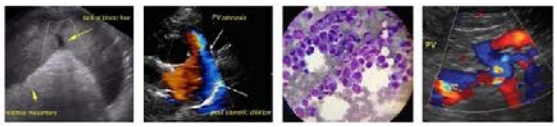


PATIENT

Teddy Lessard

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

8 Years

WEIGHT

5.2 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Chippawa AH

REFERRING VET

Dr. Dowell

INVOICE

44955

DATE

2/8/23

PRESENTING CLINICAL SIGNS

Weight loss and behavior change over last few weeks/months. Seems very hungry all the time, very aggressive for food. Bit owner 3 weeks ago. Abnormal PE/Chem/CBC/UA Results: Weight loss 0.8 kg CBC shows lymphocytosis Biochemistry shows elevations in ALT, AST, ALP, Total bilirubin and conjugated. Normal Spec fPL and TT4 Bilirubinuria. Has been on Clavaseptin.

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 (3.87 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 (4.07 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 (0.45 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.37 cm thick), 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.

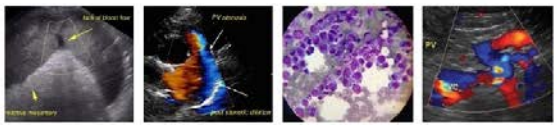
Liver

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. The cystic and common bile duct are tortuous in appearance but not overtly pathologically distended, which can be a normal anatomic variant in a cat. However, given this patient's reported laboratory changes, a concurrent cholangitis or potentially resolving cholangitis can't be ruled out.

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 or infiltrative disease. However, within the nondistended stomach there is a curvilinear interface with strong acoustic shadow that could represent



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a non-obstructive foreign body. However, a slightly atypical gas pattern is also possible. 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 pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. 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

- **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.
- Possible non-obstructive gastric foreign body versus atypical gas pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's reported liver enzyme increases and liver appearance, further investigation for liver pathology is warranted, beginning with a fine needle aspirate of the liver if patient's coagulation status is appropriate. However, neither infiltrative hepatic disease or a non-obstructive gastric foreign body are typically consistent with this patient's presenting complaint of polyphagia. Therefore, further evaluation of possible maldigestive or malabsorptive condition is recommended in the form of a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function.

Additionally, investigation for appropriate caloric intake to help eliminate accidental or unknown calorie deficit created potentially by another pet in the house or a change in diet unknowingly to a lower calorie diet, etc. is recommended, in case calorie deficiency is contributing to the polyphagia and potentially some hepatic lipidosis, etc.

At this point, monitoring of the possible gastric foreign body is recommended, given the lack of gastric distention and lack of vomiting. However, if clinical signs change, further intervention and/or even removal if a foreign body is confirmed, may be warranted.

In the meantime, 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.

Additionally, empirical deworming with a 5-day course of Panacur is recommended.

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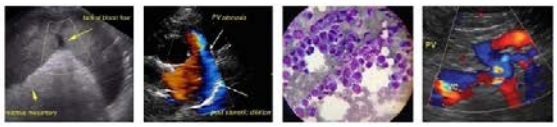

THE FOCAL ZONE
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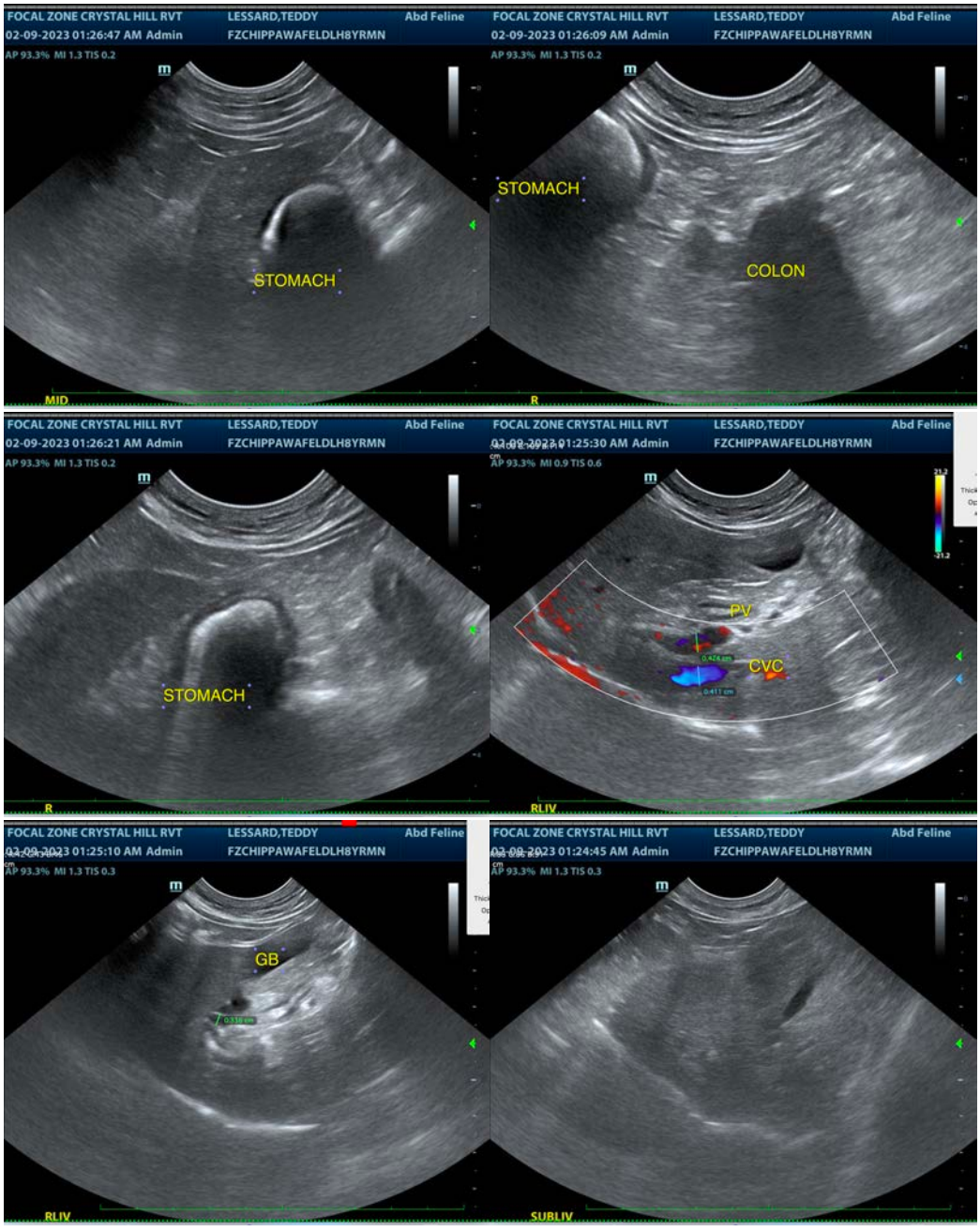

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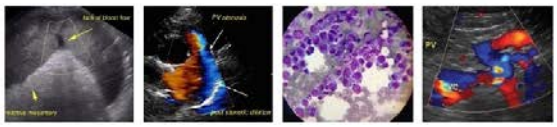

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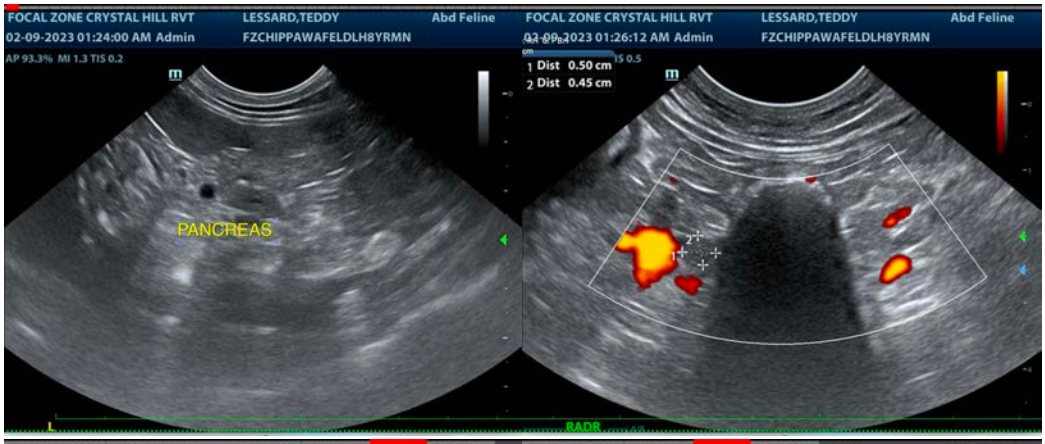

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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