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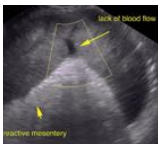
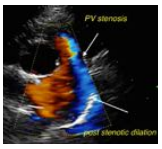
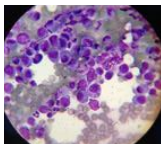
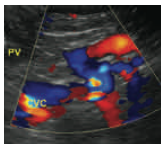

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1-800-838-4268 info@sonopath.com

PATIENT

Misha Ulloa

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Intact female

AGE

13 years

WEIGHT

6.34 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Ward

INVOICE

91155

DATE

8/11/21

PRESENTING CLINICAL SIGNS

History: CHECK MAMMARY MASSES/GROWTHS ON OR NEAR NIPPLES, YELLOW TINGED SKIN/DISCHARGE FROM NIPPLES. WEIGHT LOSS
Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal) CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: OU and AU Clear No nasal discharge. Oral cavity: Unable to examine-hissing Musculoskeletal: BCS = 3.5-4/9. Ambulatory x 4. Moderate, generalized muscle wasting Uro/Perineum: Intact female Abd/GI: Soft, non-painful. No obvious masses or fluid wave palpated. Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Jaundice. Multiple, small multilobulated mammary masses. ~1cm, multilobulated, cystic-like on top and firm at the bottom, movable dermal mass on L caudal mammary gland. Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N FNA of mass pending Marked liver enzyme elevations AST=195 (10-100) ALT=597 (10-100) ALKP=578 (6-102) Severe elevation of bilirubin=6.4 (0.1-0.4) rule-out hepatic vs. post-hepatic, less likely pre-hepatic (Hct=31%) FeLV/FIV neg/neg Inflammatory leukogram (neutrophilia/eosinophilia) TT4 WNL UA USG=1.049, protein 2+, bilirubin 3+

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 (3.1 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 (3.8 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 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 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.

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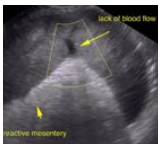
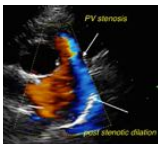
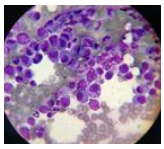
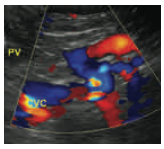

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are rare, hyperechoic foci visualized varying in size from 0.2-0.5 cm. Some of these are shadowing and consistent with small, intrahepatic mineralizations. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The common bile duct appears somewhat dilated at 0.35 cm and tortuous. Tissue surrounding the bile duct is hyperechoic and appears inflamed. There was no obvious intraluminal obstruction observed.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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 jejunum measured as normal (0.22 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

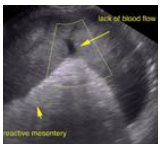
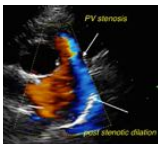
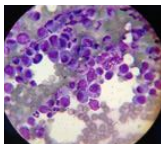
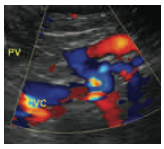
The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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 generally of increased echogenicity in the area of the liver and common bile duct.

ULTRASONOGRAPHIC FINDINGS

- Heterogenous liver with shadowing mineralization. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy. An inflammatory process or round cell neoplasia is favored.
- Dilated tortuous and inflamed bile duct. The findings are most consistent with inflammation of the bile duct and liver. I cannot rule out the possibility of a previous obstruction.

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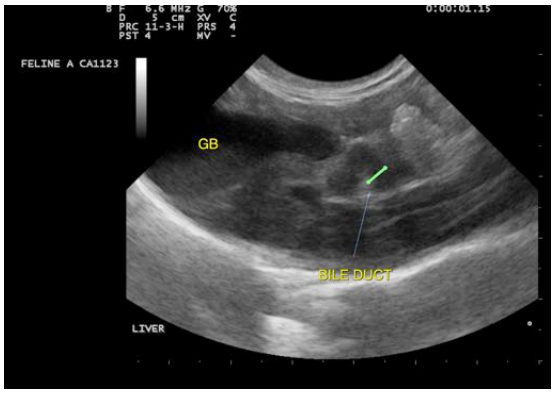
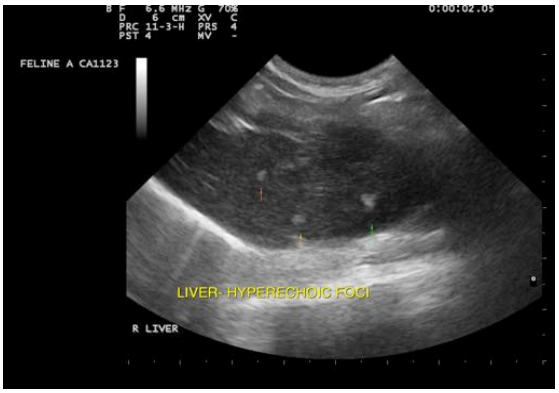
- Mildly hypoechoic pancreas with surrounding, hyperechoic mesentery. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

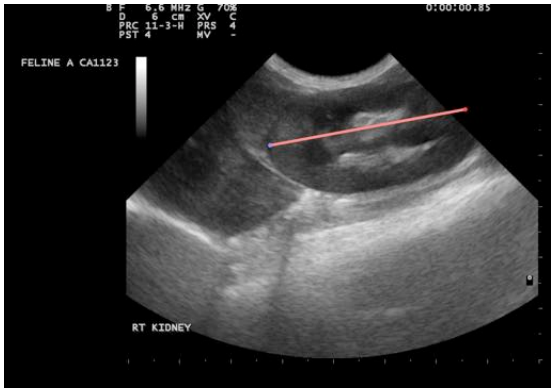
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

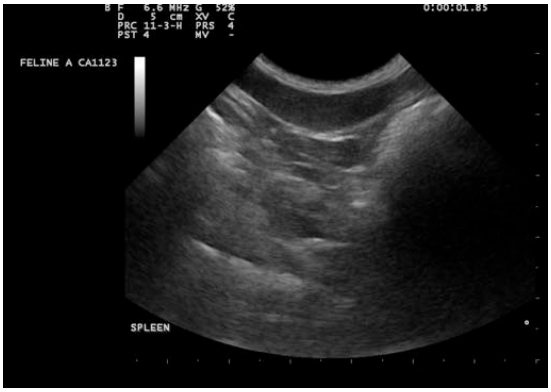
Although the common bile duct is dilated and does not appear normal I do not see evidence of an obstruction. The hepatic parenchyma is mottled and hypoechoic. This is concerning for either severe cholangiohepatitis or round cell neoplasia. I recommend a FNA of the liver and supportive therapy with IV fluids, antibiotics, anti-emetics, gastrointestinal protectants, Denamarin and Ursodiol.

Additionally the pancreas was prominent. This could be indicative of triaditis with cholangiohepatitis and possibly GI inflammation. I recommend GI panel to evaluate fPLI Level, B12, folate, etc. If the bilirubin continues to rise despite therapy and round cell neoplasia is excluded consider a recheck evaluation with ultrasound and possible liver biopsies (ensure normal coagulation parameters prior to any aspirates or biopsies). I also recommend three view thoracic radiographs.









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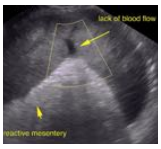
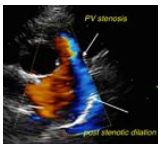
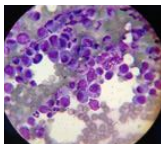
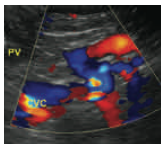

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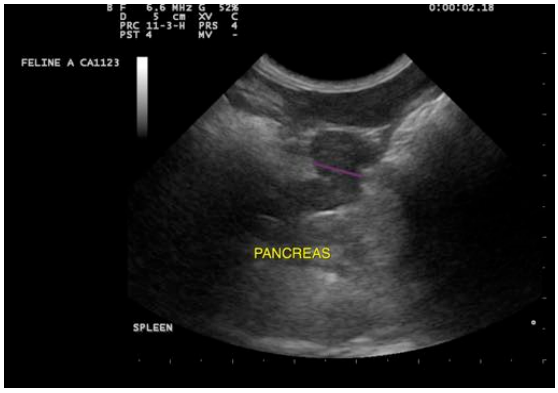

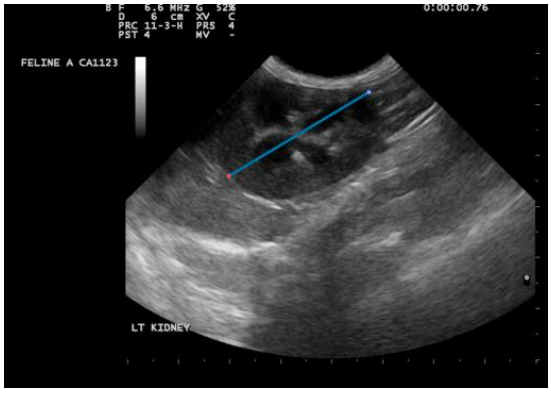

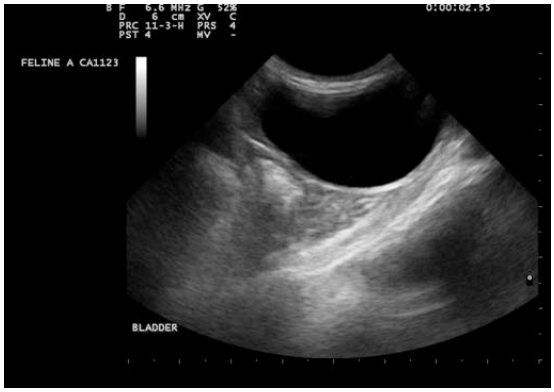

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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