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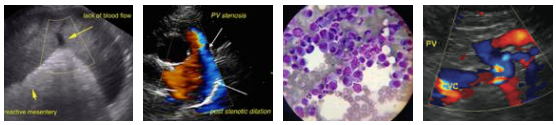

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Squeaky Morton

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

6 years

WEIGHT

13.8 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Beth Johnson DVM, DACVIM (SAIM)

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Bretschneider

DATE

6/20/22

Invoice

31111

PRESENTING CLINICAL SIGNS

History: has had Triaditis diagnosed last fall. had ultrasound with animal sounds in October. Worked with internist as well. Has been doing well with occasional GI flare ups that resolve within a day. Now having persistent GI symptoms Current Medications cerenia, denamarin, ursodiol, prednisolone Abnormal PE/Chem/CBC/UA Results: persistent moderate liver elevations over past 9 months. worse now and Bilirubin elevated

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. Some of the debris appears to be grit/sand +/- mineral in nature. 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.

Left kidney is normal is size (4.56 cm), with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal is size (4.68 cm), with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. 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

Left adrenal gland is normal in size (1.0 cm long x 0.29 cm thick), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.0 x 0.33 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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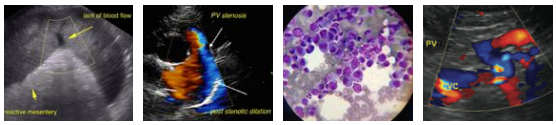

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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. Moderate cystic and common bile duct dilation measuring up to 0.62 cm dilated is appreciated with echogenic debris noted within the lumen of the common bile duct. Enhanced hyperechoic fat and mesentery is present surrounding the neck of the gallbladder and the cystic and common bile duct.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. However, the stomach is markedly fluid distended.

The visible small intestines are normal in wall thickness and layering. 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 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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Hypoechoic hepatomegaly – This is most consistent with acute hepatitis/cholangiohepatitis given the patient's history of triaditis and concurrent gallbladder debris, dilated cystic and common bile duct and intraluminal duct debris.
- Concurrent acute pancreatitis.
- Gastric ileus.

SECONDARY FINDINGS:

- Bladder debris some of which appears mineral in nature.

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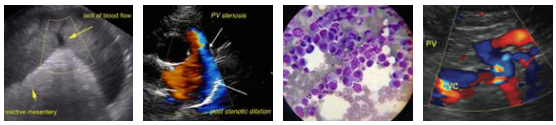

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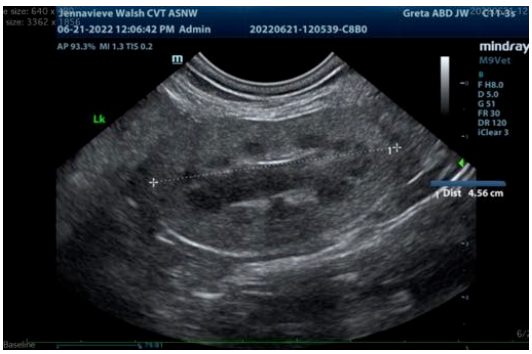
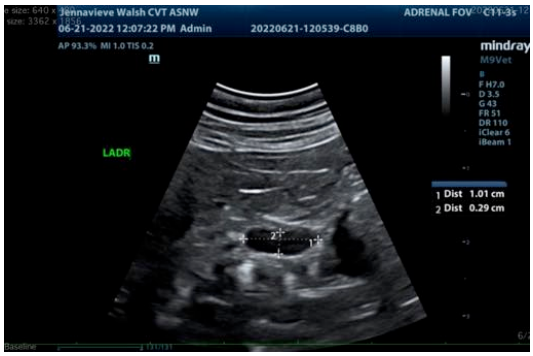
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

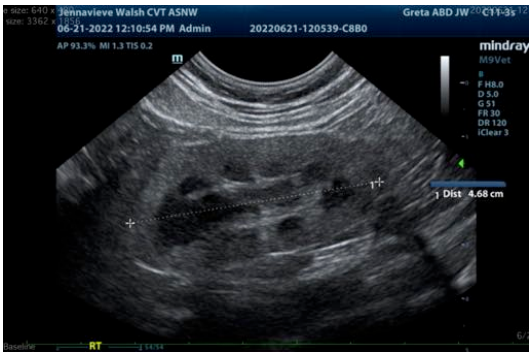
This patient's history, laboratory changes and ultrasound findings are most consistent with "triaditis" including cholangiohepatitis, pancreatitis +/- occult gastrointestinal disease. A mucoduct is present with no evidence of infiltrative neoplasia or mineral contributing to obstruction. However, an isoechoic neoplastic nodule or stone cannot be definitively ruled out.

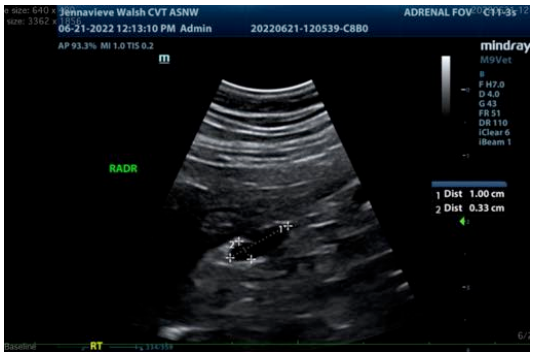
Therefore, recommendations include:
Aggressive medical management with IV fluids, anti-emetics, gastroprotectants, promotility agents such as metoclopramide are recommended given the gastric stasis, appetite stimulant, pain management and broad spectrum antibiotics as well as aggressive hydration support/fluid therapy. If the patient remains persistently inappetent then nutritional support in the form of a feeding tube may be necessary to prevent concurrent hepatic lipidosis.

Close monitoring of the laboratory values as well as overall clinical status is recommended and if improvement is not noted and/or clinical signs and/or laboratory values progress surgery may ultimately be necessary to relieve a biliary obstruction.









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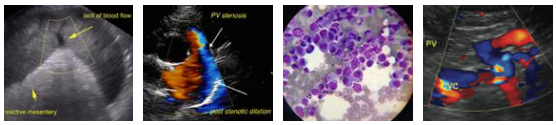

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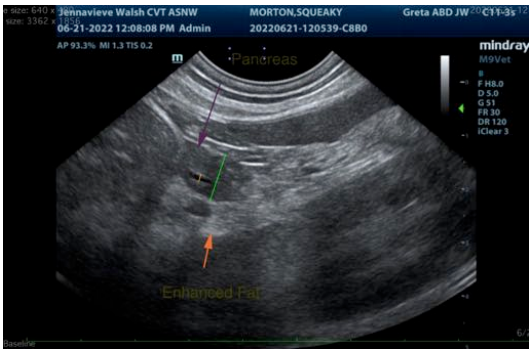

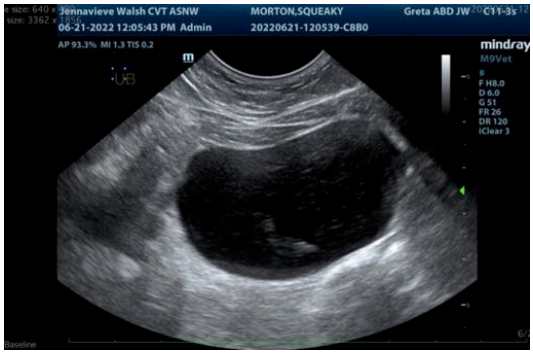

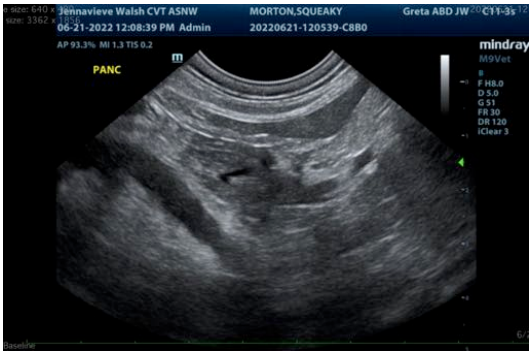

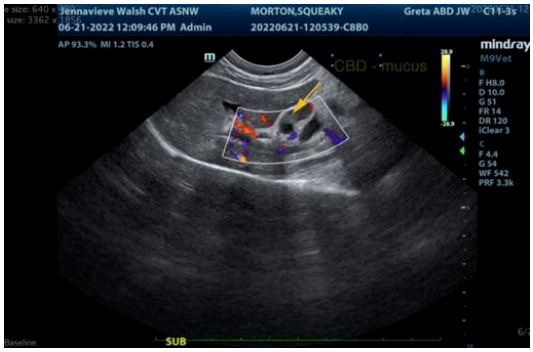

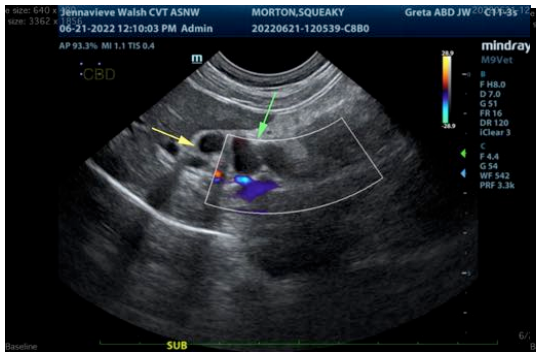

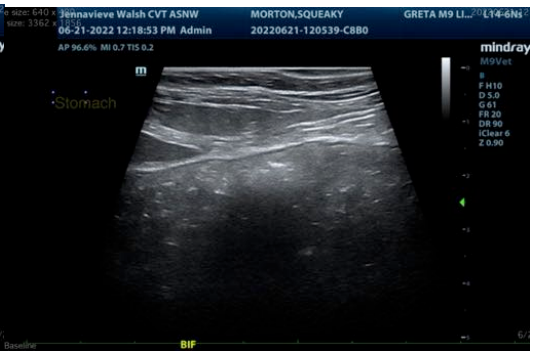

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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