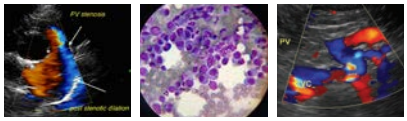
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

2/8/23

PATIENT

Stella Petti

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4/30/16

WEIGHT

11.36 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Beyer

INVOICE

44953

PRESENTING CLINICAL SIGNS

Elevated ALT noted on routine bw 12/9/2022 was 354- repeated twice and ALT has gradually increased over that period of time; most recent value is ALT 525 U/L 27 – 158, ALP wnl. Per owner no cs (no lethargy, vomiting, decreased appetite, etc) no toxins, poisons, medications, etc
very mild weight loss; added spec cpl wnl 0.5 (0-3.5); wnl, T4 is 3.0 ug/dL 0.8 - 4.7. Pet has murmur grade II-III/VI; proBNP wnl; on/off neutropenia

Current Medications: None.
Lab Results: elevated ALT, T4 wnl (gray zone), spec cpl wnl, on/off neutropenia
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents primarily. No masses or cystoliths are observed. However, a small amount of dependent mineral/sand debris is noted. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.06 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 (3.61 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 (0.54 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.59 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). 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.

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 (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

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

There is no apparent lymphadenopathy noted in these images.

PRIMARY 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.

- Chronic active pancreatitis

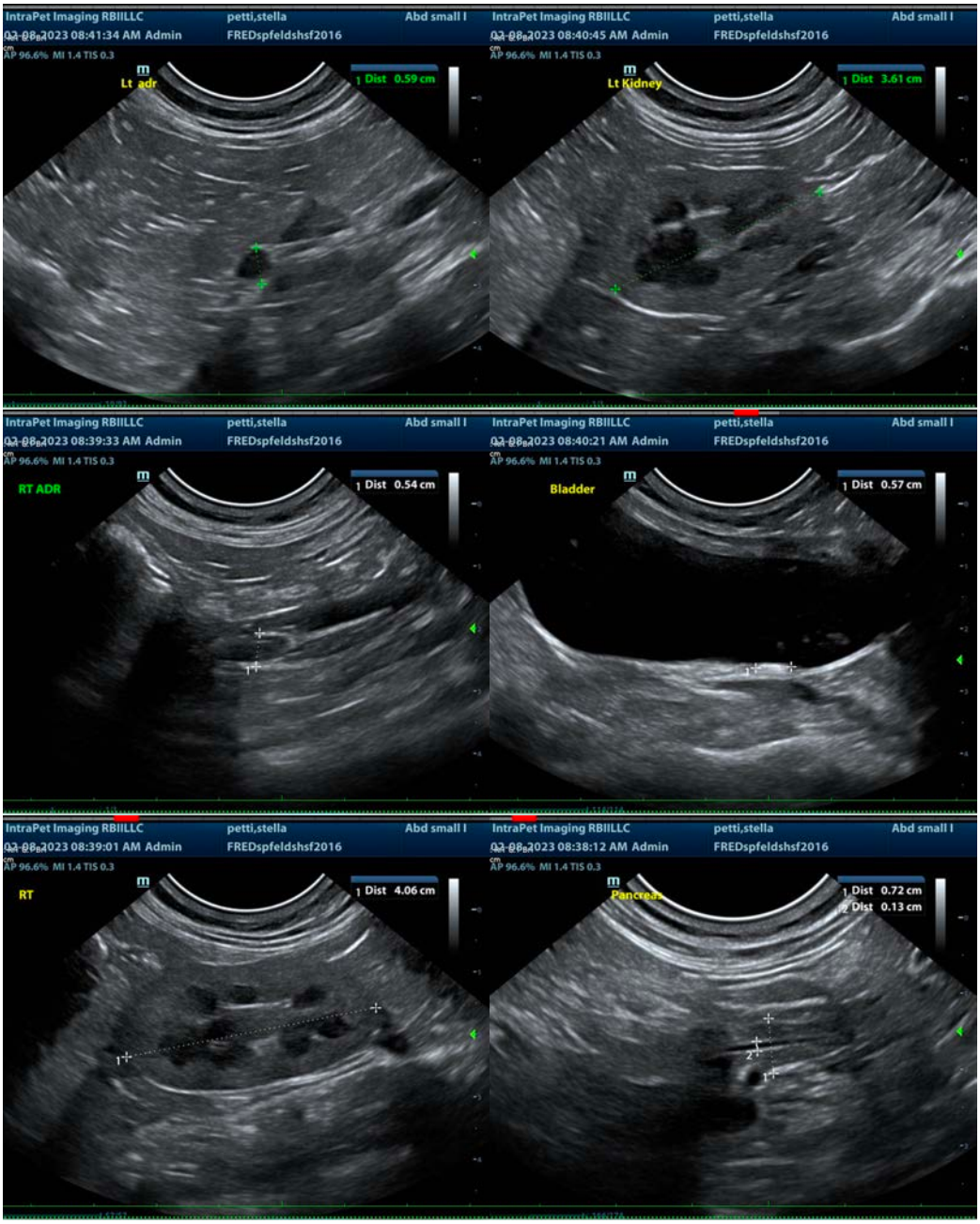
SECONDARY FINDINGS

- Urinary bladder debris/mineral/sand debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported liver enzyme changes and mild weight loss as well gray zone total T4, a free T4 is recommended to rule out hyperthyroidism. Pending results, a fine needle aspirate of the liver is recommended if patient's coagulation status is appropriate.

Additionally, 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.


IntraPet Imaging RBIILLC
petti,stella
Abd small I
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FREDspfeldshsf2016
AP 96.6% MI 1.4 TIS 0.3
Lt adr
1 Dist 0.59 cm
IntraPet Imaging RBIILLC
petti,stella
Abd small I
02-08-2023 08:40:45 AM Admin
FREDspfeldshsf2016
AP 96.6% MI 1.4 TIS 0.3
Lt Kidney
1 Dist 3.61 cm
IntraPet Imaging RBIILLC
petti,stella
Abd small I
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FREDspfeldshsf2016
AP 96.6% MI 1.4 TIS 0.3
RT ADR
1 Dist 0.54 cm
IntraPet Imaging RBIILLC
petti,stella
Abd small I
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AP 96.6% MI 1.4 TIS 0.3
Bladder
1 Dist 0.57 cm
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petti,stella
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RT
1 Dist 4.06 cm
IntraPet Imaging RBIILLC
petti,stella
Abd small I
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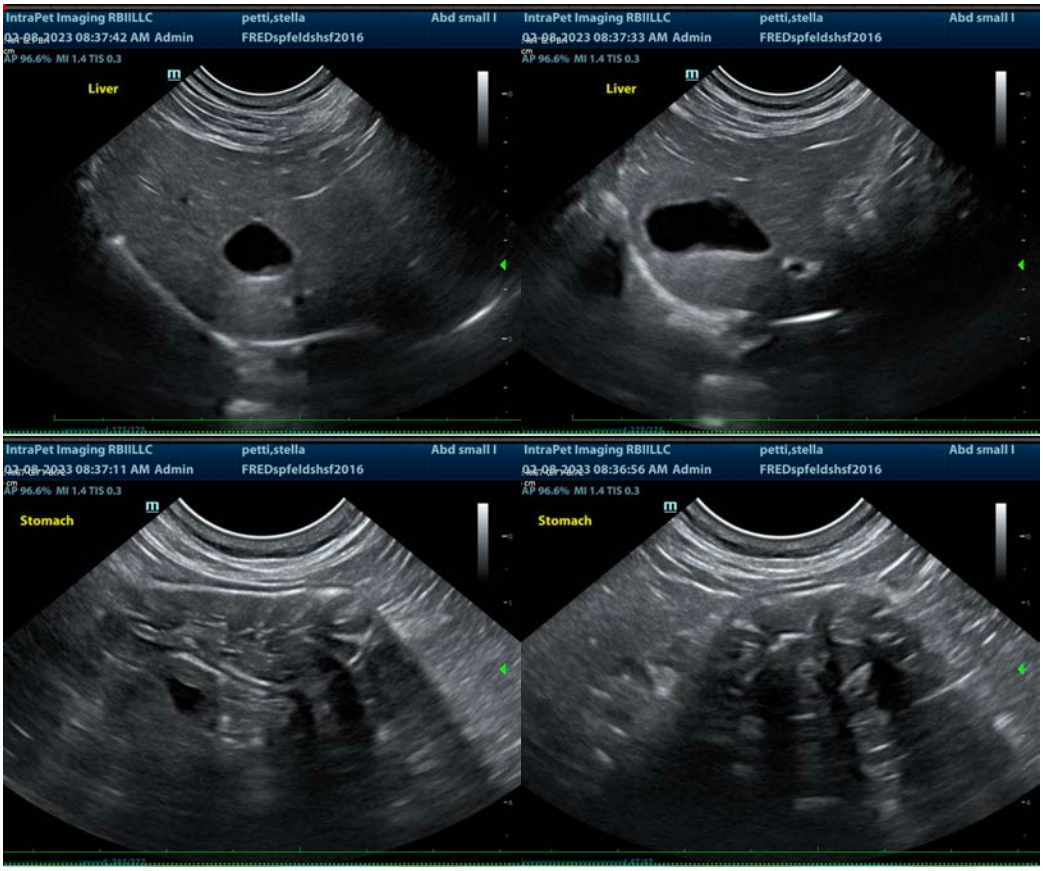
AP 96.6% MI 1.4 TIS 0.3
Pancreas
1 Dist 0.72 cm
2 Dist 0.13 cm



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
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