medications: None listed.
Lab Results: ALT 262 12 - 130 U/L, ALP 1,853 14 - 111 U/L, GGT 25 0 - 4 U/L, Bilirubin - Total 10.7 0.0 - 0.9 mg/dL, Cholesterol 266 65 - 225 mg/dL
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (3.73 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (3.77 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The area of the adrenal glands is examined without evident pathology.

Spleen

The tail of the spleen appears thick and mass-like with a homogeneous, isoechoic appearance measuring 1.5 cm x 2.0 cm. A folded spleen versus bulge/mass cannot be definitively ruled out.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. 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 and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The 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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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 (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

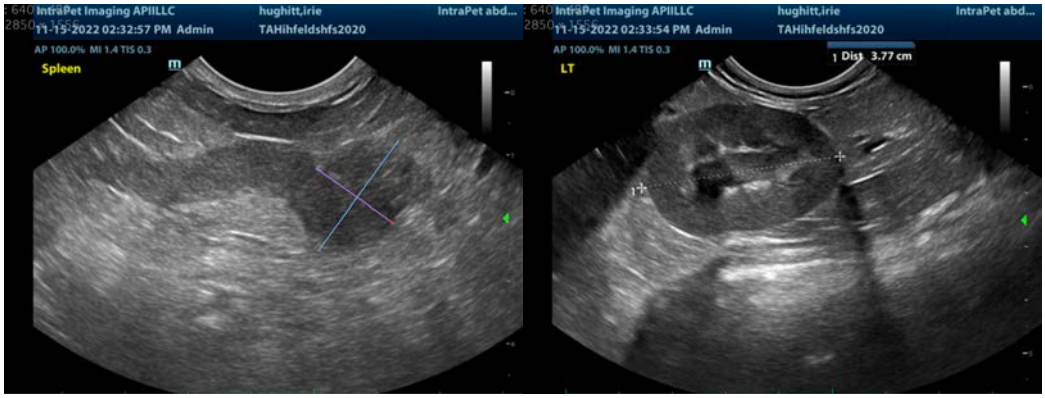
- **Hyperechoic hepatomegaly** – This appearance is most consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.

- Acute pancreatitis

- **Splenic nodule/mass** – Differentials include both benign change such as an anatomic fold versus extramedullary hematopoiesis, etc., as well as infiltrative neoplasia such as round cell neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostic recommendations for this patient include a fine needle aspirate of the liver +/- the pancreas and spleen if patient's coagulation status is appropriate, with the goal of identifying inflammatory cell type as well as ruling in/out infiltrative round cell neoplasia such as lymphoma. Alternatively, if a more conservative approach is elected, treatment recommendations include fluid therapy, anti-emetics, gastroprotectants, hepatic nutraceuticals such as ursodiol and/or Denamarin, and broad spectrum antibiotics. Nutritional support is critical to prevent/manage concurrent hepatic lipidosis, so appetite stimulants and/or, if indicated, feeding tube placement is also recommended.




IntraPet Imaging APIILLC
hughitt,irie
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11-15-2022 02:32:57 PM Admin
TAHihfeldshfs2020
AP 100.0% MI 1.4 TIS 0.3
Spleen


IntraPet Imaging APIILLC
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11-15-2022 02:33:31 PM Admin
TAHihfeldshfs2020
AP 100.0% MI 1.4 TIS 0.3
Pancreas
1 Dist 3.89 cm
2 Dist 0.85 cm


IntraPet Imaging APIILLC
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AP 100.0% MI 1.4 TIS 0.3


IntraPet Imaging APIILLC
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11-15-2022 02:29:22 PM Admin
TAHihfeldshfs2020
AP 100.0% MI 1.4 TIS 0.3
RT
1 Dist 3.73 cm


IntraPet Imaging APIILLC
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TAHihfeldshfs2020
AP 100.0% MI 1.4 TIS 0.3
Pancreas


IntraPet Imaging APIILLC
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11-15-2022 02:27:55 PM Admin
TAHihfeldshfs2020
AP 100.0% MI 1.4 TIS 0.3
Liver


IntraPet Imaging APIILLC
hughitt,irie
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11-15-2022 02:27:43 PM Admin
TAHihfeldshfs2020
AP 100.0% MI 1.4 TIS 0.3
Liver

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com