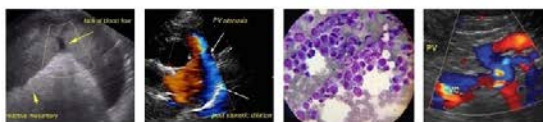




PATIENT	PRESENTING CLINICAL SIGNS
Leela Baker	Leela not well over the last two weeks. Treated as an outpatient at rDVM with subcut fluids, cerenia, mirtazapine. Vomiting at home over the weekend. Presented jaundiced and depressed, inappetent on July 17th. Started in Emerg hospital on : IV fluids, NG tube with liquid diet, cerenia, Vit B12, B-complex, pantoprazole, Hepatosyl. Did have some liquid diet today in the morning before scan,
SPECIES	Abnormal PE/Chem/CBC/UA Results: low urea and creatinine very high ALKP 636 (upper limit 111), this has doubled since July 9th Tbil is very high at 155 (15 upper limit) and was only 70 in July 9thGGT 11 (upper limit 4) Hct 25.7% slight decrease low cholesterol
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Russian Blue	Urinary System
SEX	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.
Spayed Female	
AGE	The right kidney is normal in size (4.1 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.
3 Years	
WEIGHT	The left kidney is normal in size (3.67 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.
4.79 kg	
INTERPRETED BY	Adrenal Glands
Beth Johnson, DVM DACVIM	The right adrenal gland is normal in size (0.36 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
IMAGING PERFORMED BY	The left adrenal gland is normal in size (0.32 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Crystal Hill	
HOSPITAL NAME	Spleen
Hamilton Region Emergency Clinic	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.
REFERRING VET	Liver
Dr. Rubino	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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
INVOICE	Gastrointestinal
39634	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.
DATE	
7/18/22	


PATIENT

Leela Baker

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.

SPECIES

Feline

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas
BREED

Russian Blue

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.

SEX

Spayed Female

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

AGE

3 Years

ULTRASONOGRAPHIC FINDINGS

- Mild acute pancreatitis with suspected secondary gastric ileus – There is no evidence of a mechanical outflow obstruction. However, the definitive presence of one cannot be ruled out.
- 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.

WEIGHT

4.79 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
INTERPRETED BY

 Beth Johnson, DVM
 DACVIM

Mild pancreatitis and suspected secondary gastric ileus may be contributing to this patient's clinical signs. However, they are not considered severe enough to cause the reported increased liver enzymes, icterus, etc. There is no evidence of post-hepatic cholestasis. Given that the anemia is only mild, pre-hepatic is also considered less likely, with primary hepatic being the top differential, due potentially to infiltrative disease such as lymphoma, or potentially hepatic lipidosis, etc. Therefore, recommendations include a fine needle aspirate of the liver following assessment of patient's coagulation status, if the coagulation status is found to be appropriate.

IMAGING PERFORMED BY

Crystal Hill

Given the concurrent reported azotemia, a urinalysis is recommended to help differentiate prerenal versus renal azotemia, and while uncommon in cats, testing for Leptospirosis could be considered.

HOSPITAL NAME

 Hamilton Region
 Emergency Clinic

In the meantime, continued medical management, as is reportedly in place with supportive symptomatic care, nutritional support, hepatic nutraceuticals, etc. is recommended with the addition of a broad-spectrum antibiotic. A quantitative PLI is recommended if not already evaluated.

REFERRING VET

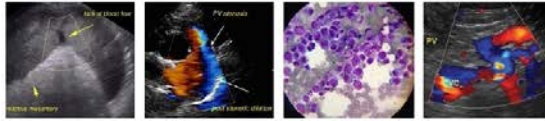
Dr. Rubino

INVOICE

39634

DATE

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PATIENT

Leela Baker

SPECIES

Feline

BREED

Russian Blue

SEX

Spayed Female

AGE

3 Years

WEIGHT

4.79 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region
Emergency Clinic

REFERRING VET

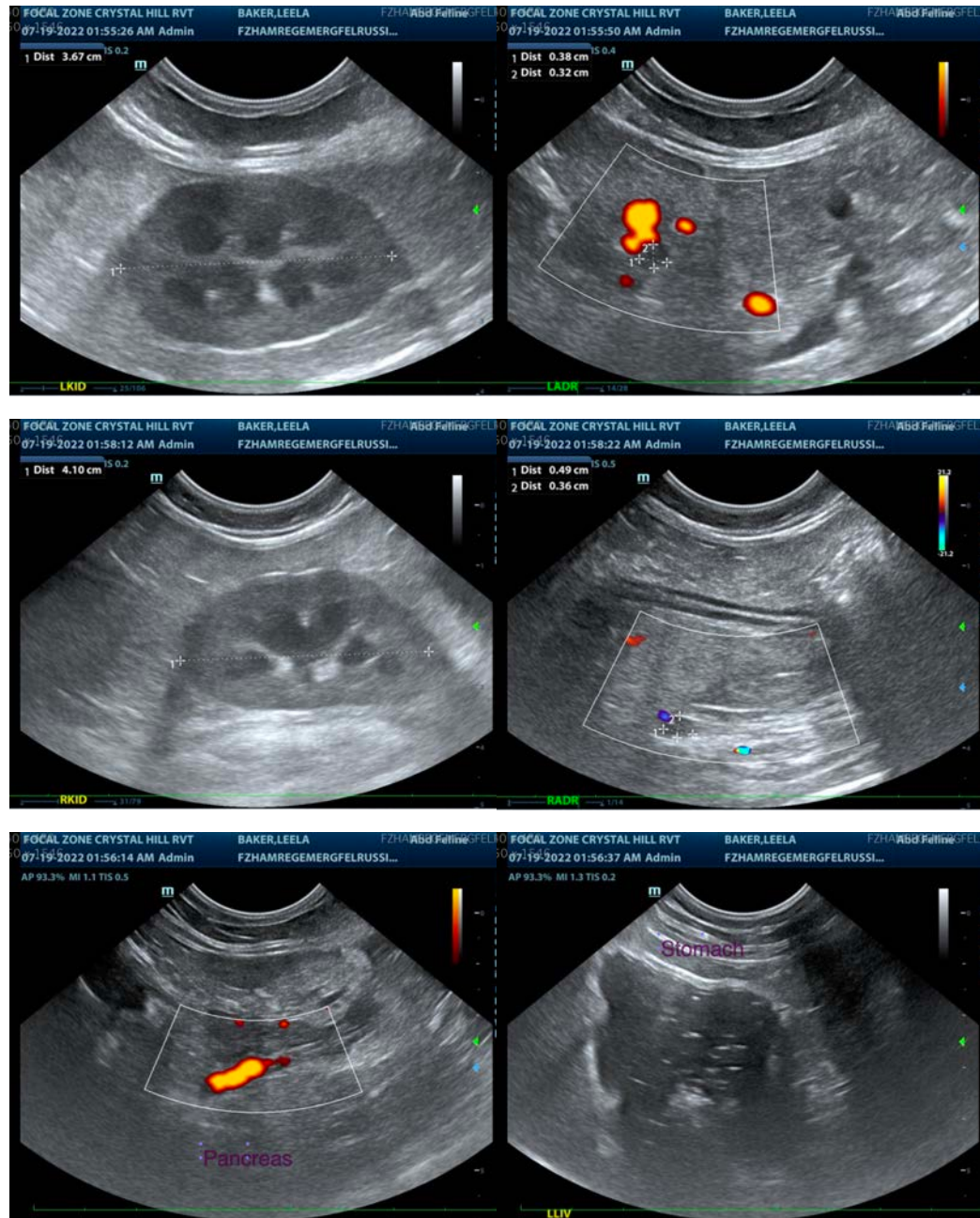
Dr. Rubino

INVOICE

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DATE

7/18/22





PATIENT

Leela Baker

SPECIES

Feline

BREED

Russian Blue

SEX

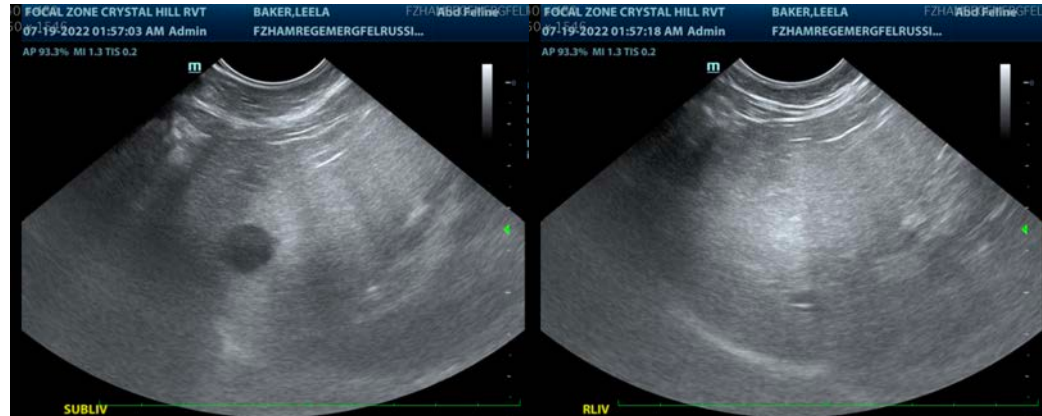
Spayed Female

AGE

3 Years

WEIGHT

4.79 kg



INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region
Emergency Clinic

REFERRING VET

Dr. Rubino

INVOICE

39634

DATE

7/18/22

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