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Clinical Sonography & Telecytology
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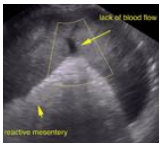
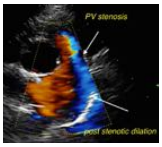
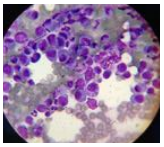
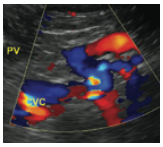

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Scout Pratt

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed female

AGE
10 years

WEIGHT
10 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Carolina Veterinary Mobile

HOSPITAL NAME
Armstrong AC

REFERRING VET
Dr. Aquino

INVOICE
76317

DATE
7/31/23

PRESENTING CLINICAL SIGNS

History: History of elevated ALT, AST, ALKP, and Tbili, No clinical signs P under anesthesia for dental and on iv fluids while ultrasound performed.
ALT 266 (27-158)AST 74 (16-67), ALP 252 (12-59), Bilirubin 0.9 (0-0.3) CBC/T4 normal

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.07 cm. The right kidney measured 4.6 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 0.29 cm. The right adrenal gland measured 0.36 cm.

Spleen

The **spleen** was mildly enlarged 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. The spleen was enlarged at 1.3 cm.

Liver

The **liver** revealed an echogenic gallbladder wall with mild over distension without suspended debris. The liver revealed increased portal markings. This is consistent with cholangitis. No neoplastic criteria was met. The cystic duct was mildly tortuous and slightly thickened. No post hepatic obstruction was noted. Common bile duct was followed to the duodenal papilla. The common bile duct measured 0.2 cm.

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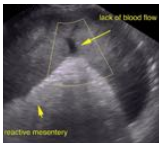
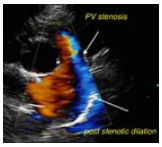
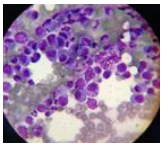
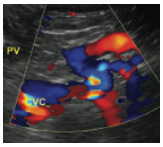

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Gastrointestinal

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.

Free Abdomen

The aorta caudal to the left kidney presented minor thickening and dilation. Emerging aneurysm may be the issue in this patient, yet appears stable at this patient.

ULTRASONOGRAPHIC FINDINGS

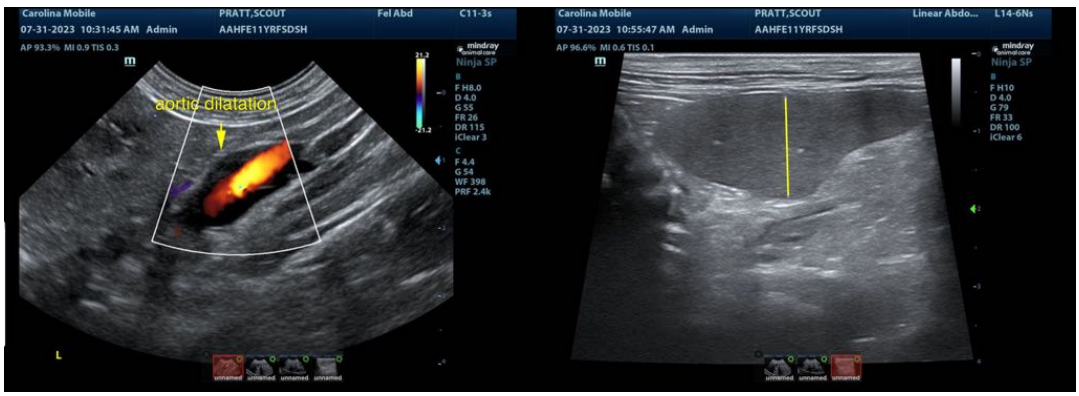
Cholangitis liver pattern without overt obstruction.

Scalloping spleen.

Potential emerging aortic aneurysm caudal to the left kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated to assess inflammatory cell type. Leptospirosis and Bartonella titers are indicated to assess if infectious agents are playing a role. FNA of the spleen is indicated with cytology +/- culture. The liver does not have a typical neoplastic pattern; however, an occult neoplasia cannot be completely ruled out or a conversion from cholangitis to neoplasia in which core liver biopsy would be necessary. However, screening FNA of the spleen and liver would be appropriate. Underlying infectious agents or toxin exposure should be considered.



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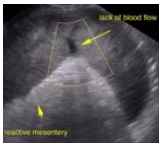
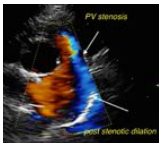
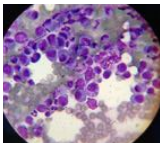
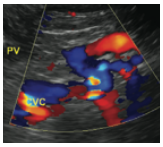

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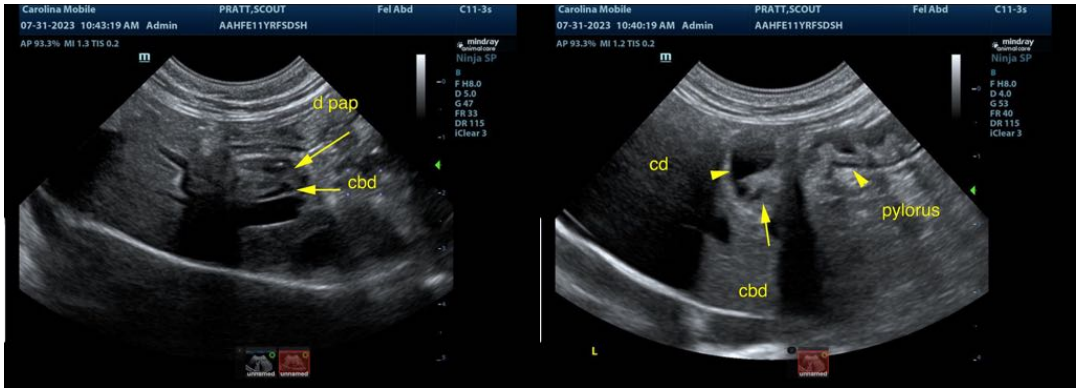

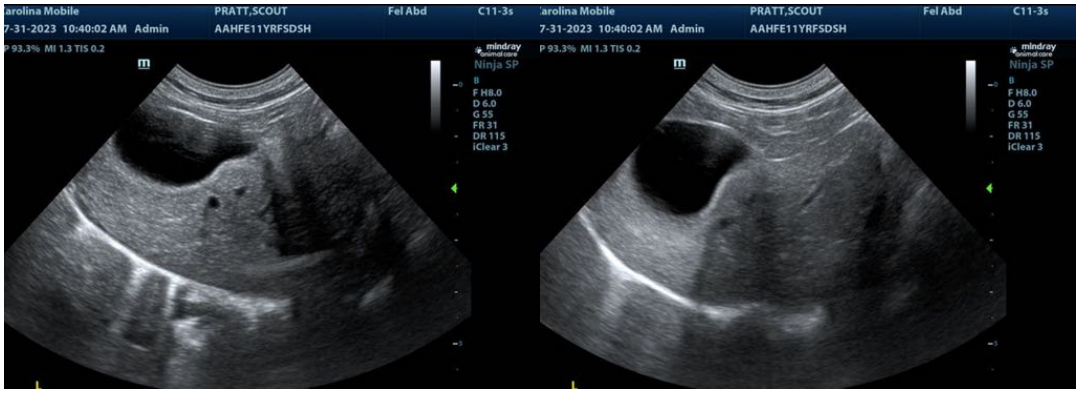

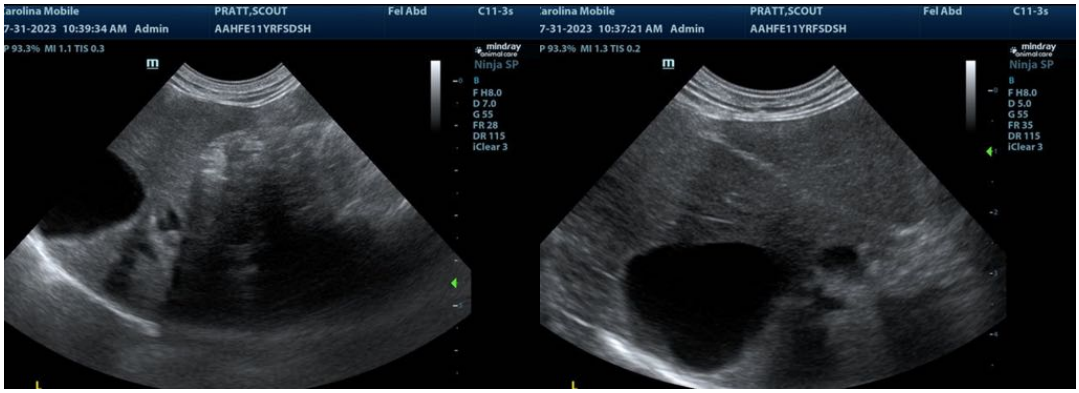

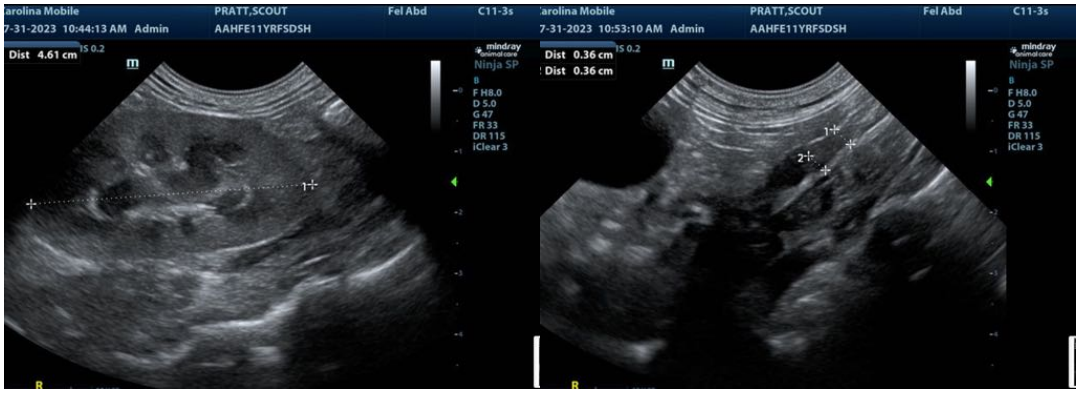

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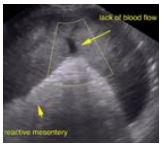
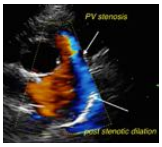
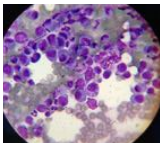
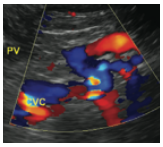

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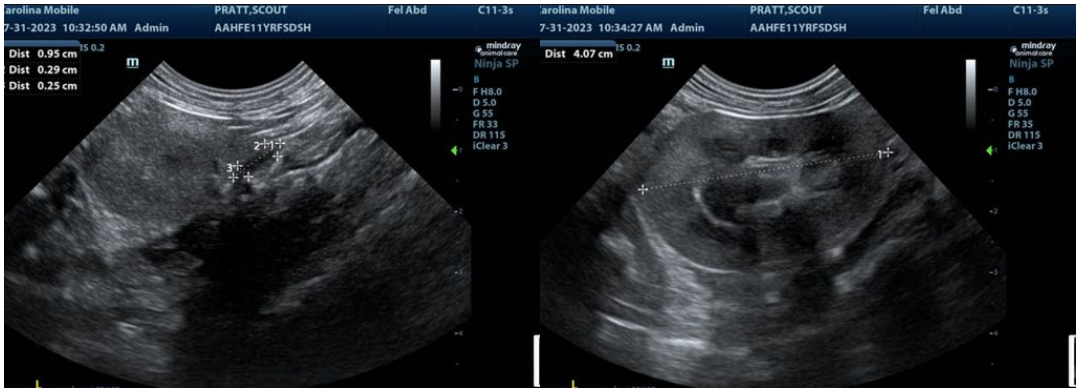

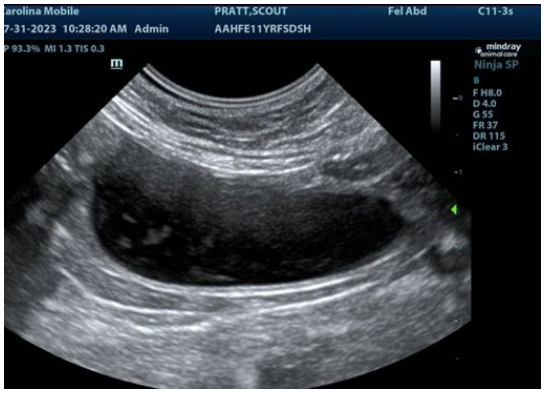

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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