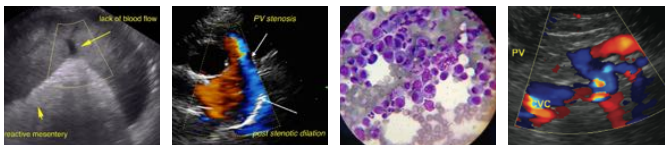
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Charlie Staley

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
11 years

WEIGHT
10.6 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Chelsea Pastor

HOSPITAL NAME
Fredon AH

REFERRING VET
Dr. Grau

INVOICE
42743

DATE
2/13/23

PRESENTING CLINICAL SIGNS

History: 2018 diagnosed with liver canuliculi, has done very well with ursodiol, is mildly ADR,
Abnormal PE/Chem/CBC/UA Results: exam is unremarkable, CBC normal, ALT 421, AST 122

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 was 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 left kidney measured 3.6 cm. The right kidney measured 4.47 cm. Blood flow was mildly subnormal on power Doppler assessment to the kidneys.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

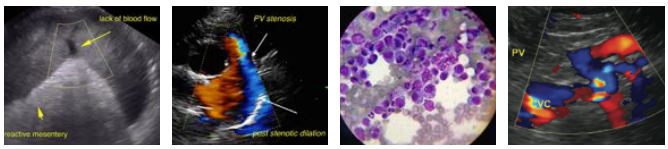
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed increased portal markings. This is consistent with inflammatory hepatopathy. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder revealed a large amount of sand and was non-obstructive measuring 3.0 cm as a grouping. The gallbladder wall was unremarkable. Biliary calculi was also noted.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool



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consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Gastric stasis with gallbladder sand and calculi.

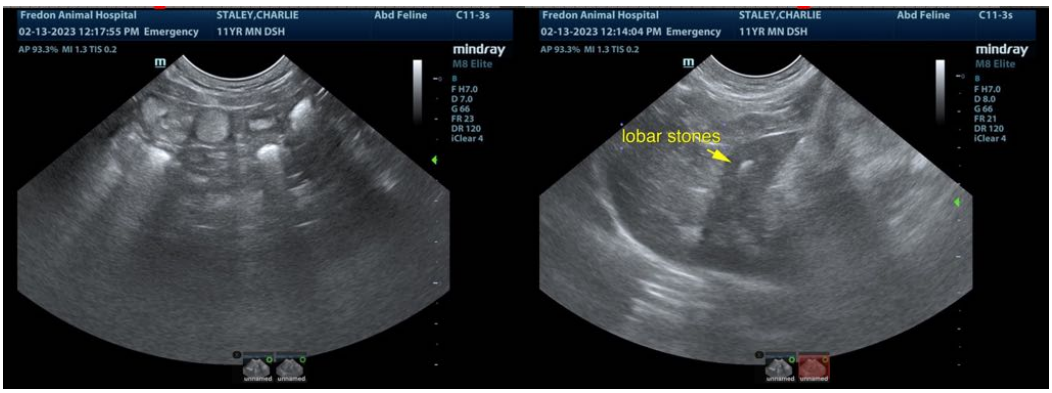
Lobar biliary calculi.

Concurrent inflammatory hepatopathy, non-specific.

Otherwise, age related changes were noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm assuming this patient was post prandial; however, delayed outflow may be n issue. There was a considerable amount of gallbladder sand in this patient. Assessment for potential low-grade anorexia is recommended. Given the amount of sand present cholecystostomy and liver biopsy may be appropriate for long term management. This may be the cause of underlying low-grade clinical signs.



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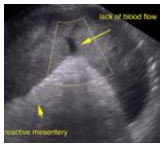
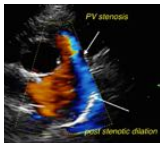
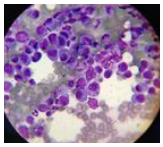
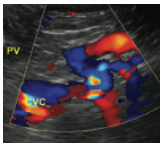

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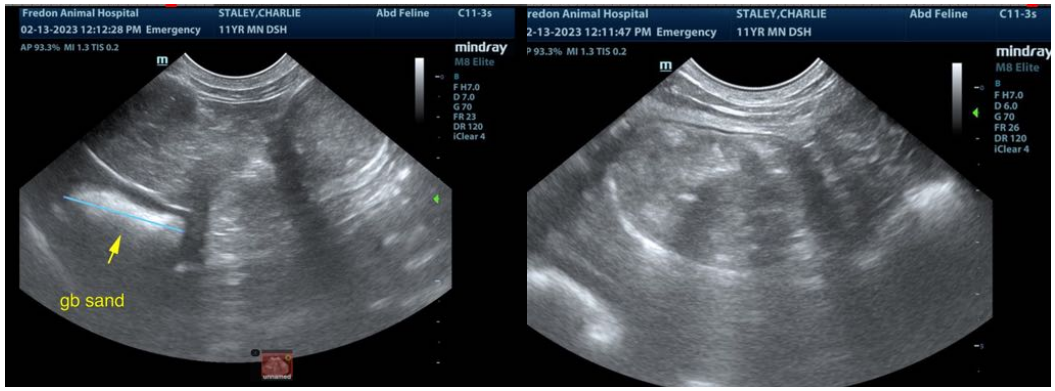

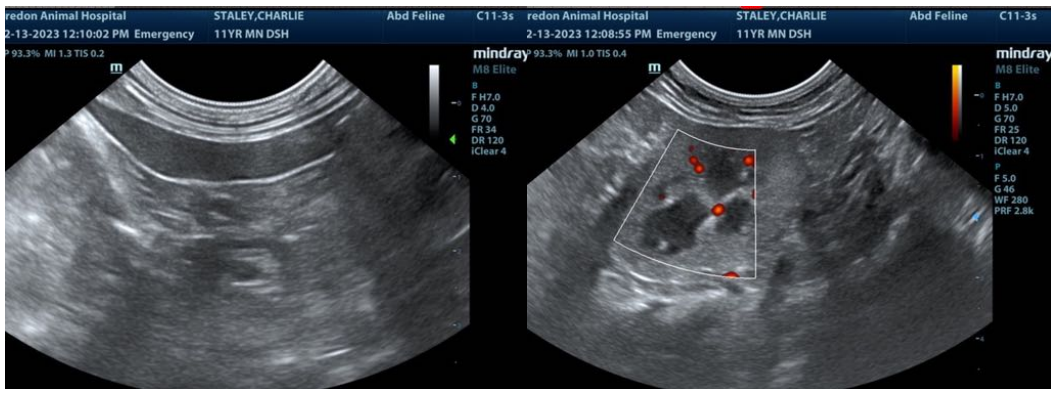

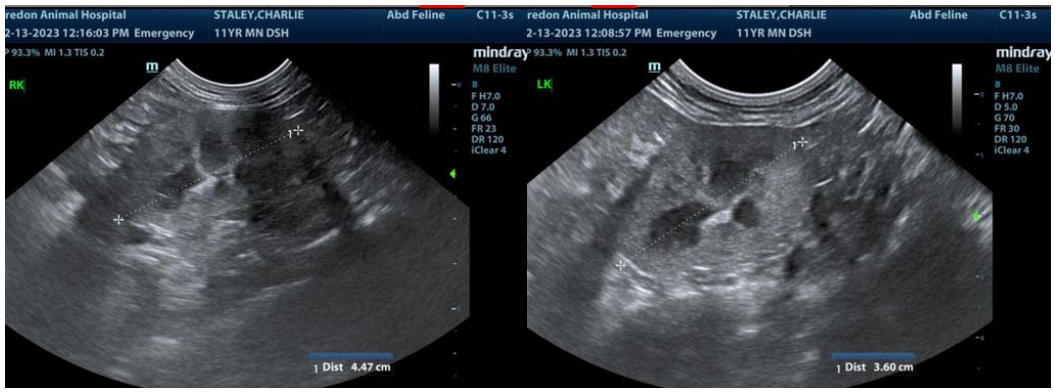

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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