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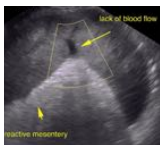
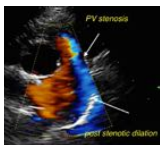
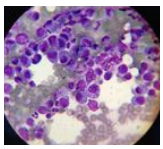
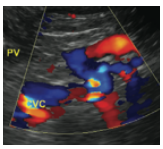

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1-800-838-4268 info@sonopath.com

PATIENT
Ruby Brown

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed female

AGE
10 years

WEIGHT
2.4 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Trudeau

HOSPITAL NAME
Petworks VH

REFERRING VET
Dr. Trudeau

INVOICE
43730

DATE
4/6/23

PRESENTING CLINICAL SIGNS

History: RECENTLY MOVED HERE FROM ONTARIO; RUBY HAS HAD "ELEVATED LIVER ENZYMES" SINCE 2016 WHICH WAS INVESTIGATED AT THAT TIME AND DIAGNOSED AS LYMPHOHISTIOCYTIC HEPATITIS AND TREATED WITH LIVER SUPPORT SUPPLEMENTS + A LOW PROTEIN DIET. SHE REPORTEDLY HAD DONE WELL UNTIL RECENTLY (THEY MOVED HERE 2 WEEKS AGO) SHE STARTED VOMITING AND WENT OFF HER FOOD CHRONIC HEPATITIS - ELEVATED TBILI, ALT, ALKP NEW AZOTEMIA, VOMITING, ANOREXIA NEW HYPERCALCEMIA Abnormal PE/Chem/CBC/UA Results: cbc = nsf except Hct is high normal suggesting dehydrated t4 = high normal biochem = markedly elevated Ca2+ (too high to read, >4) moderate azotemia w/ Creat = 262 + BUN = 25.1, generalized elevated liver values: Tbili = 25.1, alt = 330, alp = 99... these values are DOWN from last bloodwork at rDVM in Aug 2022 where ALT was 659, alkp was 206 although tbili was 7.3; renal values were normal at that time

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.4 cm. The left kidney measured 3.6 cm.

Adrenal Glands

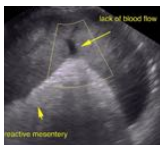
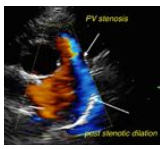
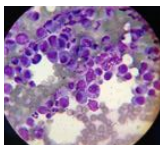
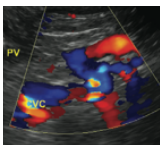
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.28 cm. The right adrenal gland appeared to be mineralized and at the upper limits of normal. The right adrenal gland measured 0.42 cm.

Spleen

The **spleen** was largely normal in size and contour with subtle, micronodular reticular pattern and slight irregular contour.

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 sand was noted. Grouping of which

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measured 0.6 cm. Hepatic lymph nodes appeared to be enlarged. Regional inflammation was noted around the lymph nodes.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. Sublumbar lymph nodes are reactive.

Pancreas

The **pancreas** was enlarged, irregular and nodular measuring 1.0 cm in width. This is consistent with hyperplasia with a mild potential for underlying neoplasia. FNA is indicated. A 2.2 x 1.3 cm structure was noted in the region of the right pancreatic limb. This may be lymph node in origin.

ULTRASONOGRAPHIC FINDINGS

Mineralized right adrenal gland, age related change.

Gallbladder sand.

Age related hepatic changes.

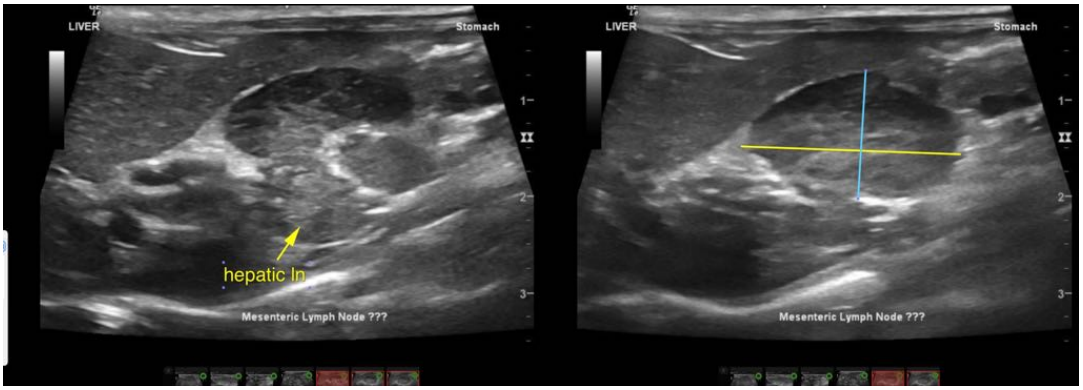
Enlarged, irregular and nodular pancreas.

Hepatic and pancreatic lymph node enlargement.

Age related GI changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy can be considered for further definition. FNA of the general liver and accessible hepatic lymph nodes is warranted. Given the hypercalcemia imaging of the cranial mediastinum is recommended. Full CNS examination is warranted as well as palpation of the thyroids.



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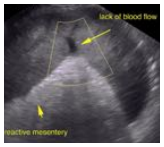
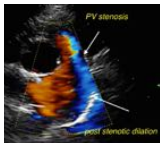
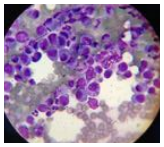
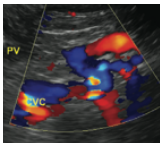

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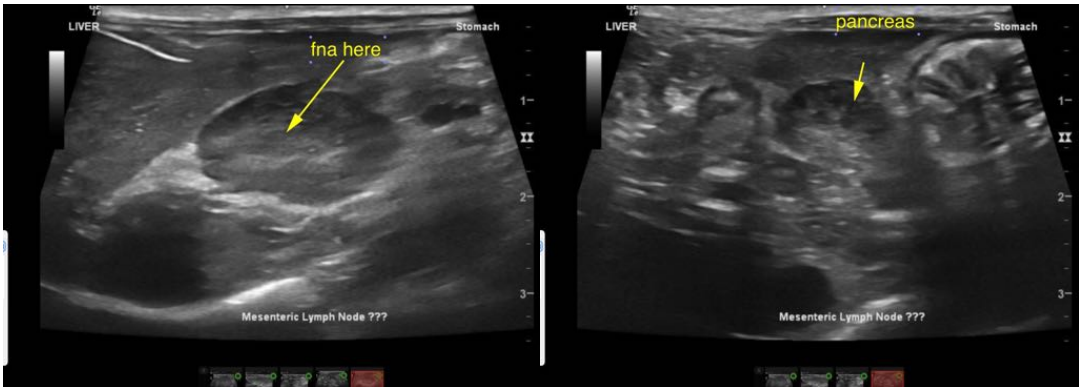

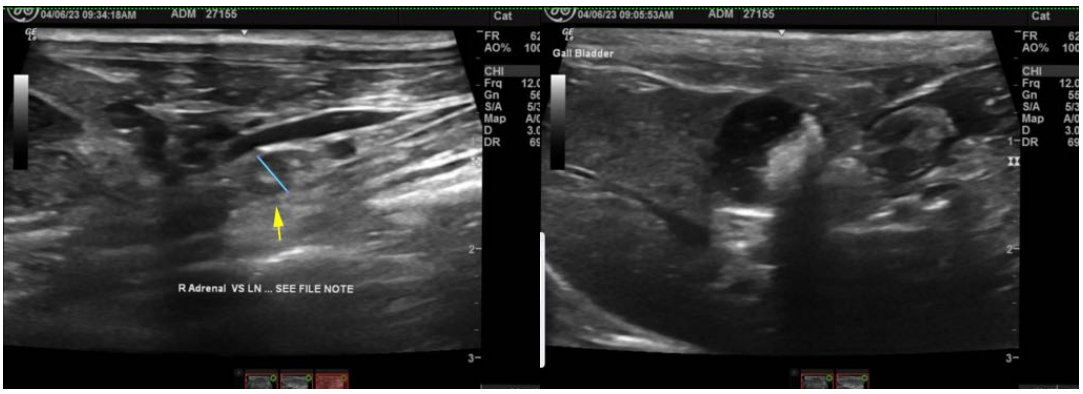

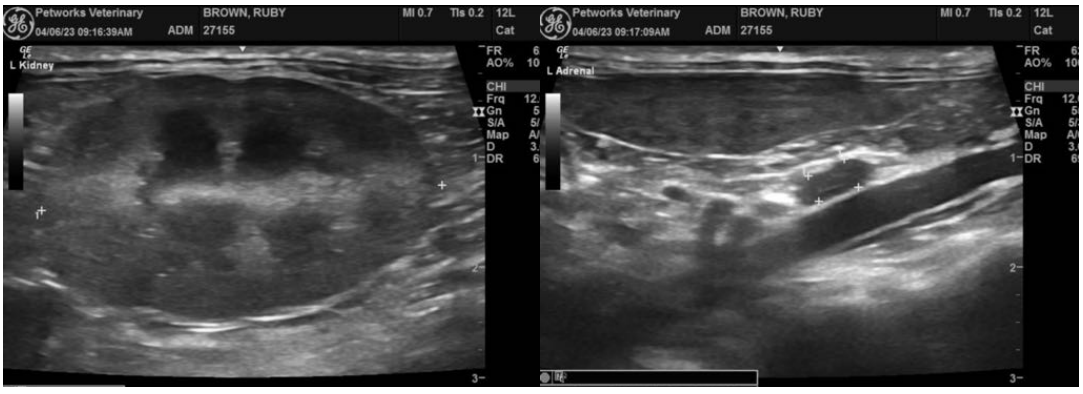

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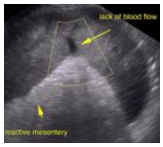
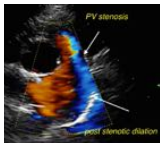
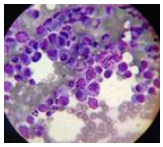
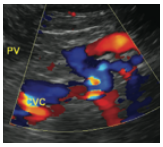

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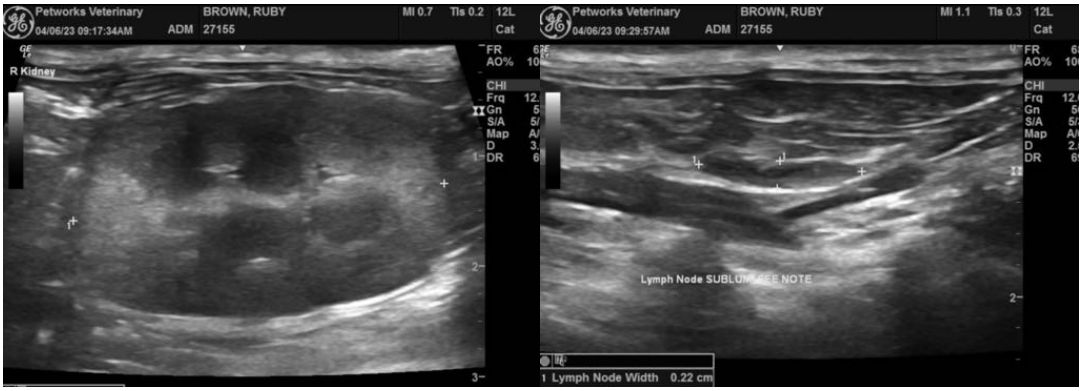

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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