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Clinical Sonography & Telecytology
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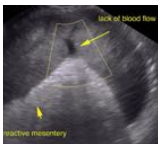
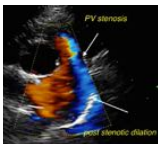
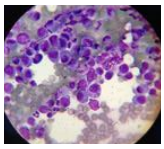
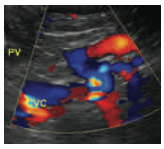

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Kingston Stone

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
11 years

WEIGHT
19 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Bennett

INVOICE
91537

DATE
8/26/21

PRESENTING CLINICAL SIGNS

History: Overweight, low energy, and loose smelly stools. Vomits when not treated with Prednisolone (for IBD, triaditis). On 0.5mg/kg Pred-L EOD. Elevated ALT pre-dates the start of Pred. FNA of liver done.
Abnormal PE/Chem/CBC/UA Results: PE: BCS 7/9 Cobalamin <150 L, Folate 6.8 L, ALT 400. T-4 ranges from 4 - 4.8 RADS: WNL, large amount intra-abdominal fat.

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 left kidney measured 5.09 cm. Blood flow was subjectively subnormal on power Doppler assessment. The right kidney measured 3.0 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 0.52 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** revealed slightly coarse architecture with minor increased portal markings. The gallbladder wall was slightly echogenic, yet this is a non-specific change and largely expected for this age patient. The common bile duct was mildly thickened. This is consistent with low-grade cholangitis.

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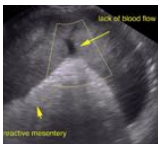
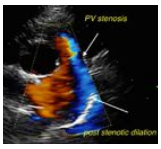
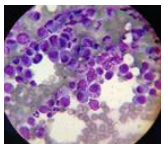
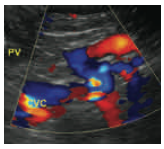

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Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

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

Non-specific abdominal presentation.

Minor intestinal thickening.

Unremarkable liver, likely reactive hepatopathy.

Cholangitis pattern.

Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No neoplastic criteria is met; however, a more significant presentation may be suppressed by Prednisone therapy. Assessment of FNA results regarding inflammatory cell type would be ideal. Management should be based on predominant inflammatory cell type in the liver assuming no neoplasia is evident, even though not expected.

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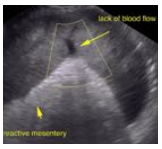
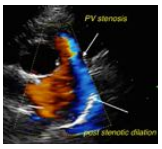
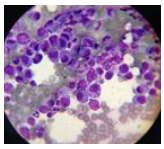
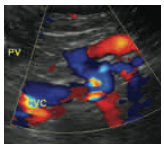

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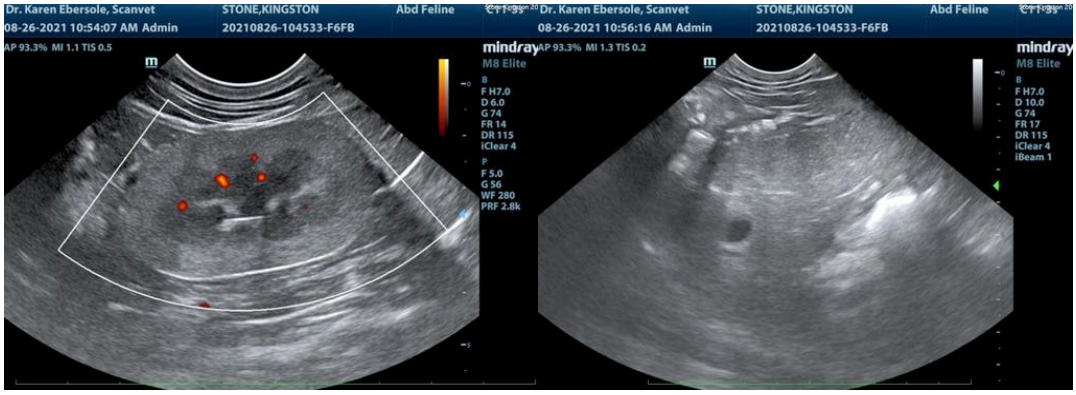

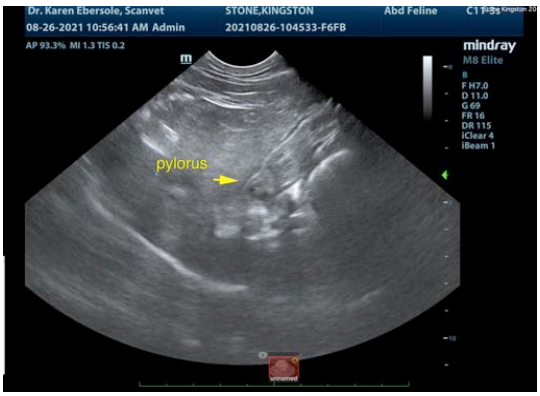

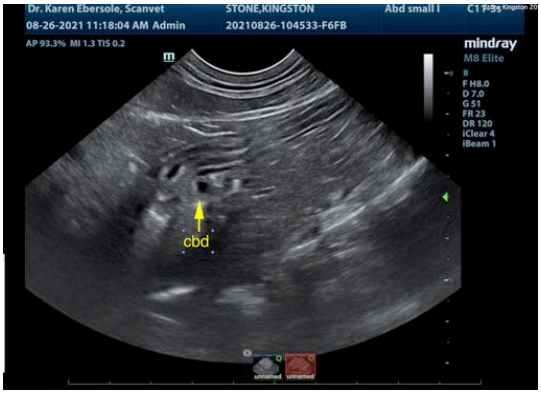

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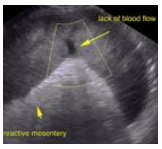

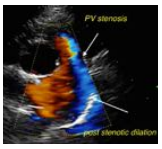

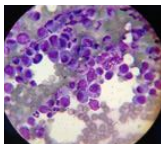
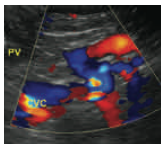

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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