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Clinical Sonography & Telecytology
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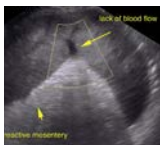
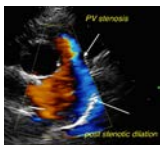
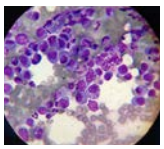
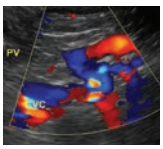

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Tolouse Blaies

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
8 Years 2 Months

WEIGHT
11.9 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
M. Kermendy, CVT

HOSPITAL NAME
Wauwatosa Vet

REFERRING VET
Dr. Michael Shimon

INVOICE
38316

DATE
6/2/22

PRESENTING CLINICAL SIGNS

Cat presented on 5/31/22 for a second opinion on increased liver values. Blood work at previous DVM on 3/18/22 showed an ALT=235 and am AST=72. On physical exam cat is BAR, no abnormalities. No coughing, sneezing, vomiting, or diarrhea. Pet is doing well at home. Blood work on 5/31/22 showed only ALT=333. Ultrasound today to assess liver.

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 left kidney measured 3.53 cm. The right kidney measured 3.48 cm.

Adrenal Glands

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

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 were noted.

Liver

The **liver** presented slight coarse architecture. The gallbladder and common bile duct were unremarkable. Minor increased portal markings noted.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool 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

- Reactive hepatopathy pattern, unremarkable abdomen otherwise

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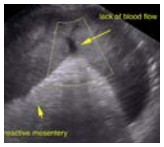
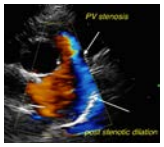
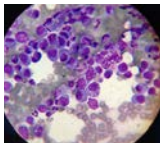
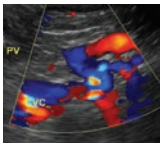

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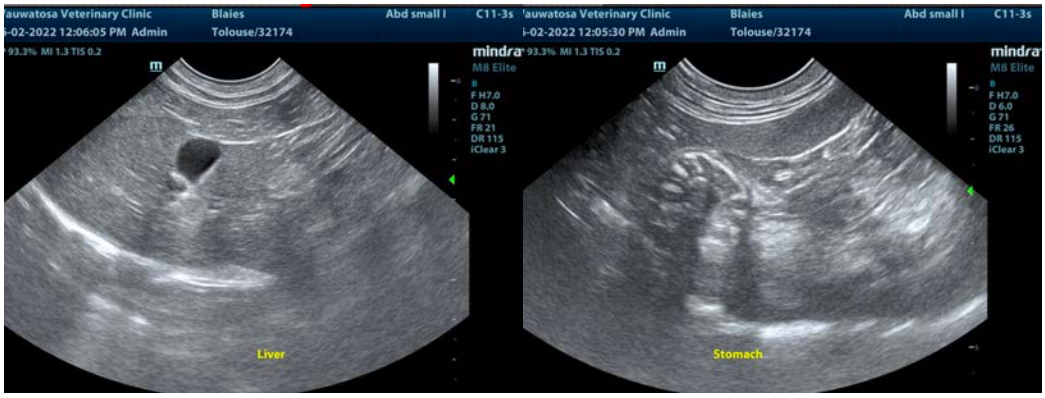
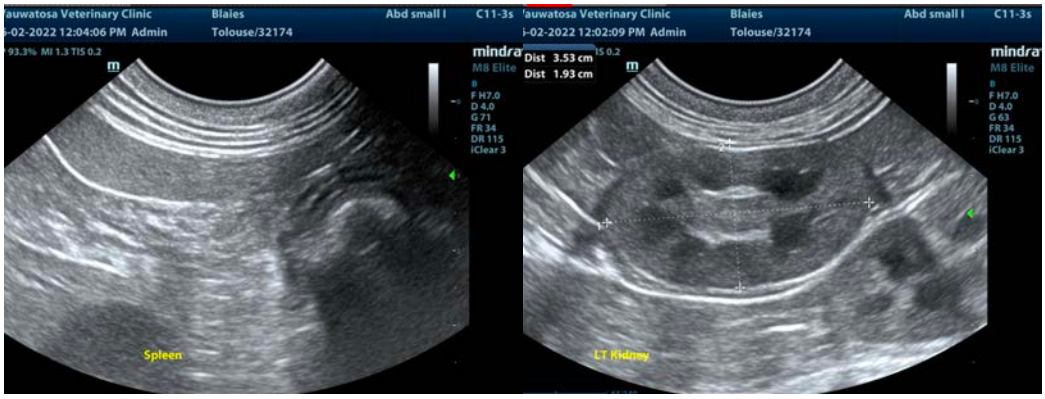
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This presentation is fairly benign. The most common form of liver enzyme elevations is reactive hepatopathy/antigen surveillance deriving from gut inflammation. FNA of the liver could be considered for further definition to assess inflammatory cell type. Empirically, a trial of the following could be considered:

6 week trial of hydrolyzed diet and reassessment of the clinical parameters recommended. Zithromax/Metronidazole recommended over a 5-10 day period. This empirical trial would be better supported by cytology that would usually demonstrate a mixed lymphoplasmacytic. low-grade inflammatory pattern derived from ultrasound guided FNA.

Radiographs: Structurally unremarkable. No evidence of obvious pathology.





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