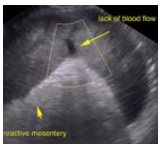

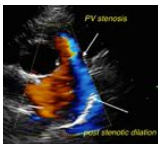

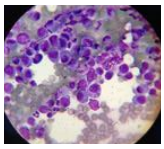
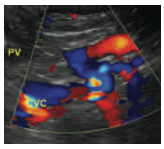

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1-800-838-4268 info@sonopath.com

PATIENT

Principe Fulgenzi

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

7 years

WEIGHT

3.6 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Stegemoller

HOSPITAL NAME

North Idaho AH

REFERRING VET

Dr. Neher

INVOICE

97774

DATE

3/24/22

PRESENTING CLINICAL SIGNS

History: Presented for ultrasound after liver enzymes continue to increase. Patient has been on phenobarbital for a seizure disorder since 2017 and annual labwork has been normal. Abnormal PE/Chem/CBC/UA Results: Abnormal laboratory findings: 2/15/22 - ALT 227, 2/18/22 - ALT 248, remainder of labwork WNL, phenobarbital levels. Liver FNA pending. Abnormal physical exam findings: Physical exam unremarkable. Had dentistry performed in February so dental health is now good.

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 3.3 cm. The left kidney measured 3.5 cm.

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. The left adrenal gland measured 0.25 cm. The right adrenal gland measured 0.32 cm.

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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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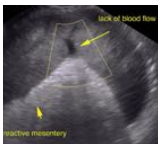

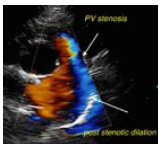

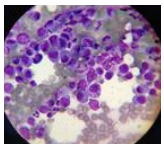
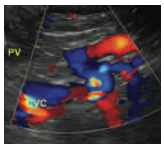

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Gastrointestinal

The **stomach** presented progressively shadowing luminal material. This is consistent with post prandial presentation or possible hairball accumulation. Transit of chyme in the small intestine was unremarkable. The small intestines and colon were unremarkable.

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

Structurally normal abdomen.

Minor, interstitial nephrosis pattern.

Non-specific inflammatory hepatopathy.

Possible hairball accumulation in the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management is recommended predominant inflammatory cell type on FNA. There is a potential that this is reactive hepatopathy owing to antigen surveillance phenomenon. Diet change to a hydrolyzed diet may prove effective.

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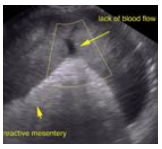
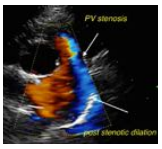
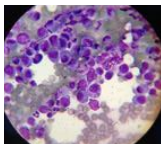
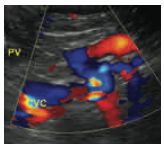

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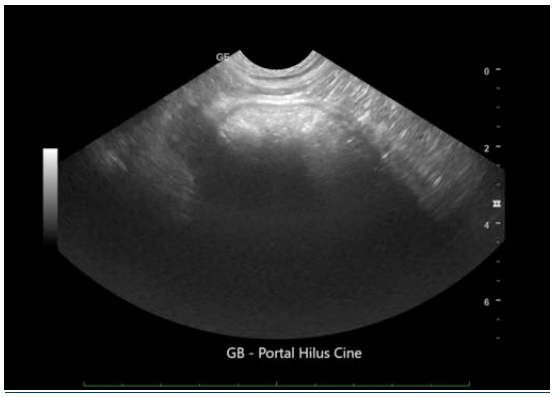

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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