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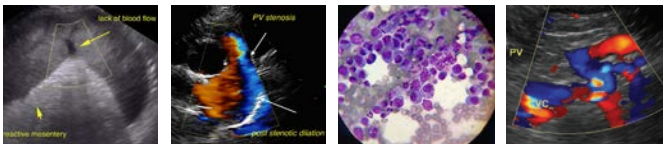

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mia Witkovsky

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

6.45 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Angela Davies

INVOICE

34030

DATE

1/6/22

PRESENTING CLINICAL SIGNS

Patient was seen for second opinion on suspected liver disease. Liver values according to owner have been chronically elevated for patient (8+ years). Palpable cranial abdominal distention was noted by previous DVM 2 months ago, recommend abdominal U/S. O scheduled evaluation seeking second opinion.
Abnormal PE/Chem/CBC/UA Results: Icteric Palpable cranial abdominal distention Labwork from previous veterinarian not readily available, but owner reports significant elevation of liver enzyme values (ALT, ALP, GGT, TBil)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.28 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.33 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.39 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.9 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size. It appears heterogeneous in echotexture with rounded peripheral margins. The liver is difficult to visualize. It appears somewhat displaced by the severely dilated gallbladder. No focal mass effects are visualized.

In the area of the gallbladder, there is an extremely large cystic structure filled with echogenic fluid, measuring >8.0 cm in diameter. This has the general appearance of a severely dilated gallbladder, and it displaces and obscures a lot of adjacent structures. I am unable to visualize the bile duct and much of the liver.

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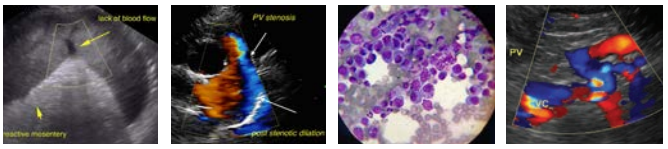

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. Dilated pancreatic duct noted at 0.24 cm.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Severely dilated fluid filled structure in the cranial abdomen – most consistent with severe gallbladder dilation secondary to a chronic biliary obstruction. No mass effect is visualized, but this lesion obscures visualization of other structures. A large hepatic cyst cannot be ruled out, but seems less likely.
- Hypoechoic pancreas with severely dilated pancreatic duct – I suspect these changes are secondary to a pancreatic duct obstruction caused by the severely dilated gallbladder.
- Heterogeneous liver – Visualization of the liver is very poor, and it appears largely displaced by the enlarged gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a huge fluid-filled structure in the cranial abdomen, which appears to be displacing cranial abdominal organs and obscuring visualization of these structures. Based on the appearance of the lesion and the history, I suspect this could be a severely distended gallbladder due to chronic partial obstruction. I do not see a cause for obstruction, but visualization is very limited.

The best option moving forward would be a contrast CT scan of the abdomen to try to determine if a point of obstruction is visualized, and if it would be amenable to surgery. I'm concerned that with the degree of obstruction present, reversal of these changes would be very difficult, but possibly a rerouting procedure could be considered(?) or this is a cystic mass instead of the gallbladder, etc. Recommend 3-view thoracic radiographs. I believe I can see normal stomach. if there is any question that this could be stomach, then radiographs can provide additional information. Prognosis is very guarded.

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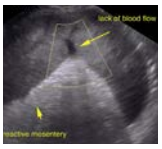
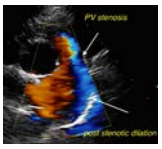
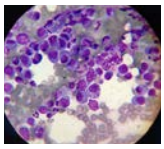
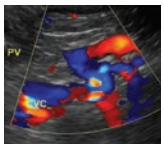

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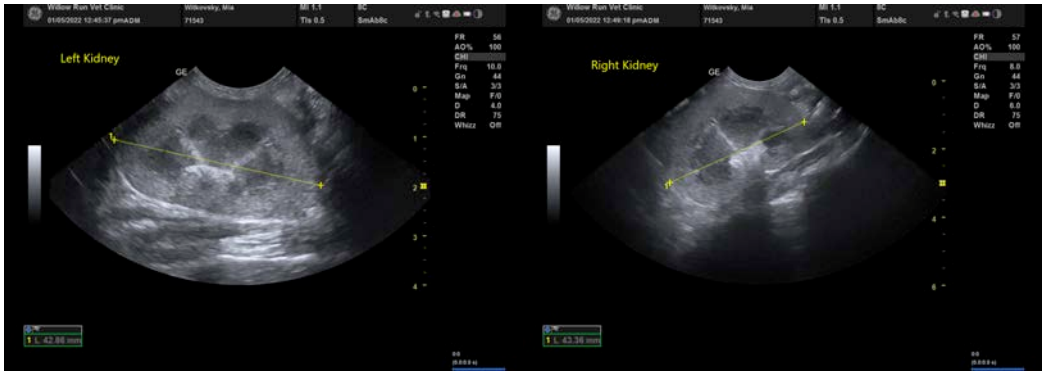

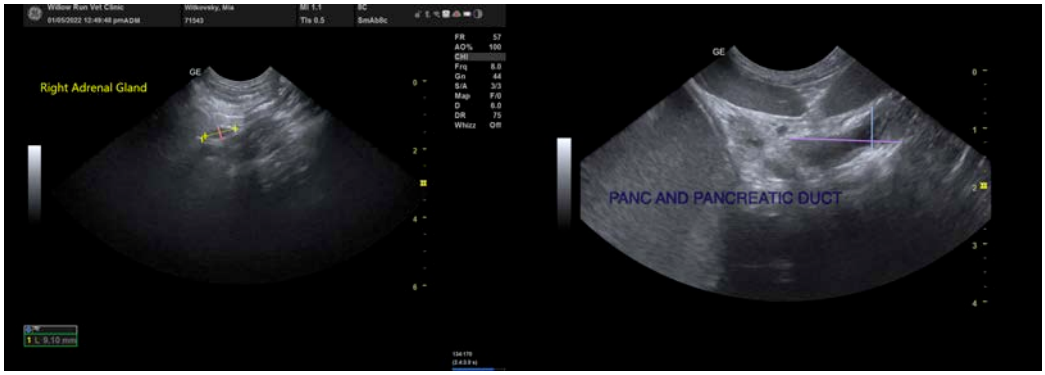

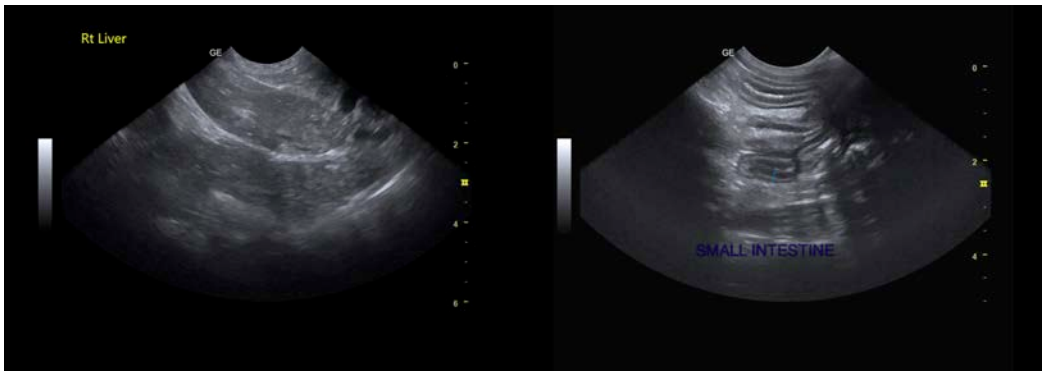

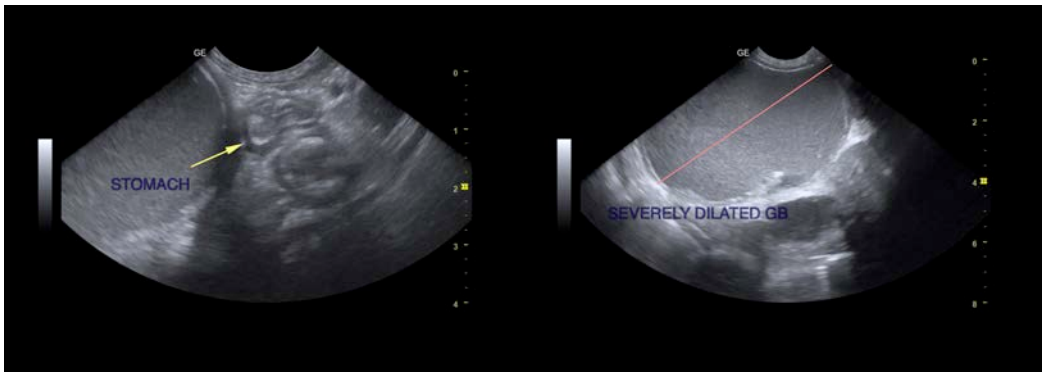

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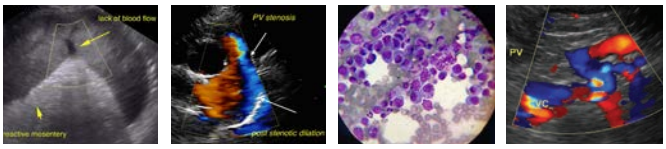

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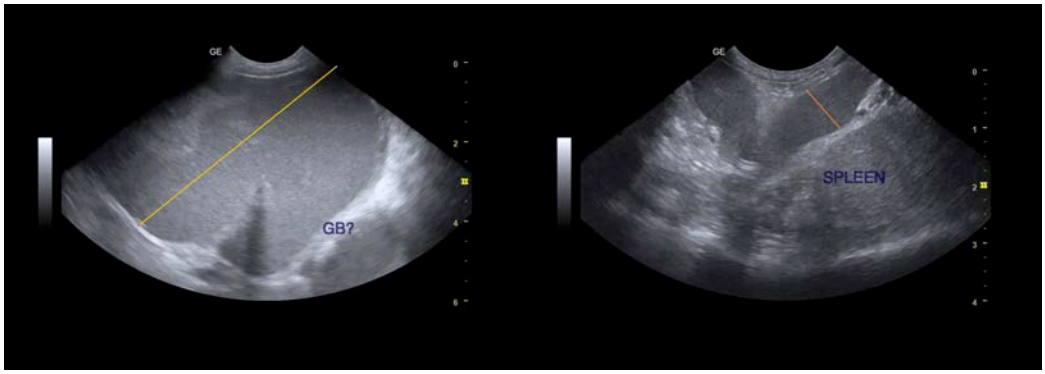

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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