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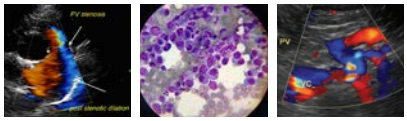

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DATE

12/13/22

PATIENT

Lyric Amtmann

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3/28/10

WEIGHT

4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Nexus Vet Specialists

REFERRING VET

Dr. Steele

INVOICE

43406

PRESENTING CLINICAL SIGNS

Severe chronic destructive lymphocytic cholangiohepatitis w/ductopenia, ductular reaction and peripheralization, and mild portal-portal bridging fibrosis, alimentary small cell lymphoma. On treatment w/prednisolone and methotrexate, doing well clinically but now has lymphocytosis, liver disease not responding to methotrexate thus far (increased dose last month, updated labs pending).

Current Medications: Budesonide 1mg PO SID (PM), Dasuquin 1 capsule on food SID (PM), Denamarin smcat/dog 1 tablet PO SID (PM), Folic Acid 1mg PO SID (PM), for 2 days following methotrexate, FortaFlora 1/2 packet on food SID (PM), Gabapentin 25mg 1 tablet PO SID (PM), Methotrexate 0.26mg PO BID for 3 doses q 7days, Renakare Powder 1/4 scoop on food SID (PM), Vitamin E 100iu PO SID (PM)
Lab Results: 11/16: HCT 26% (non-regen), lymphs 7.8L. ALT 1,027, ALP 256, chol 321.
Date of Previous IntraPet Ultrasound: 9/26/21. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 (3.96 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 (4.0 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 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 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.

Spleen

The spleen is normal/borderline “plump”, measuring between 1.1-0.96 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 and hyperechoic. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a hyperechoic nodule visualized within the parenchyma measuring 0.74 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is slightly prominent, measuring 0.50 cm. There is a mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 mild to moderate fluid distension with chyme. 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 0.29 cm. Jejunum wall measures 0.18 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.

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.

PRIMARY FINDINGS

- Hyperechoic, heterogeneous liver with a hyperechoic nodule – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. There are minimal diagnostic criteria for neoplasia associated with the hyperechoic nodule, so a benign process is favored, but underlying neoplasia cannot be ruled out.

- Moderate ingesta and chyme visualized within the stomach and small intestine – Given the adequate fast, there is concern for possible delayed gastric motility or ileus.

- Borderline large spleen – This could be within normal limits for this individual, but given the diagnose, a fine needle aspirate could be considered.

SECONDARY FINDINGS

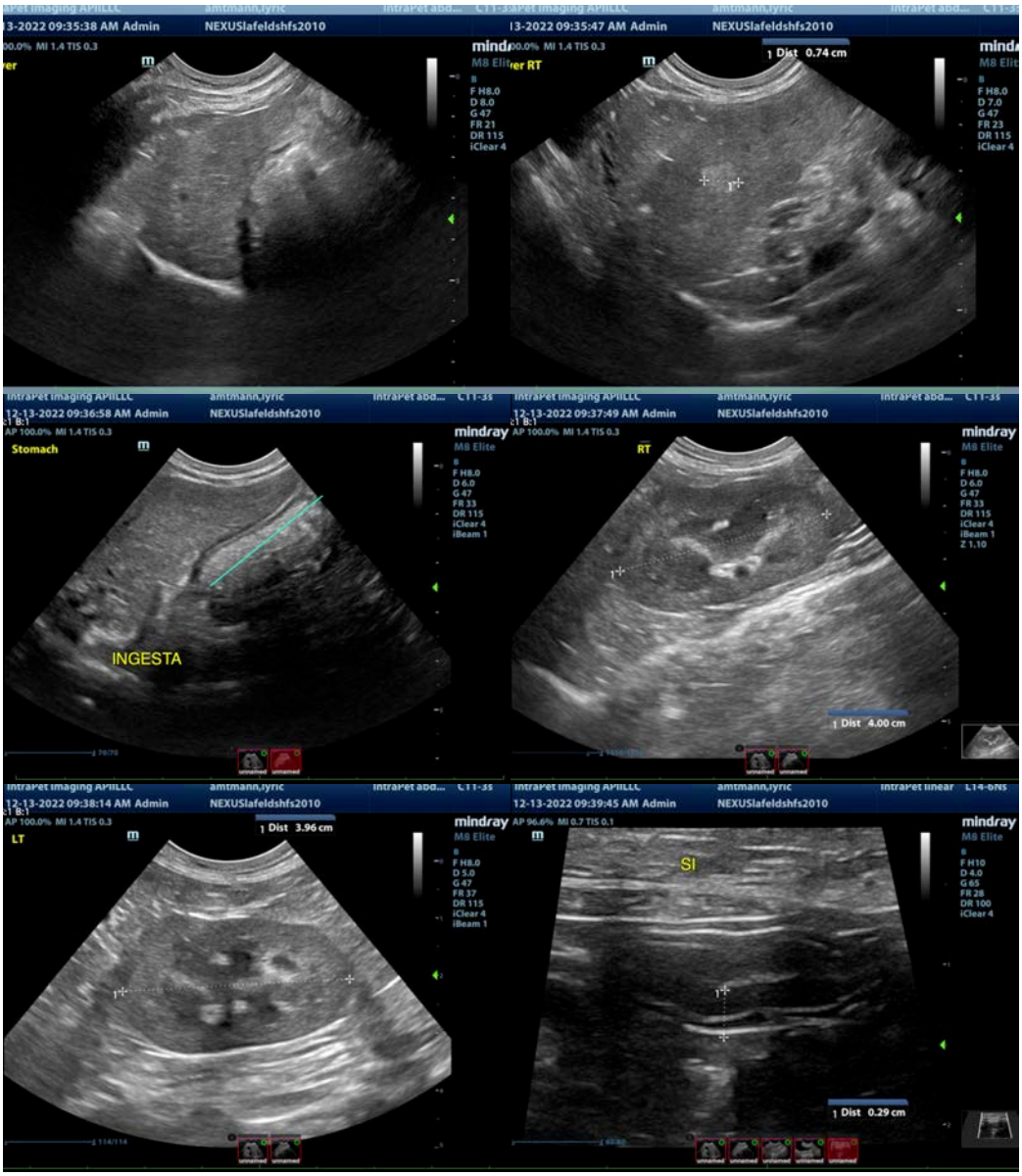
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

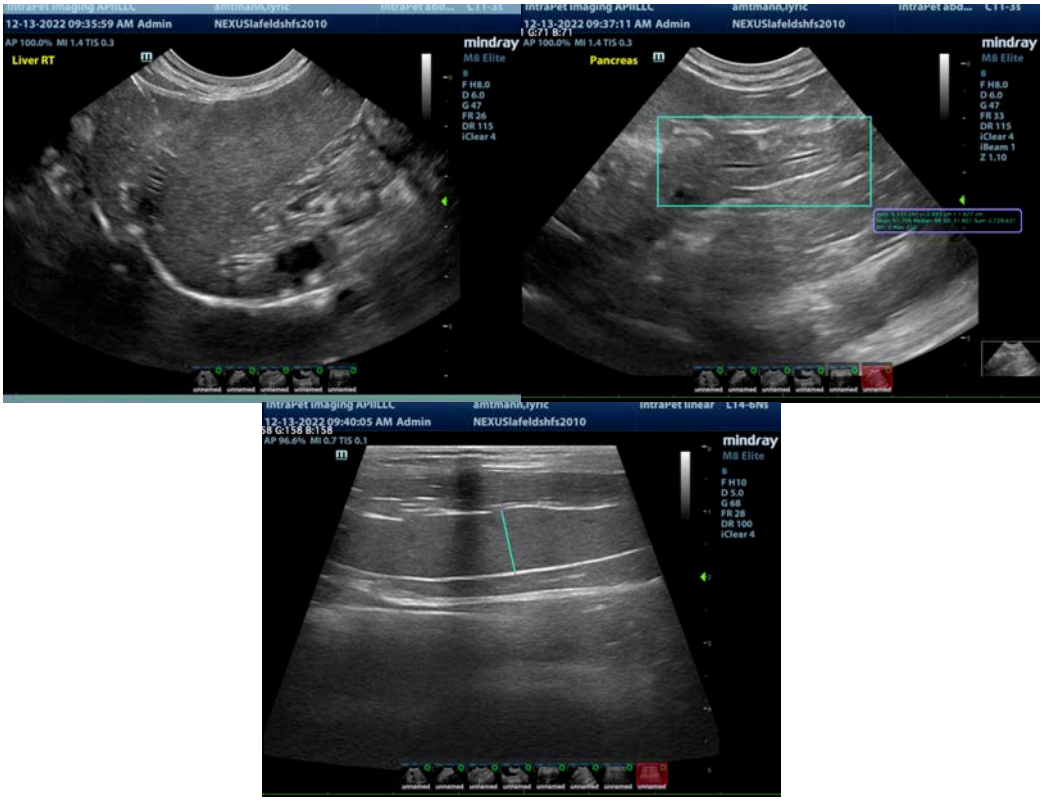
- Mild gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting. Incidental gall bladder debris is less common in cats.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal mass lesions are visualized on today's exam, and the changes are relatively stable as compared to the previous exam 9/26/21. The hyperechoic nodule in the liver is a new finding. Findings on today's scan include a borderline enlarged spleen, a very mildly prominent pancreas, a large heterogeneous, hyperechoic liver with a hyperechoic nodule, and a moderate amount of ingesta and chyme visualized within the gastric and small intestinal lumen.

Further diagnostic and therapeutic recommendations regarding this exam to be made by Dr. Cara Steele.





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.

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