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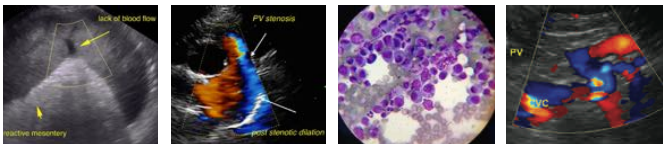

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Oscar Curto

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
5 years

WEIGHT
7.2 lbs

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Jeanine French and Chelsea Pastor

HOSPITAL NAME
Fredon AH

REFERRING VET
Dr. Roche

INVOICE
95854

DATE
2/7/22

PRESENTING CLINICAL SIGNS

Adopted from neighbor 3 weeks ago
Abnormal PE/Chem/CBC/UA Results: BCS: 3/9 ALT: 633 HCT: 29 ALKP: 1300 GGT: 32 TbiliP: 18.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed. In one video there is a smooth, thin-walled, cystic structure in the far field at the level of the trigone. This is concerning for a possible ureterocele.

Left kidney is normal in size (3.89 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (3.69 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Adrenal Glands

Left adrenal gland is normal in size (0.24 cm thick), shape and contour. Corticomedullary structure is unremarkable.

The area of the right adrenal gland is evaluated without evident adrenal pathology.

Spleen

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.

Liver

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. Patchy, hypoechoic areas throughout the liver as well as lobar biliary duct dilation. Visible vasculature and biliary tree appear normal without distension or congestion. Gallbladder is moderately distended with echogenic debris. The cystic duct and common bile duct are also distended with similar appearing anechoic fluid and echogenic debris. The distal common bile duct is severely dilated and measured 1.6 cm in diameter with a mineralized foci right at the duodenal papillae. There is isoechoic tissue proliferation around the mineral suspected versus possible very cellular/echogenic fluid and debris.

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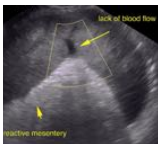

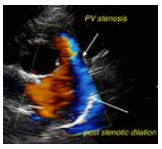

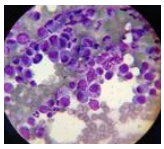
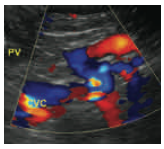

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Gastrointestinal

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

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.

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

Pancreas

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

Free Abdomen

Lymph nodes are normal with no observed enlargement. There is a scant amount of anechoic free fluid between liver lobes.

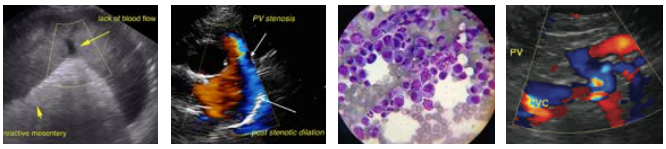
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hyperechoic hepatomegaly– consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- Patchy, hypoechoic areas throughout the liver potentially due to chronic cholangiohepatitis with concurrent lobar biliary duct dilation; however, infiltrative inflammatory or even neoplastic disease cannot be ruled out.
- Post hepatic obstruction characterized by severe distal common bile duct dilation with concurrent lobar biliary duct dilation. The common bile duct ends at the duodenal papillae where there is isoechoic tissue proliferation surrounding mineral foci. Differentials include mineral with biliary sludge surrounding it versus chronic inflammatory polyp versus possible, yet less likely biliary carcinoma or other infiltrative neoplasia.
- Scant amount of anechoic free fluid between the liver lobes.
- Cystic like lesion in the trigone of the bladder, concerning for possible ureterocele. If urinary signs are present this lesion should be further evaluated with an excretory urogram. If urinary are not present it is possible that this is an artifact or normal patient variant as it is only present in one view and reimaging with a full distended bladder is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultimate treatment for this patient will likely require surgery for exploration of the gallbladder and common bile duct as well as the isoechoic tissue/sludge at the level of the duodenal papillae. Concurrent biopsy of the tissue and liver biopsy is recommended at the time of surgery. If surgery is going to be pursued further evacuation of the urinary bladder lesion is recommended before surgery and could include an excretory urogram, so that both lesions could potentially be addressed concurrently if the



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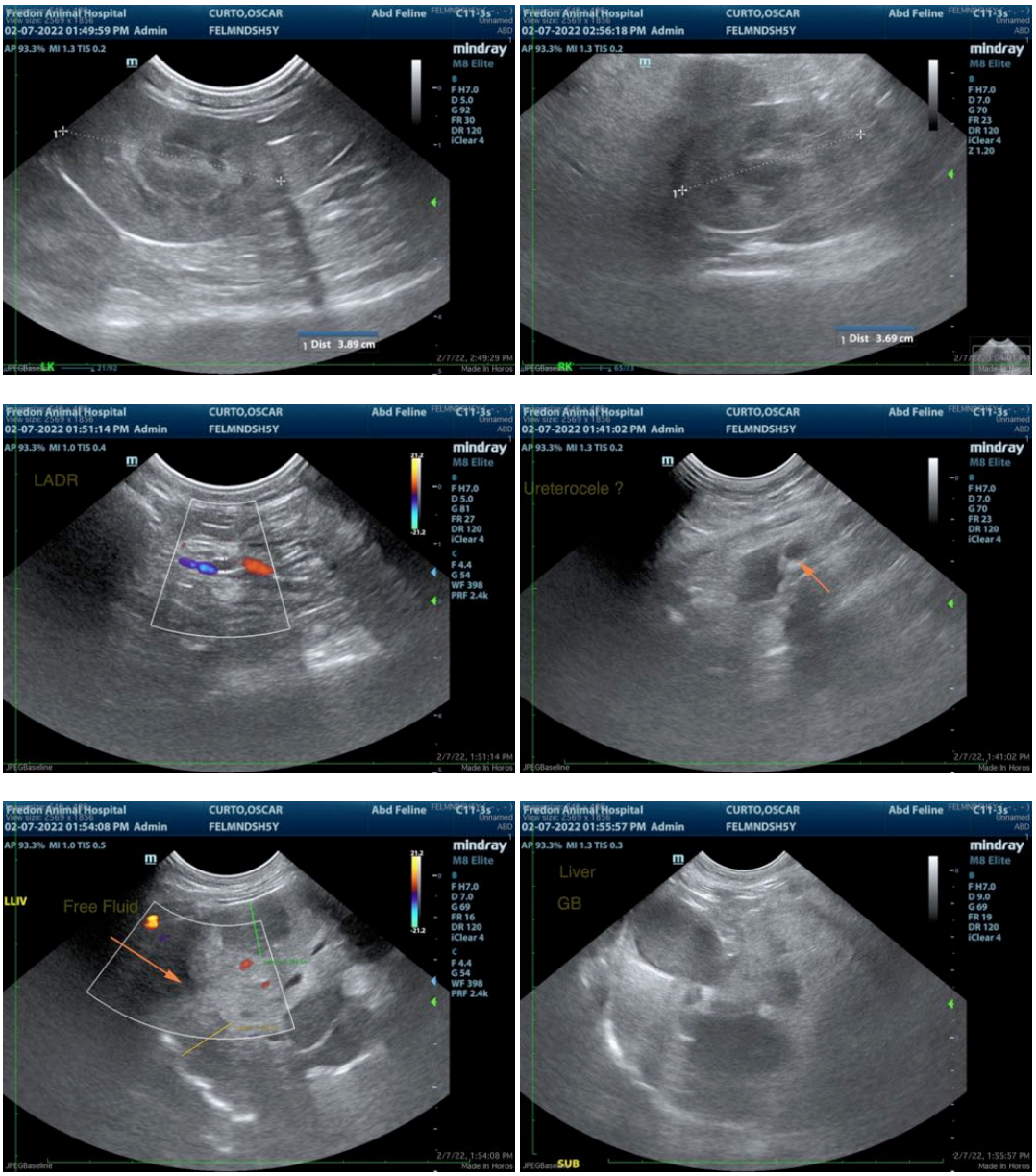
lesion in the bladder is in fact a ureterocele. If conservative therapy is elected prior to or instead of surgery recommendations include hospitalization for IV fluid therapy, broad spectrum antibiotics and very close monitoring of the bilirubin and the common bile duct obstruction so that surgery can be pursued if resolution is not occurring. If a conservative approach is elected FNA of the liver is recommended if the patient's coagulation status is appropriate. It is considered unlikely that medical management will result in resolution of this patient's clinical signs and increased liver enzymes.



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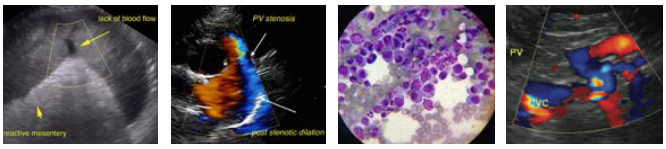

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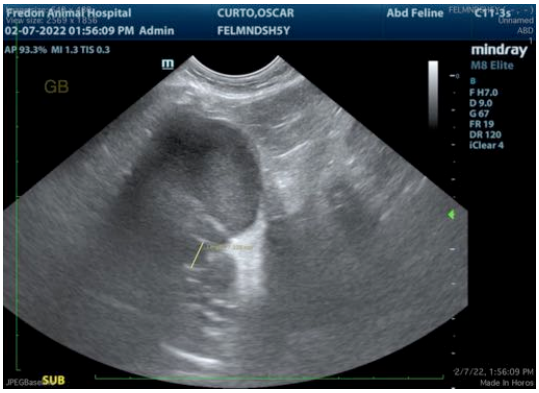

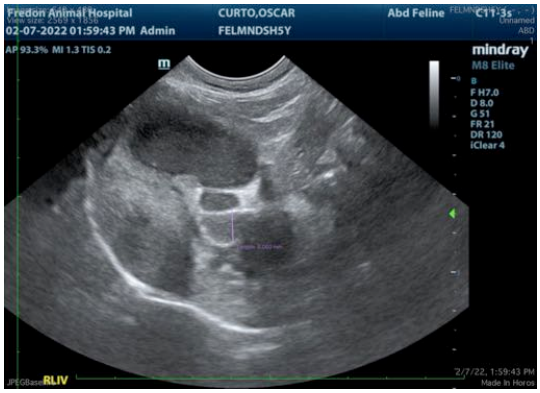

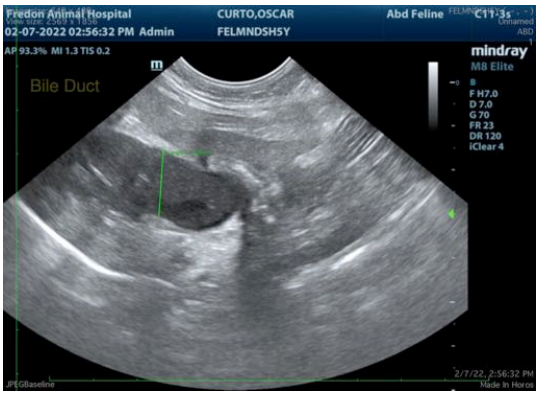

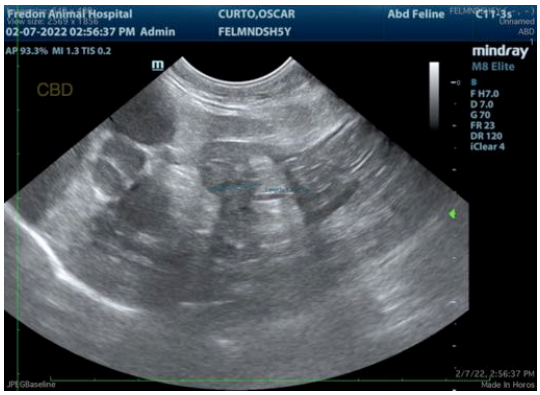

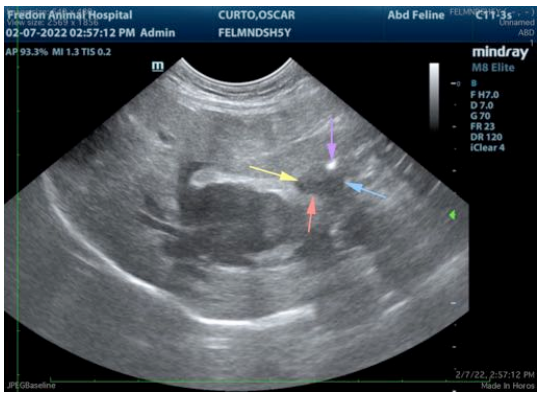

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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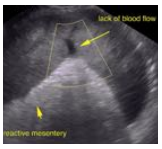

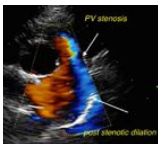

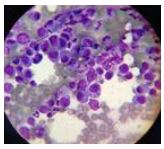
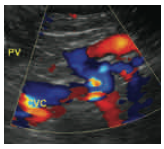

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