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Clinical Sonography & Telecytology
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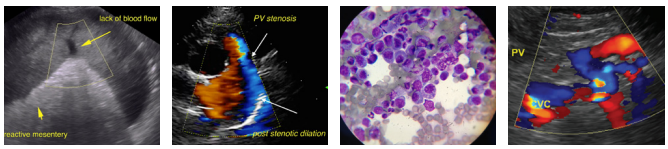

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1-800-838-4268 info@sonopath.com

PATIENT

Pretty Boy Amezquita

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

9.95 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kristian Sorbo

HOSPITAL NAME

Back Bay Vet Clinic

REFERRING VET

Dr. Graham Sager-Gellerman

INVOICE

36887

DATE

4/14/22

PRESENTING CLINICAL SIGNS

P has been defecating small drops of D for about a week and a half. Has been straining to defecate and howling when trying to use the litter box. Was in and out of litter box all day yesterday. Has been urinating fine in litter box Last week vomited twice No blood in stool Has not had to give miralaxfor about 2 months. Not on any meds Has lost ~2.8lbs over past 1.5 years (not intentional weight loss...BCS = 3/9) No rectal mass on palpation under sedation. Historical Cystotomy (calcium oxalate stones) in April 2020 Had cystocentesis for UA on 4/7/2022 Currently on c/d diet.
Abnormal PE/Chem/CBC/UA Results: 4/8/22: CBC: mild monocytosis (0.699), remainder wnl CHEM: SDMA 17, Mild hypokalemia (3.5), remainder wnl T4: 1.9 UA: USG 1.033, 2+ proteinuria FeLV/FIV: neg x 2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 masses. There is a pile of dependent debris in the ventral portion of the urinary bladder. This area also contains mineralized shadowing debris, consistent with small stones and sandy debris. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.5 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 (3.7 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 left adrenal gland is normal in size measuring 0.35 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.

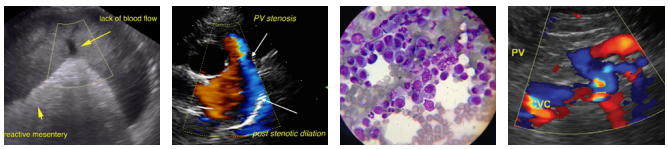
The right adrenal gland is normal in size measuring 0.4 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, 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, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. There are numerous hyperechoic foci visualized within the hepatic parenchyma, consistent with intrahepatic/biliary stones or mineralizations. Intrahepatic bile ducts are thickened and prominent, and the common bile duct is



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dilated with hyperechoic mesentery surrounding, measuring approximately 0.40 cm. There is mineralization evident at the duodenal papilla. Findings are most consistent with chronic inflammation, partial obstruction. No focal nodules or cystic lesions are observed.

The gallbladder lumen is significantly distended. The wall of the gall bladder is not overtly thickened and has a relatively smooth mucosal surface. There is a small to moderate amount of dependent echogenic debris visualized along with small stones and mineralizations. There is a small amount of free fluid surrounding the gallbladder. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is mildly dilated with fluid. 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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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

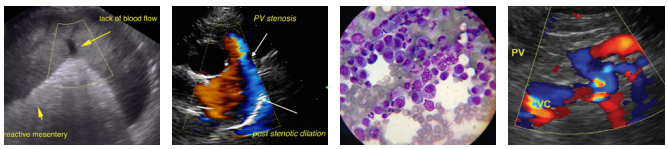
The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. Prominent pancreatic duct noted. A small calculus is visualized within the dilated duct.

Free Abdomen

There is a small amount of free fluid visualized around the gallbladder. There is an occasional prominent mesenteric lymph node measuring up to 0.40 cm. The omentum is of increased echogenicity around the bile duct.

ULTRASONOGRAPHIC FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Hypoechoic, prominent pancreas with dilated pancreatic duct and stones visualized within the pancreatic duct – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large, heterogeneous liver with dilated intrahepatic bile ducts and stones – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. There are partially obstructive stones visualized within the intrahepatic bile ducts. Findings are most suggestive of cholecystitis.
- Distended gallbladder with intraluminal stones and a dilated bile duct with a small amount of free fluid surrounding the gallbladder. Findings are consistent with cholecystitis and partial/chronic biliary obstruction. The free fluid surrounding the gallbladder is unexpected and



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likely inflammatory.

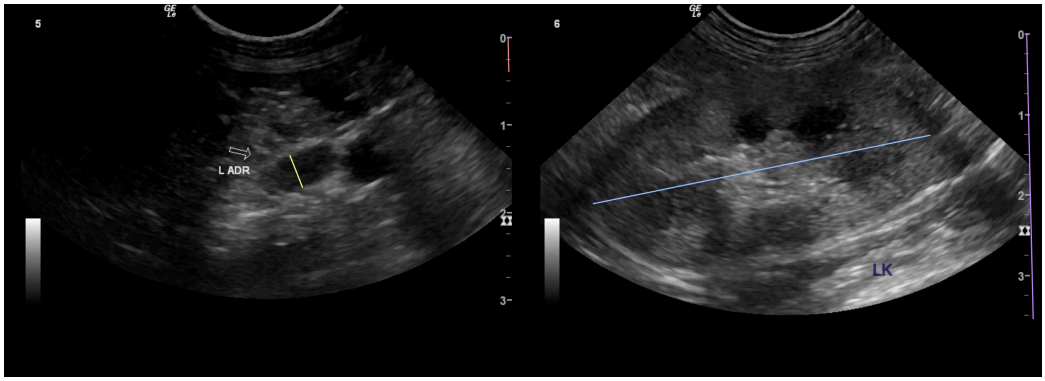
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

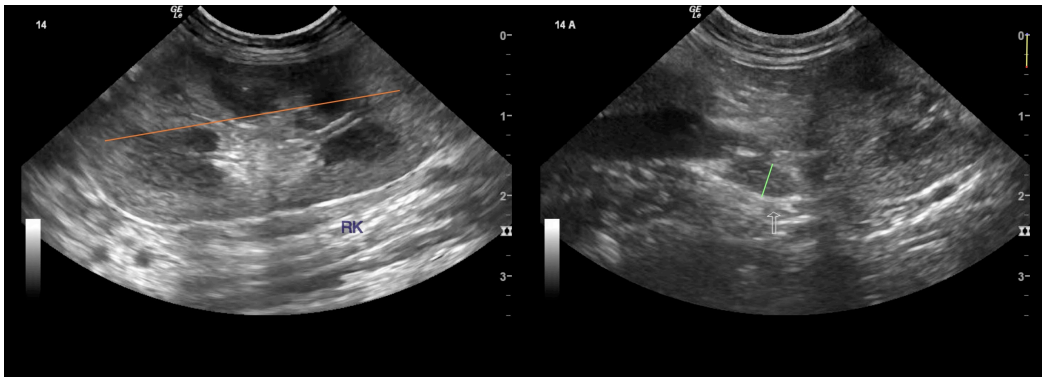
The liver is large and has numerous stones within the intrahepatic bile ducts. There are prominent, thickened bile ducts, indicative of likely chronic obstructive disease +/- infection. The gallbladder is distended with stones and has a small amount of free abdominal fluid surrounding it. This is unexpected, as liver values are normal, and it is difficult to discern the significance of this. Additionally, the pancreas is slightly dilated with a small stone within the pancreatic duct.

Given that this patient's blood work is normal, it is not clear if this is a clinical problem at this time, or if it is associated with the symptoms described. I would consider rechecking liver enzymes if not current, starting Ursodiol +/- antibiotics, and close monitoring of the biliary tract and liver enzymes. Additionally, treatment for pancreatitis is warranted. This is a difficult situation, because if a crisis occurs, surgical intervention is somewhat difficult, but a stent or cholecystoduodenostomy could be an option. I would only consider surgery as a last resort.

Recommend urinalysis and culture. Recommend digital rectal exam (with sedation if necessary) along with abdominal radiographs to try an discern if this patient is actually straining to defecate, urinate, etc.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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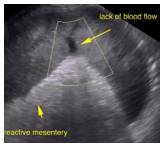

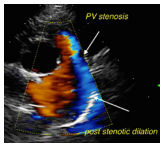

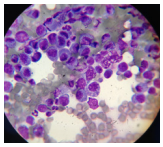
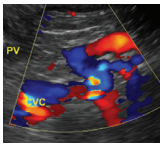

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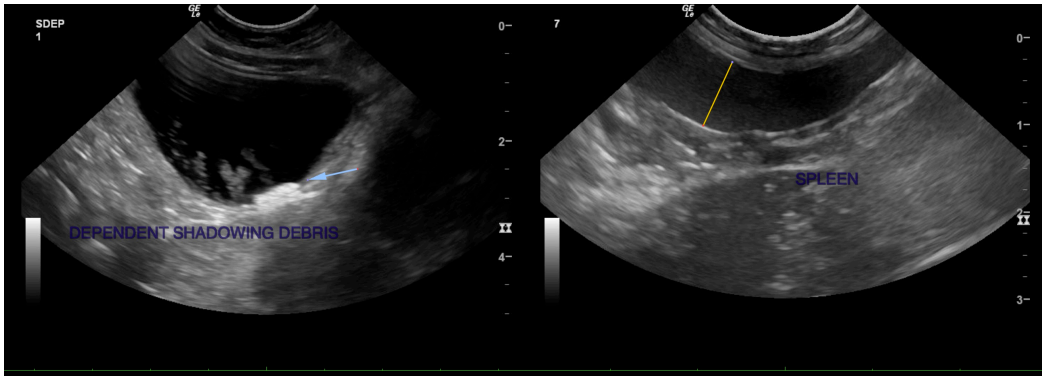

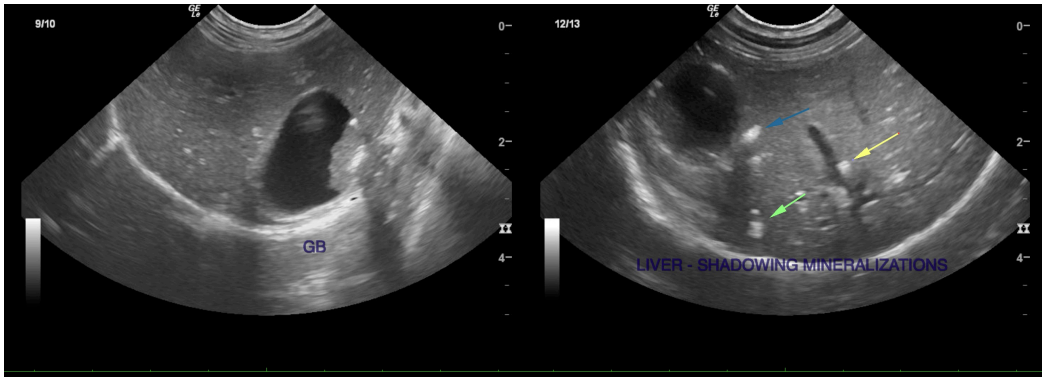

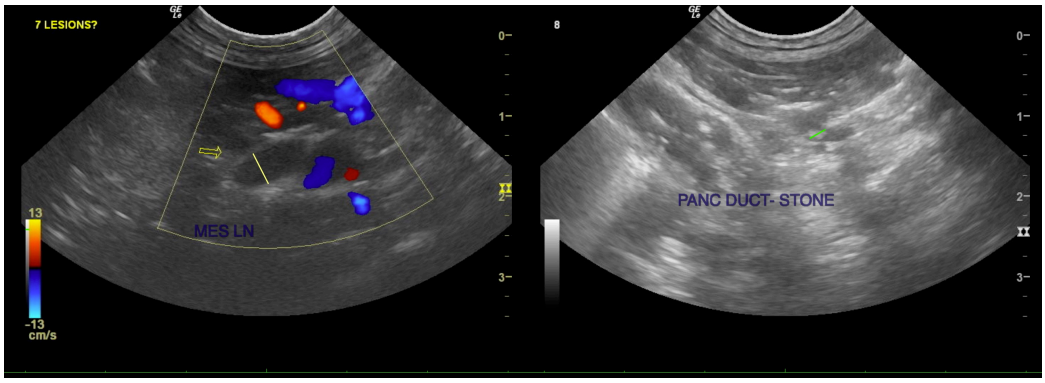

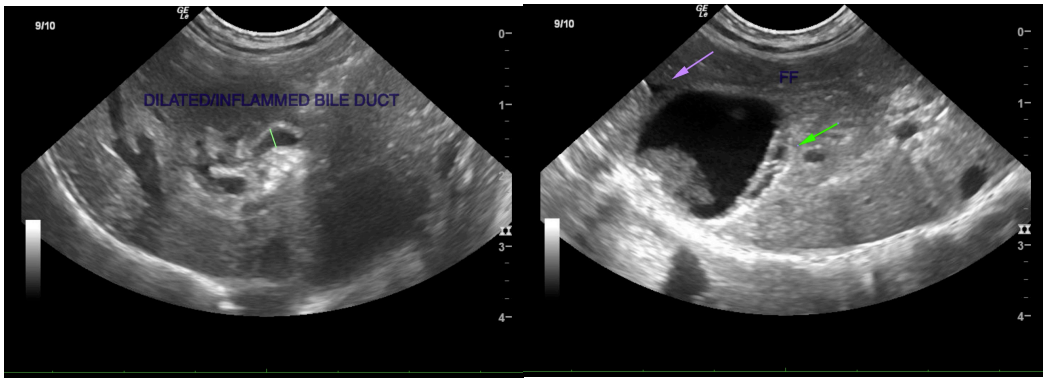

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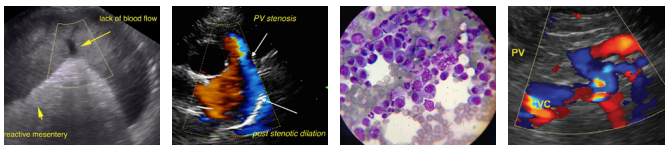

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com