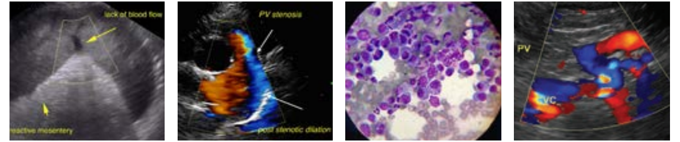


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Poppi Crawford

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

6 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Calin Catarig

HOSPITAL NAME

West Coast Veterinary Ultrasound

REFERRING VET

Dr. Calin Catarig

INVOICE

42417

DATE

10/31/22

PRESENTING CLINICAL SIGNS

ADR, Distended abdomen, dark stool
Abnormal PE/Chem/CBC/UA Results: X-rays : decrease abdominal serosal detail BW : mild anemia nonregenerative , mild monocytosis, low total protein 54 g/L and low Albumin 21 g/L. High Spec fPL 7.3 (0-3.5)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.0 cm. The left kidney measured 3.88 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** presented scalloping contour. Uniform parenchyma.

Liver

The **liver** was significantly subnormal in size. Increased portal markings present. The gallbladder and common bile duct were unremarkable. Passive congestion noted, likely owing to portal hypertension. The left liver revealed an abnormal intraparenchymal vasculature tortuous vessel, consistent with large left divisional shunt. Secondary shunting also appeared to be present in the portal hilus with multiple vessel tortuosity between the portal hilus and the right kidney. Intraparenchymal mineralization also noted in the liver.

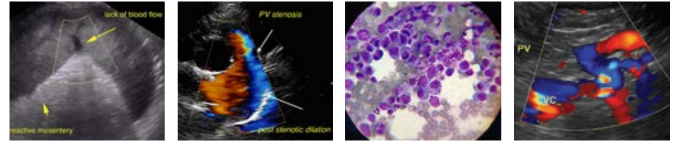
Portal vein to vena cava ratio was 1:1, 5.0 mm each.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed mucosal fogging without loss of mural detail. Intestinal wall thickness measured up to 0.37 cm. Most consistent with lymphangiectasia.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct dilation noted. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.



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Other

Large amount of ascites present.

Mesenteric lymph nodes were enlarged, reactive.

ULTRASONOGRAPHIC FINDINGS

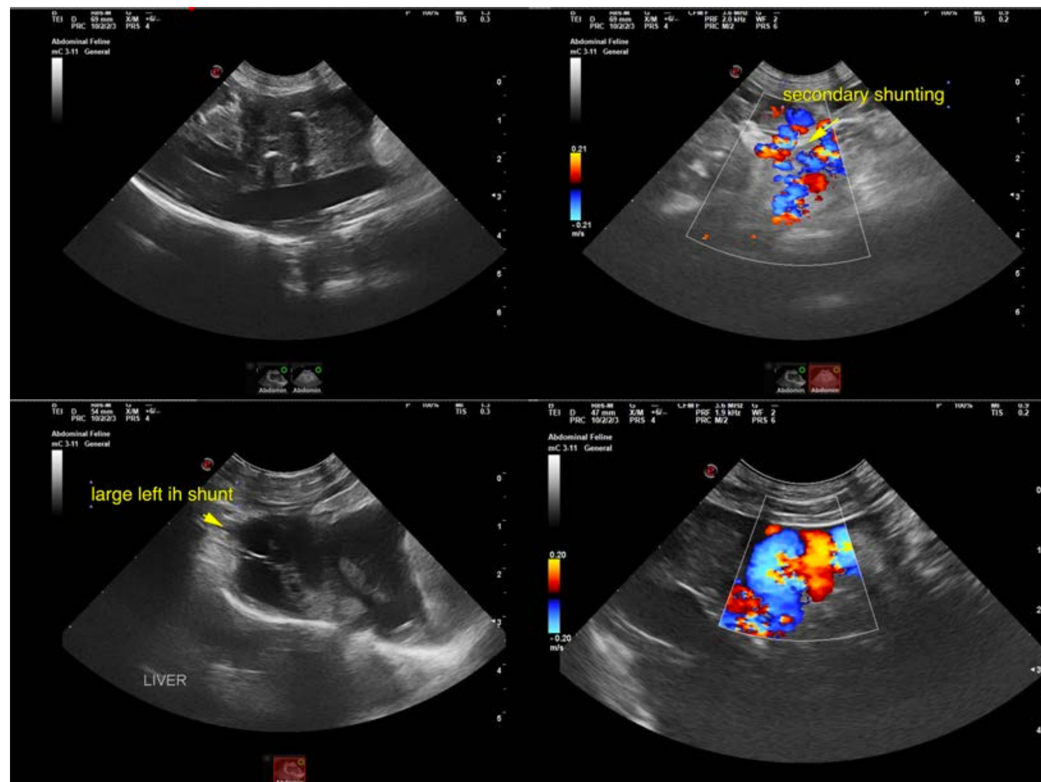
- Large intrahepatic shunt – left divisional shunt or possible hepatoarterial venous malformation
- Secondary portal hypertension and secondary shunting
- Concurrent mucosal fogging/PLE pattern
- Ascites secondary to both poor oncotic pressure and portal hypertension
- Scalloping splenic contour
- Pancreatic duct dilation and remodeling
- Age related renal changes

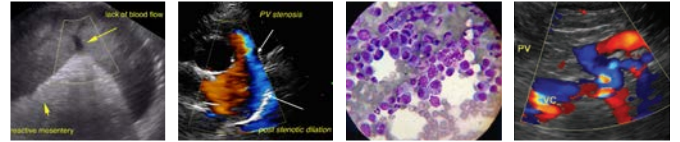
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prognosis is very poor in this patient. Portal hypertension is supported by the presence of secondary shunting as well as pancreatic edema and minor splenic congestion and ascites. CT with contrast would be necessary for further definition.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services





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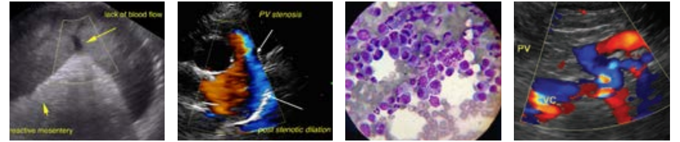
EDUCATIONAL TELECONSULTATION SERVICES™



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LIVER

LIVER

CVC, AO

RK

BLADDER

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com