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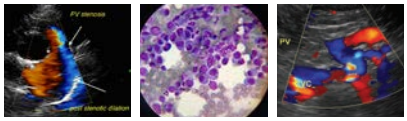

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

6/7/22

PATIENT

Simba Alexander

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7/1/08

WEIGHT

9.3 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Gold

INVOICE

38482

PRESENTING CLINICAL SIGNS

Vomiting.
Recent ER visit.

Current Medications: Cerenia 16mg ½ SID, Prednisolone 5mg SID.
Radiographs: Very enlarged liver/gall bladder debris.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 (3.65 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (3.79 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of 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 (0.43 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogenously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively enlarged. Margins are smooth, but round/swollen. It has a normal homogeneous echotexture. Parenchyma is diffusely hypoechoic, characterized by more prominent than normal portal vein walls. No nodules or masses are evident. Visible vasculature appears normal.

The gallbladder is moderately distended with anechoic bile and both gravity dependent and suspended echogenic sediment, some of which appears to be mineral with at least one cholecystolith noted measuring 0.65 cm. The wall is smooth without visible thickening. There is no evidence of cystic or common bile duct dilation. There is no evidence of effusion or inflammation.

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

The pancreas is prominent in size and mildly irregular in shape with a diffusely coarse echotexture and heterogeneous to hypoechoic echogenicity. There is no evidence of peripancreatic inflammation, and no overt duct dilation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

PRIMARY FINDINGS

- Hypoechoic hepatomegaly – differentials include acute hepatitis/cholangiohepatitis versus infiltrative neoplasia such as round cell neoplasia.
- Cholecystic debris with sand, mineral, and a cholecystolith of unknown clinical significance, but likely related to chronic cholangitis or cholangiohepatitis, given concurrent liver changes and increased liver enzymes.
- Coarse splenomegaly – 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.

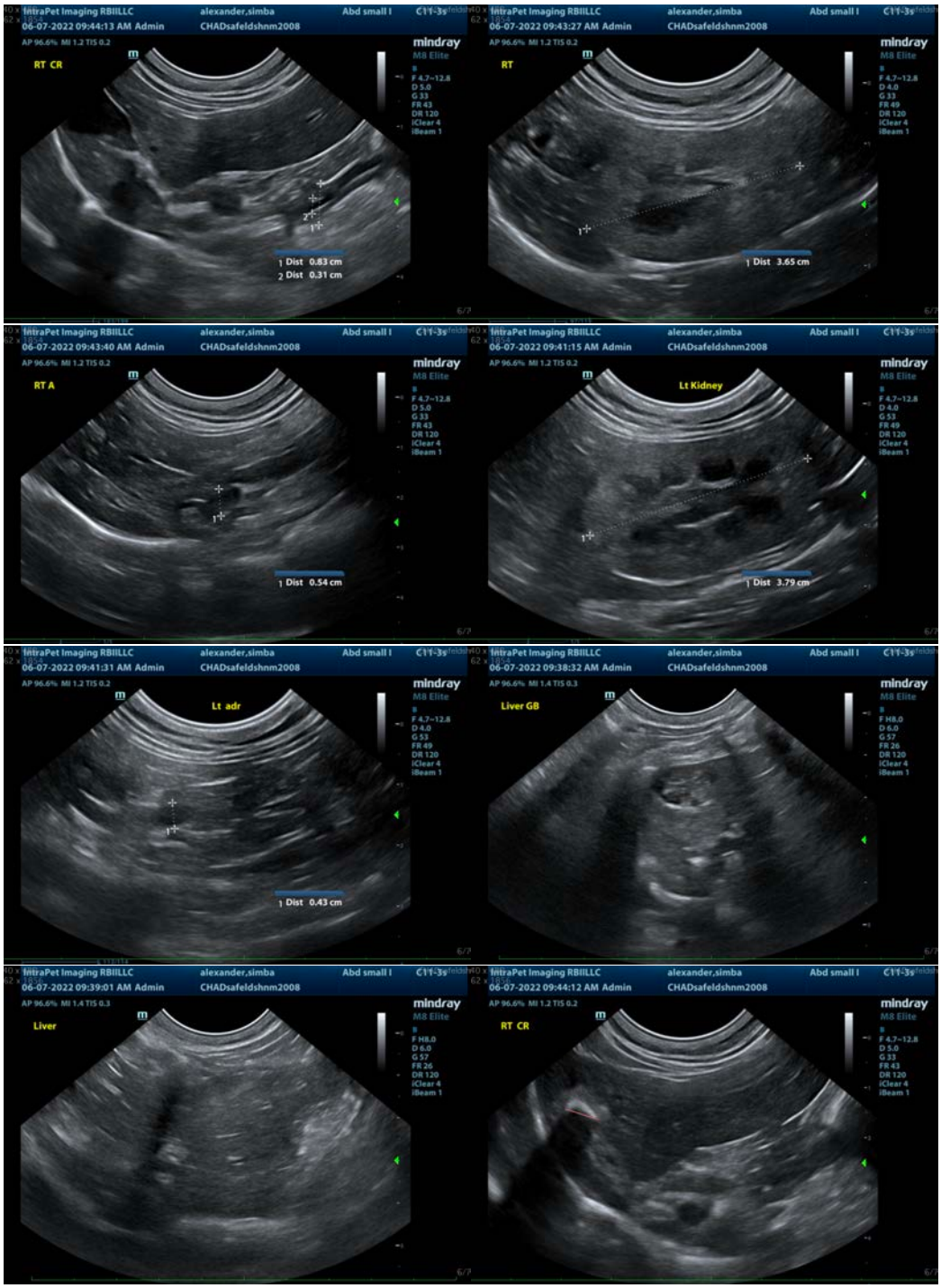
SECONDARY FINDINGS

- Age related pancreatic remodeling versus chronic smoldering pancreatitis.
- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

1. Fine needle aspirate of the liver is patient's coagulation status is appropriate, to rule out round cell neoplasia such as lymphoma +/- concurrent fine needle aspirate of the spleen.
2. Pending diagnostic results, empirical therapy for presumed cholangiohepatitis is recommended with broad-spectrum antibiotics, Ursodiol, +/- Denamarin and support of gastrointestinal signs as needed.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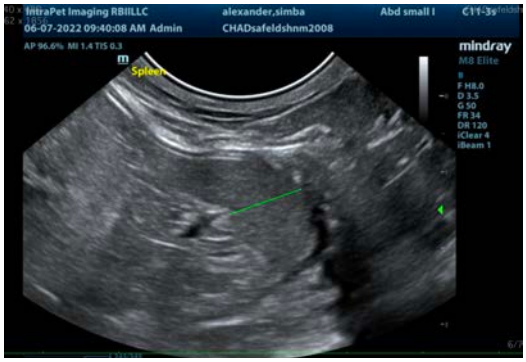

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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