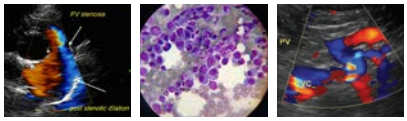
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

DATE

7/17/23

PATIENT

Sophia Hill

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

7/16/08

WEIGHT

6.27 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

44046

PRESENTING CLINICAL SIGNS

Referral from Animal Care center- - Stopped eating and drinking - Bloodwork: High ALT, glob, ALKP, Tbili, Chol - rDVM explained in liver failure needs Fluids asap - No vomiting but gave tuna flavored water and vomited back up - Diarrhea - Urine- none but then litterbox had orange urine saturday around 2pm - Diet: Stella and chewy freezed dried raw kibble + cosequin 1 per day- Indoor only - Lost weight rDVm records: - NE/ ND 2-3 days, no BM since wednesday, urine very dark in color. - CBC: HCT 44% wnl, WBC wnl, Neu 11k H, PLT WNL - CHEM17/LYTES: 1. Glu 166; kidney values wnl, Glob 5.2 H 2. ALT 625, ALKP 561, Tbili 9.4 3. Chol 245, lipase 1425 4. Lytes wnl 3/13/23- Senior CBC/CHEME26/T4/UA, FVRCP, Rabies. ATO in room: - Owned since kitten- someone found her and litter in barn covered with fleas - Been pretty healthy up until now- hx of skin allergies- rashy/ bumps- saw long green dermatology- switched to stella diet and has been fine since. – Wednesday was her birthday- Os celebrated with games, food, toys- P got a bite of bread and ham- doesnt usually get people food. Seemed ok – Started hiding yesterday morning no feces in litterbox - Urinated very brown/ orange color - Realized that they weren't needing to top off her food- Os free feed - Liver values fine in march - Had another cat die of liver failure - O very worried about multiple causes it could be 1. Credelio- started june 17 worried its killing her 2. Mad at owners- Os went away for 2 weeks - just got back last week- pet sitter sweared that she was eating and drinking fine. 3. Ticks- live in woods- P is indoor only, last year there were multiple ticks that got on the dog and Mr. 4.
Pancreatitis- got bread, ham 5. age 6. cancer- other cat had obvious liver mass- elected to send home for hospice but was still eating and drinking though jaundice - Always tiny but did lose weight 8 lbs -- 6.5 lbs - Felv/fiv negative - Only vomited once with tuna water.

Current Medications: Methadone.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.93 cm. Slight pyelectasia noted in the left kidney. The left kidney measured 2.95 cm.

Adrenal Glands

The **right adrenal gland** was 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 right adrenal gland measured 0.48 cm.

The region of the **left adrenal gland** was unremarkable.

Spleen
The **spleen** was moderately enlarged (1.4 cm) with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver
The left lateral **liver** revealed a 3.4 cm x 1.8 cm peripherally enhanced mass, consistent with inflammation. Blood flow to the mass appeared mildly subnormal. Partial torsion is a potential. Heterogeneous parenchymal changes noted elsewhere. Slight free fluid noted around the liver mass. The remainder of the liver was uniform, no evidence of pathology. The gallbladder was unremarkable. The common bile duct was upper limits of normal to slightly dilated at 0.47 cm with slightly thickened wall.

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.

Pancreas
The left **pancreatic** limb was enlarged, measuring 1.3 cm. Heterogeneous parenchymal changes noted with irregular contour. The right limb was also enlarged.

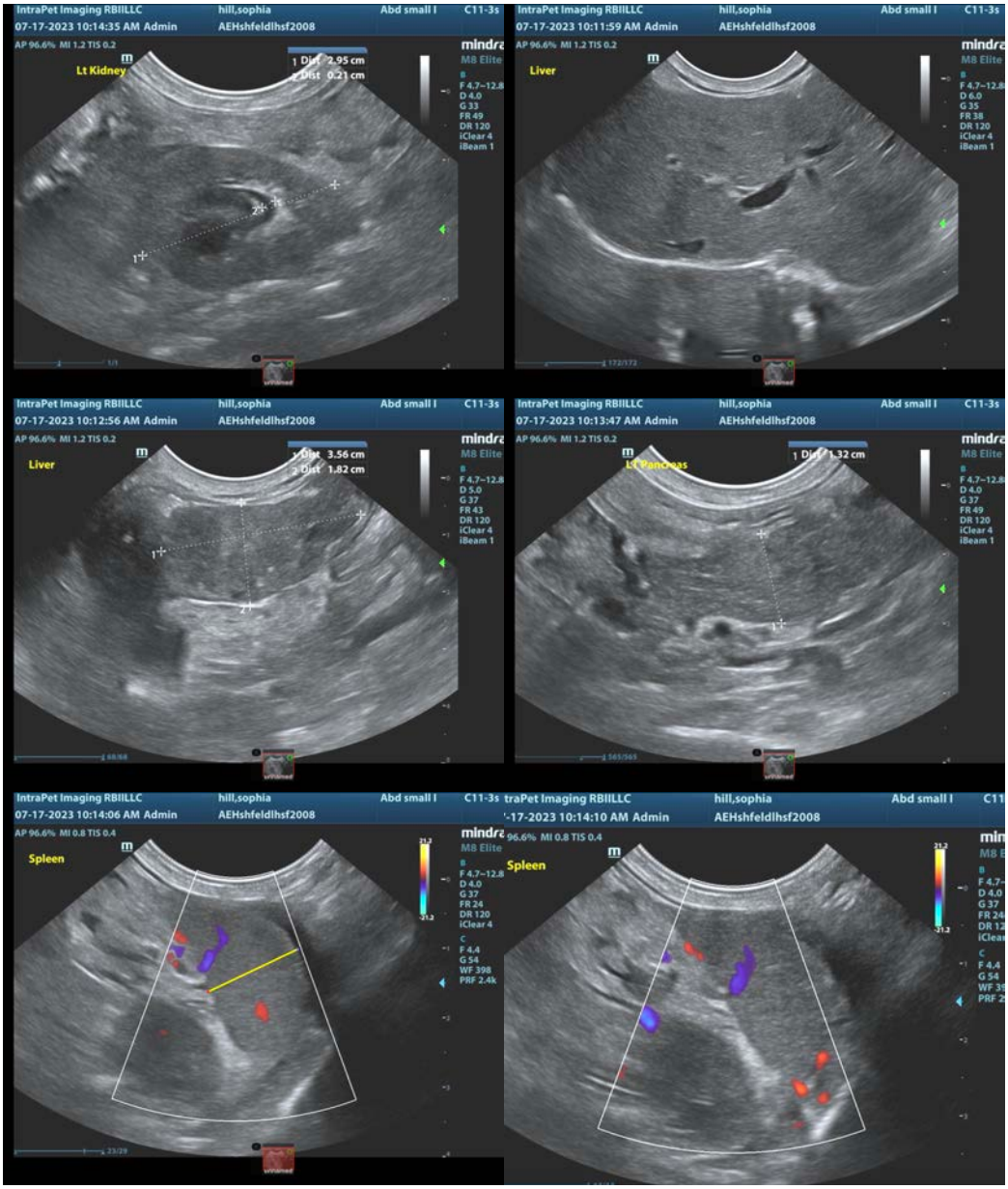
Free Abdomen
Mesenteric lymph nodes were enlarged, a grouping of which measured 1.8 cm x 0.80 cm.

ULTRASONOGRAPHIC FINDINGS

- Left-sided liver mass with free fluid
- Mild splenic enlargement – reactive spleen versus infiltrative disease.
- Enlarged, heterogeneous pancreas
- Enlarged mesenteric lymph nodes
- Age related renal changes with pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient is stable, screening FNA of the spleen and hepatic mass as well as the general liver parenchyma and abdominocentesis of the free fluid indicated. FNA of the pancreas also indicated as a screening procedure. If the patient is clinically declining, direct exploratory surgery indicated with expectation toward left liver lobectomy +/- splenectomy. However, I'm concerned for the possibility of multicentric neoplastic process in this patient. There is a possibility of left liver lobar torsion. Mesenteric lymphadenopathy should be sampled as well.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AP 96.6% MI 1.2 TIS 0.2
Lt Kidney
1 Dist 2.95 cm
2 Dist 0.21 cm
mindra
M8 Elite
IntraPet Imaging RBIILLC
hill,sophia
Abd small I
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Liver
mindra
M8 Elite
IntraPet Imaging RBIILLC
hill,sophia
Abd small I
C11-3s
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Liver
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2 Dist 1.82 cm
mindra
M8 Elite
IntraPet Imaging RBIILLC
hill,sophia
Abd small I
C11-3s
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Lt Pancreas
mindra
M8 Elite
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hill,sophia
Abd small I
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Spleen
mindra
M8 Elite
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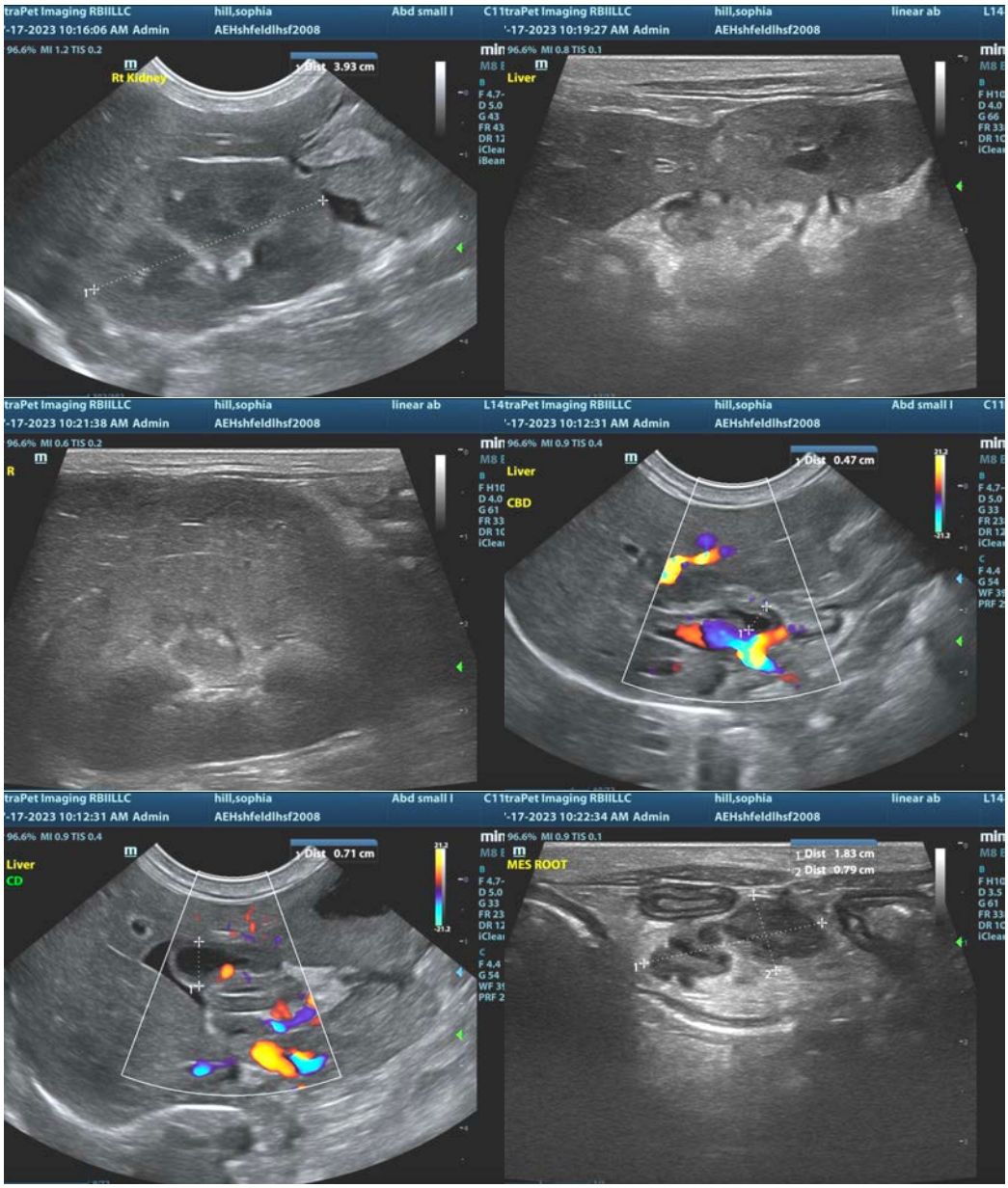
Spleen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hill,sophia
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96.6% MI 1.2 TIS 0.2
Rt Kidney
Dist 3.93 cm
C11traPet Imaging RBIILLC
hill,sophia
linear ab
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96.6% MI 0.8 TIS 0.1
Liver
traPet Imaging RBIILLC
hill,sophia
linear ab
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96.6% MI 0.6 TIS 0.2
R
L14traPet Imaging RBIILLC
hill,sophia
Abd small I
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96.6% MI 0.9 TIS 0.4
Liver
CBD
Dist 0.47 cm
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hill,sophia
Abd small I
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96.6% MI 0.9 TIS 0.4
Liver
CD
Dist 0.71 cm
C11traPet Imaging RBIILLC
hill,sophia
linear ab
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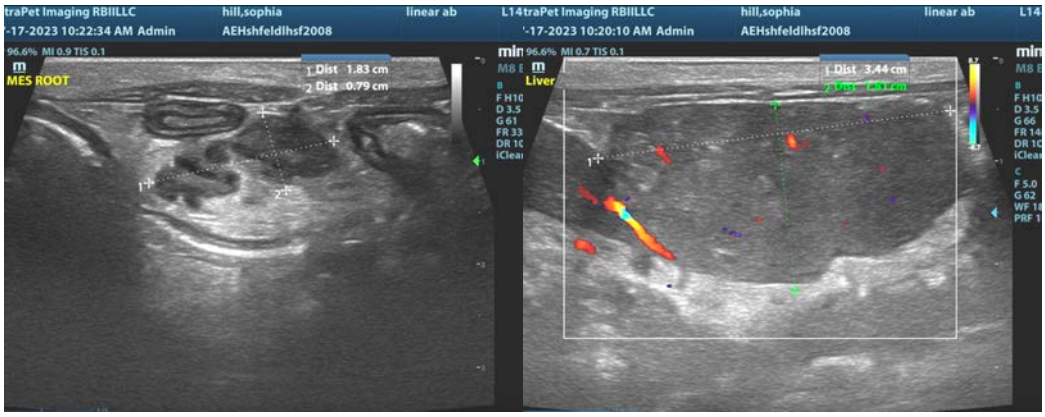
96.6% MI 0.9 TIS 0.1
MES ROOT
1 Dist 1.83 cm
2 Dist 0.79 cm



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