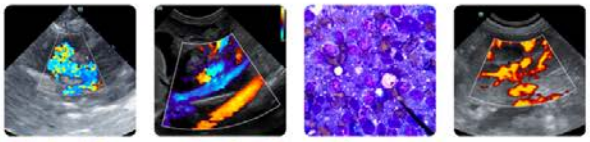

PATIENT

Shadow Gray

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

3.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Willberger

HOSPITAL NAME

Wilvet South

REFERRING VET

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INVOICE

71967

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PRESENTING CLINICAL SIGNS

Usually indoor only, missing for 2 months (sightings on door cameras) and just able to catch on 11/19. Significant weight loss (usually 16lbs) while missing. Elevated liver enzymes.

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 21.4, RBC 5.08, Hemoglob 7.3, all other wnl EPOC: Na 147, K 3.0, Agapk 8, BUN 10, HCT 18, hgb 6.3 Chem 17: Creat 0.7, BUN 13, ALT 543, ALP 532, GGT 5, Cholest 293, all other wnl Urinalysis: USG 1.050, clear, dark yellow, Cysto, No bacteria, WBC, RBC or crystals seen. FELV/FIV/HW- Negative PCV/TS- 24%/ 6.5 Citrated Prothrombin Time (PT)- 15 (normal) Anemia RealPCR™ Panel- Pending

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 (3.54 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (3.9 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.34 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

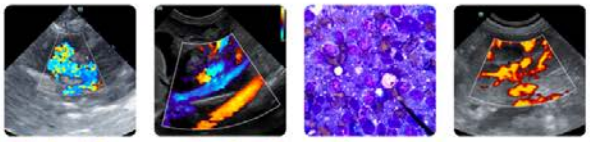
Spleen

The spleen is subjectively normal in size (0.54 cm), 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 large in size with rounded margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is somewhat small (contracted) with a mildly thickened wall measuring at 0.17 cm with a smooth mucosal surface.



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Gastrointestinal

The stomach contains a large amount of shadowing ingesta. It measures at a normal thickness of 0.26 cm 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. The large amount of shadowing ingesta prevents full evaluation of the stomach and some areas of the cranial abdomen.

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. Duodenum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 (left more than right). There is no evidence of nodules or cystic lesions. Surrounding reactive mesentery noted.

Free Abdomen

There is a small amount of free abdominal fluid. No lymphadenopathy. The omentum is mildly diffusely hyperechoic, and hyperechoic around the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes consistent with chronic active pancreatitis.
- Large, hyperechoic, rounded liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Contracted gallbladder with a mildly thickened/prominent wall – Findings are most consistent with mild edema.
- Large, shadowing ingesta visualized within the gastric lumen – Correlate with the feeding history. If the patient was adequately fasted, this likely represents delayed gastric emptying or a partial outflow tract obstruction (none clearly visualized).
- Small volume free abdominal fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is prominent, hypoechoic and mottled in both limbs (left worse than right). Correlate with a PLI level and consider treatment for chronic active pancreatitis.

The liver is large and hyperechoic. Given the history provided, there is concern for possible prolonged anorexia. This could be predispose to hepatic lipidosis, although other differentials are possible. Recommend a liver function test and a fine needle aspirate of the liver (provided coagulation parameters are normal). It is likely that a feeding tube will be necessary for treatment.

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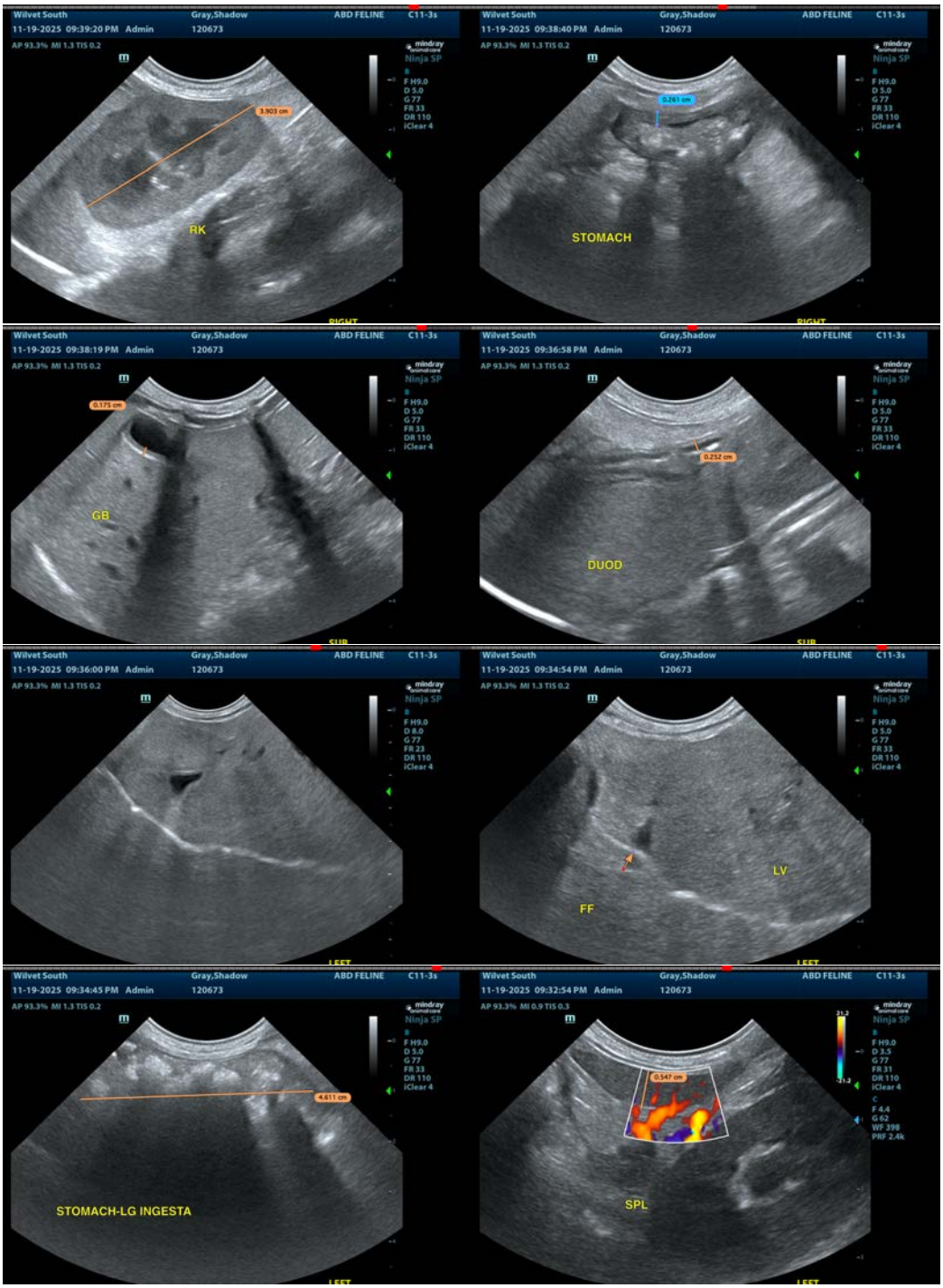
There is a large amount of debris visualized within the stomach, preventing full evaluation. I suspect this is a non-fasted patient. If the patient has been fasted, consider reevaluation in the future, as ingested foreign material cannot be definitively ruled out.



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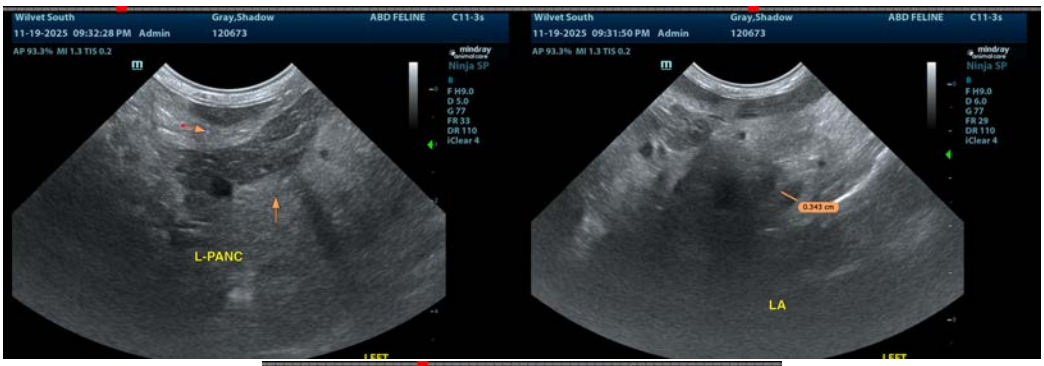

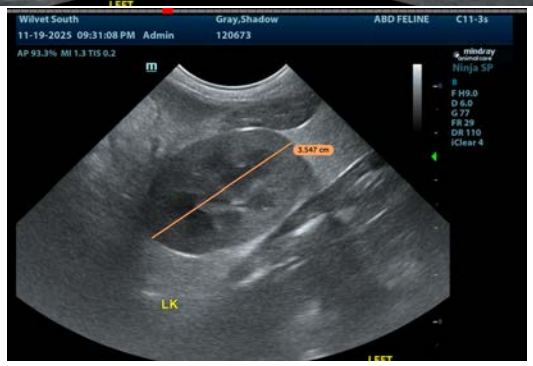

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com