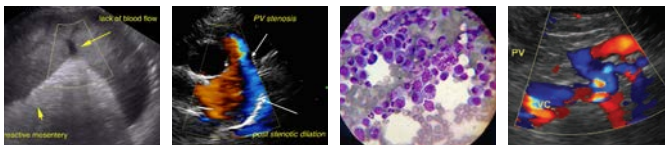
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Tina Gibson

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
8 Years

WEIGHT
3.4 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Law

INVOICE
43553

DATE
6/29/23

PRESENTING CLINICAL SIGNS

Presented at our hospital for being lethargic and vomiting bile and undigested food. Also not eating for 2 days. Previous Health Concerns: Diabetic Current Medications: none was mentioned

Abnormal PE/Chem/CBC/UA Results: Temp: 98.3 F HR: 130 Cardiovascular: low rate for being so sick Abdominal: tender in cranial abdomen Rads; abnormal shadowing in the left upper quadrant (liver/stomach) chem: bun 73.0 H, alb 3.9 H, glu 578 H, tcho 276 H, alt 159 H cbc: neu # 14.11 H, neu % 83.9 H, mon 0.4 L, eos 0.7 L, mchc 37.3 H epoc: pO2 66.6 H, o2stat 85.1 H, HcO3 9.2 L, mTCO2 9.4 L, BE -20.5, Na 134 L, K+ 2.0 L, cl 105 L, ca 1.11 L, lact 5.17 H, Bun 69 H, crea 1.97 H, glu 586 H,

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 (4.17 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 (4.24 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 right adrenal gland is examined without evident adrenal gland pathology.

The left adrenal gland is normal in size (0.42 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.

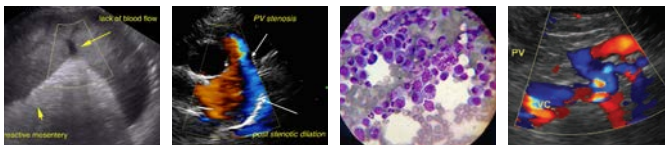
Liver

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.



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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.

- Otherwise, this is a relatively unremarkable/normal abdomen without an obvious cause for the reported vomiting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Top differential for this patient's clinical signs is metabolic in nature, possibly secondary to unregulated diabetes mellitus. If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

In the meantime, supportive/symptomatic medical management of clinical signs and suspect DKA, electrolyte abnormalities, etc. is recommended with monitoring for improvement.

If gastrointestinal signs persist beyond regulating the metabolic abnormalities and diabetes, further evaluation of absorption and digestion could be considered, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

Finally, while the appearance of the liver is consistent with a diabetic hepatopathy, a fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate and clinical signs persist.

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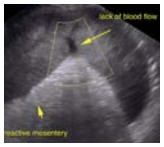
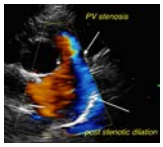
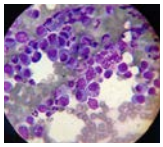
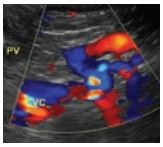

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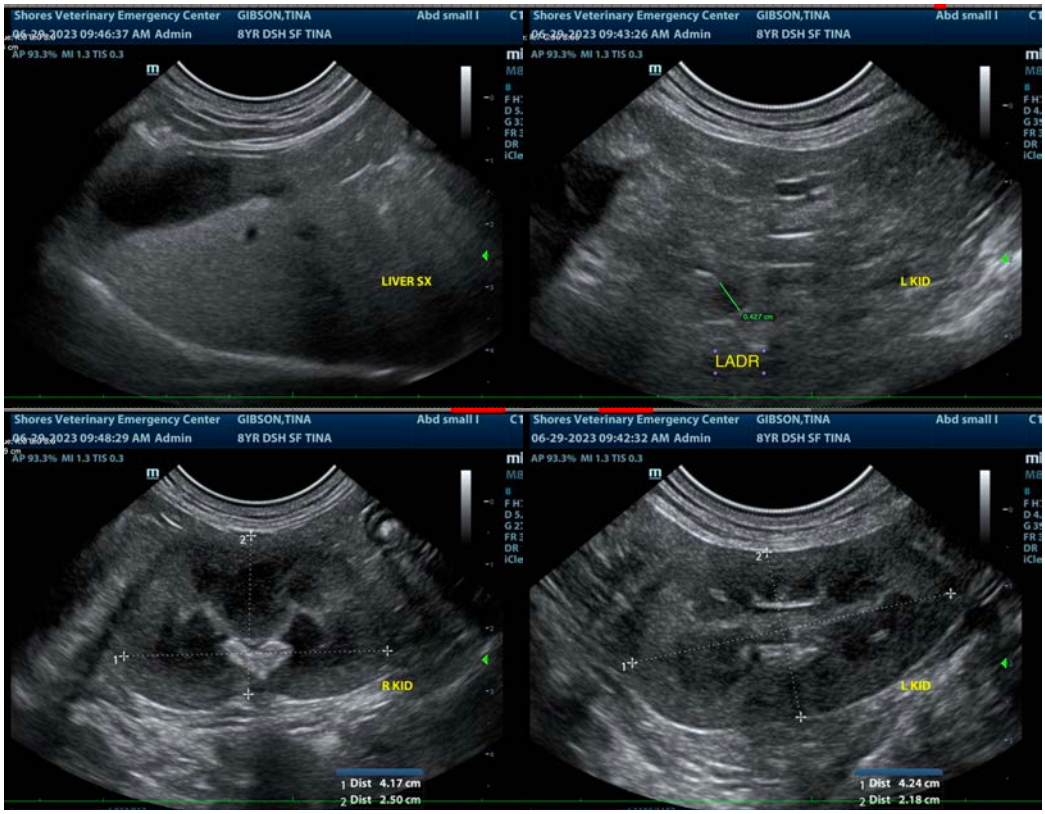

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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