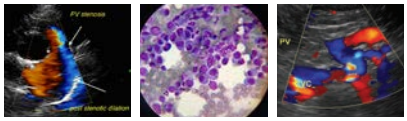
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

7/19/23

PATIENT

Ozzy Lavery

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3/21/19

WEIGHT

13.8 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Kats

INVOICE

44162

PRESENTING CLINICAL SIGNS

Elevated liver values--initially found on 5/21/23 during a bout of inappetence. Rechecked on 7/8 and values are higher despite fPL having normalized.

Current Medications: Treated with 2 weeks of amoxicillin starting on 5/30/23--75 mg bid, and cerenia 8 mg po sid.. Appetite has improved back to " normal" for him at time of recheck in july.
Lab Results: 5/2023-- ALT 748, AST 151, T bili 0.9, fPL 4.8. 7/2023 ALT 917, AST 227, T bili 0.6, fPL 1.7 (WNL)
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.35 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 (4.23 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 (0.29 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.36 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

The liver is subjectively normal in size with mild parenchymal remodeling and diffusely mildly coarse architecture and increased portal markings. No focal nodules or masses are observed. Visible vasculature and intrahepatic biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth, subjectively mildly hyperechoic, and mildly thick. Luminal contents are primarily anechoic. The cystic and common bile duct are tortuous in appearance with

similarly mildly hyperechoic, mildly thick walls. The ducts are mildly distended, measuring 0.50 cm distended with a normal taper down to 0.20 cm at the level of the duodenal papilla.

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.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

PRIMARY FINDINGS

- Low-grade smoldering chronic pancreatitis is suspected.
- The mildly hypoechoic appearance of the liver could be normal patient variant or could represent an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia is possible but considered less likely, given the lack of hepatomegaly.
- Mildly thick, tortuous cystic and common bile duct – also supportive of possible chronic or even resolved cholangitis/cholangiohepatitis.
- Reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

SECONDARY FINDINGS

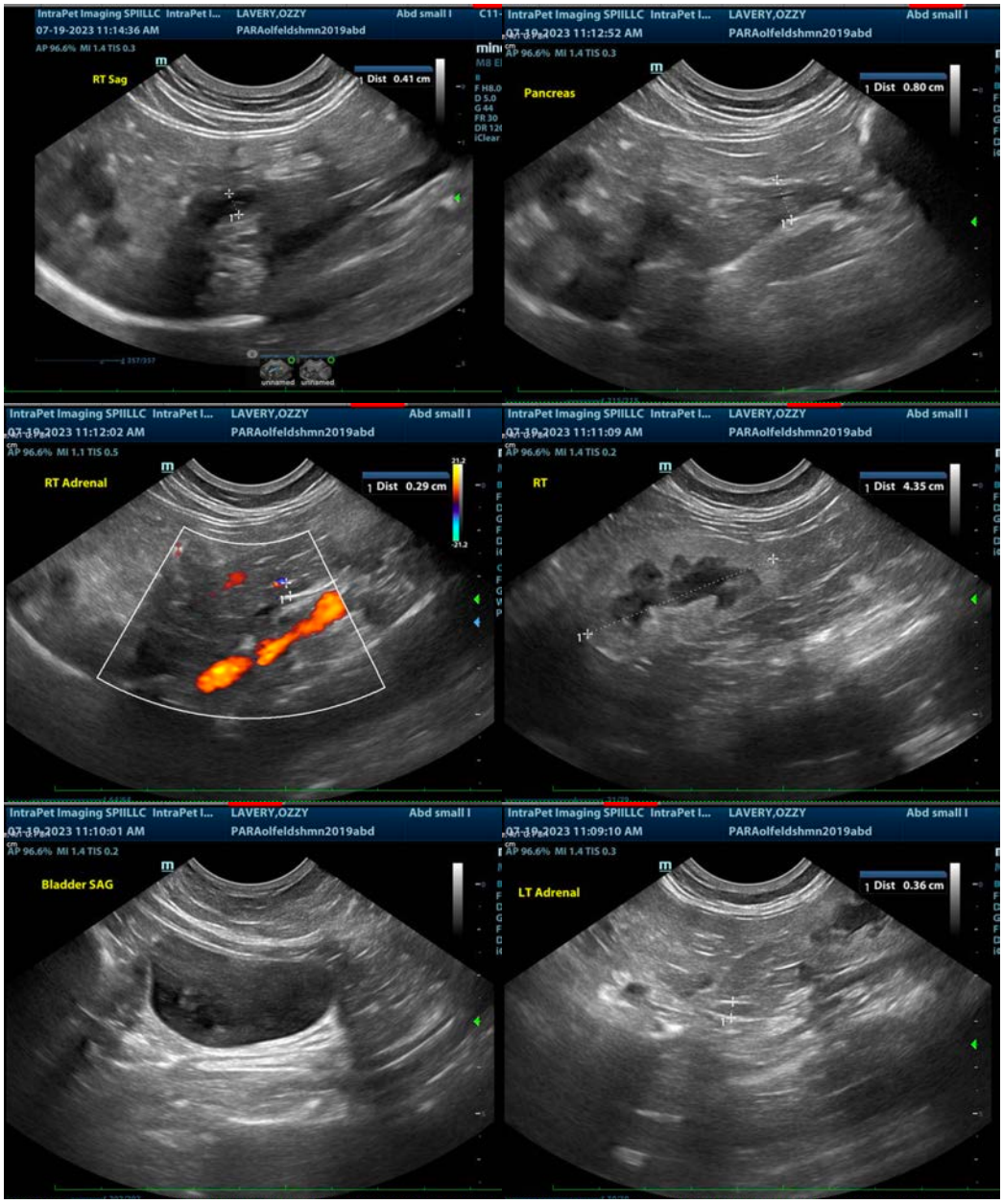
- Urinary bladder debris

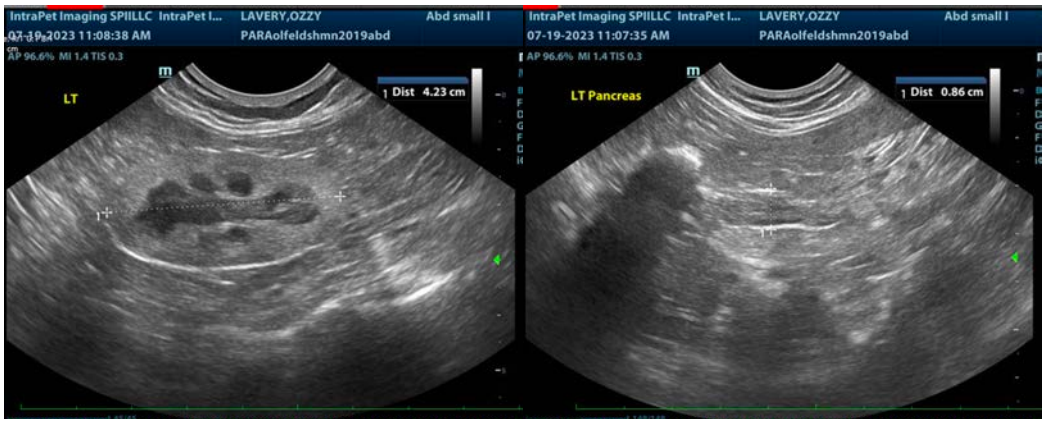
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's ultrasound findings are consistent with/suggestive of "Triaditis". Given the patient's young age, if bilirubin is normal, bile acids could be considered to further evaluate liver function as well as potentially further assess for a possible vascular anomaly.

Pending results, and/or ultimately if symptomatic medical management does not result in improvement, a biopsy of the liver may be necessary, if patient's coagulation status is appropriate.

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.





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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