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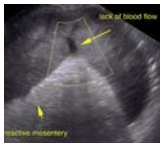
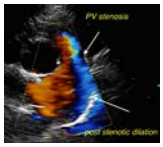
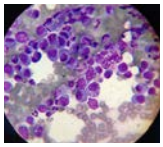
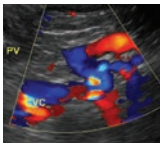

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Isabella Barringer

SPECIES

Feline

BREED

Seal Point

SEX

Spayed Female

AGE

13 Years

WEIGHT

10.6 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Abadia

HOSPITAL NAME

Surfside Pet Hospital

REFERRING VET

Dr. Abadia

INVOICE

42531

DATE

11/3/22

PRESENTING CLINICAL SIGNS

Since oct 2021 pet has history of elevated ALP -69 without any signs of Pu/PD or abnormal health issues. Pet has has a small cutaneous cyst that is drained periodically but otherwise no other issues. Pet presented for wellness and repeated BW now showing ALP- 100 and ALT- 205. Otherwsie pet continue not showing signs of PU/PD , normal eating and no vomiting or diarrhea.

Abnormal PE/Chem/CBC/UA Results: BW : oct 2021- ALP 69 , normal rest of chenostry including cbc and thyroid. FNA pathologist report on cyst- showing a possible follicular cyst. Jan 2022- cbc showed a mild increase reticulocyte – 58 without anemia . chemistry ALP- 65 with normal thyroid may 2022- normal cbc, chem,istry shows ALP-70 (no thyroid performed at this time) nov 2022- normal cbc, chemistry- ALT- 205, ALP- 100 and normal thyroid

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 (3.93 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 (3.67 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 right adrenal gland is normal in size (1.17 cm long x 0.50 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.97 cm long x 0.38 cm at the cranial pole and 0.35 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

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.

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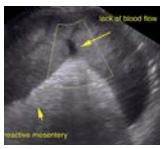
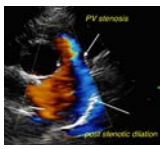
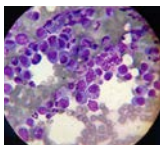
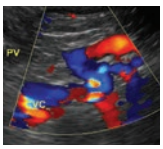

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Gastrointestinal

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

Pancreas is prominent in size with swollen irregular contour. Parenchyma is heterogenous characterized by hyperechoic tissue remodeling intermixed with ill-defined hypoechoic nodules. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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

- **Pancreatic nodular hyperplasia –** Infiltrative neoplasia cannot be ruled out but is considered less likely. Low-grade smoldering chronic pancreatitis also cannot be ruled out.
- **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.
- **Hypersplenism –** 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 as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Given the progressively increased liver enzymes, fine needle aspirate of both the liver and spleen is recommended if patient's coagulation status is appropriate.

Depending on cytology results as well as patient's environmental exposure, infectious disease testing (i.e., toxoplasma, etc.) could be considered as well as a potential cause for the increased liver enzymes.

In the meantime, ensuring normal appetite/normal caloric intake is recommended in case gastrointestinal disease and/or chronic pancreatitis, etc. have resulted in a subtly decreased appetite and concurrent hepatic lipidosis. If patient is not eating normally, antiemetics, appetite stimulants, and/or even a feeding tube placement, if necessary, hepatic nutraceuticals, +/- broad-spectrum antibiotics could be considered while awaiting diagnostic results.

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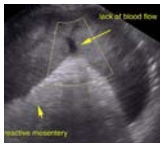
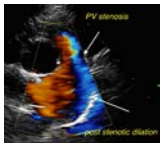
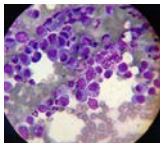
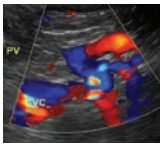

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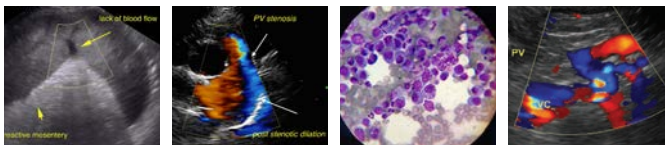

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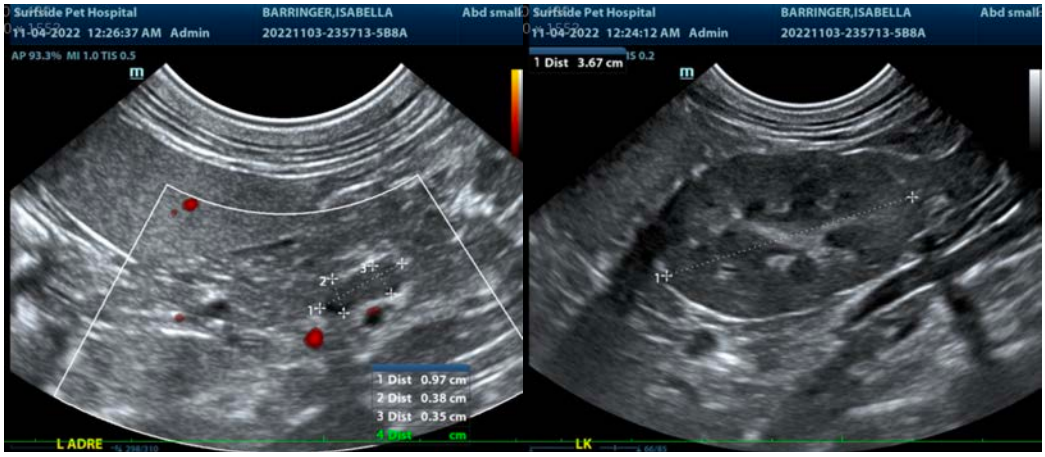

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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