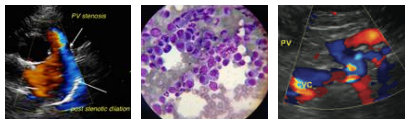
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE
8/11/21

PATIENT
Tali Dupre

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
2005

WEIGHT
6.4 lbs

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

HOSPITAL NAME
Paradise AH

REFERRING VET
Dr. Twardzik

INVOICE
91140

PRESENTING CLINICAL SIGNS

Presented on 8/6/21 for a 24-hour spell of 3 bouts of intense vomiting. Losing a fair amount of weight; more lately. Polyphagic; eats 2+ large cans of Friskies per day but refusing to eat some of her meals. Acting strangely the last week or so -- trying to go outside (normally hates it), coming upstairs (another cat's territory). On exam, weight loss was noted with 2/5 BCS, dental disease.
Current Medications: Famotidine BID
Started 7/9/21: Prednisolone 5 mg. Started 8/6: Cerenia 4 mg SID.
Started 8/7: Rx) Veraflox 25 mg/ml -- 0.85 ml PO SID x 14 days, then as directed. Rx) Denamarin cats/small dogs -- 1 tab PO SID on an empty stomach, at least an hour prior to eating.
Lab Results: Elevated ALT 512 U/L. Elevated AST 290 U/L.
Date of Previous IntraPet Ultrasound: No previous
Sedation: Torbugesic 10 mg/ml -- 0.1 ml IV

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 (3.48 cm). Overall echogenicity is slightly hyperechoic with poor 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 (3.14 cm). Overall echogenicity is slightly hyperechoic with poor 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.

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. No focal nodules or cystic lesions are observed. The gallbladder is absent due to surgical due to previous surgical removal. In the gallbladder fossa there are mineralizations and stones some of which appear to be more distal in a dilated tortuous common bile duct, which measures 0.37 cm (two

stones measured 0.44 cm and 0.36 cm) and some appear to be within the hepatic parenchyma or intrahepatic biliary tree. No focal nodules or cystic lesions are observed.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36 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. 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 liquid 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. The pancreatic duct was dilated and measured 0.2 cm. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

A scant anechoic free fluid was noted. The lymph nodes were normal. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Intrahepatic biliary stones (lack of gallbladder, surgically removed). Stones in the distal dilated bile duct. The findings are most consistent with partial biliary obstruction due to stones. These could have recently moved or could be chronic in their locations.

- Heterogenous liver. 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.

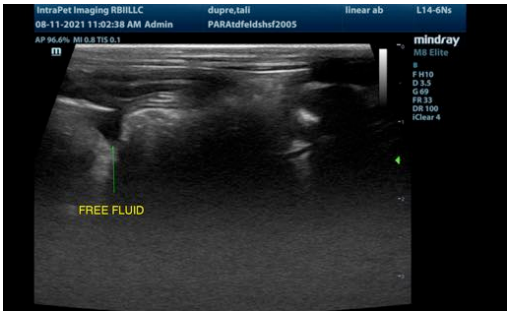
SECONDARY FINDINGS:

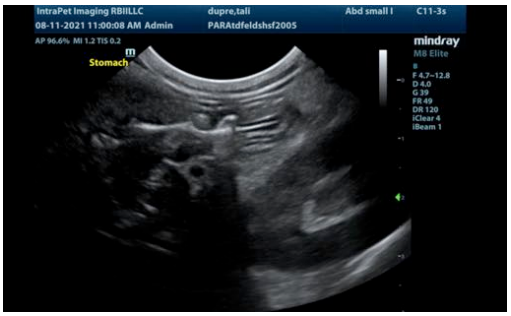
- Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

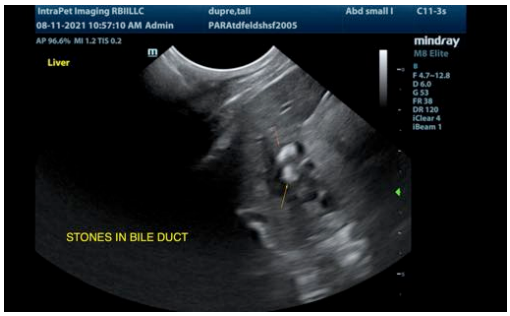
- Prominent, hypoechoic pancreas with dilated pancreatic duct. The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

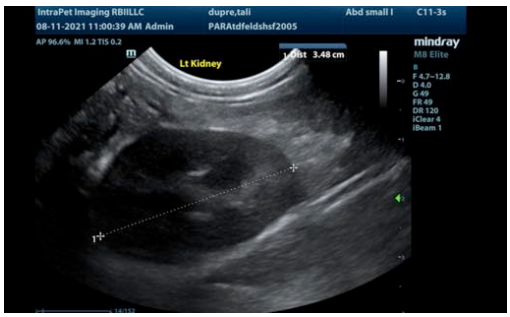
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

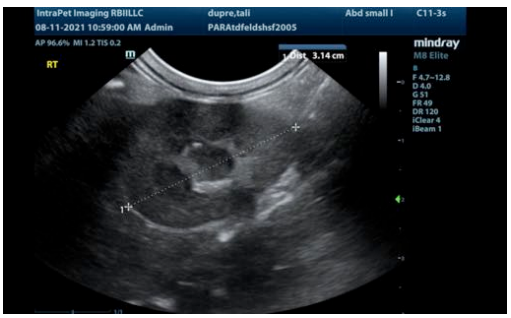
I suspect that this patient originally had a gallbladder removal due to the presence of stones? Therefore, I am not sure if the current stones are a new finding or if they have been there chronically. Dilation of the common bile duct tends to be permanent after it is partially obstructed and there certainly appears to be a partial obstruction at this time. Surgical options are somewhat limited, but you can consider a stent or consultation with a veterinary surgeon. I would consider continued medical care with pain medication, nausea medications, antibiotics, and Ursodiol, etc. If bilirubin continues to rise you would need to consider what options are available.

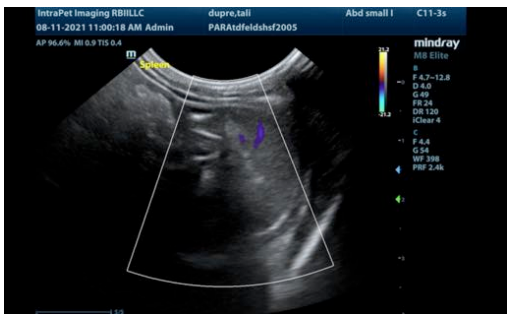


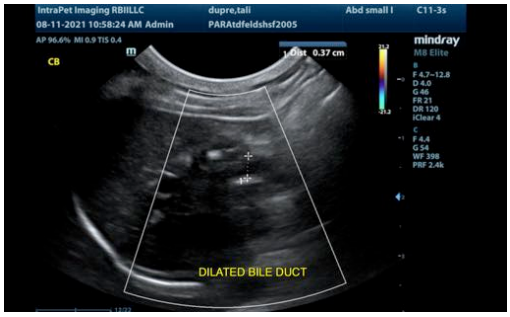


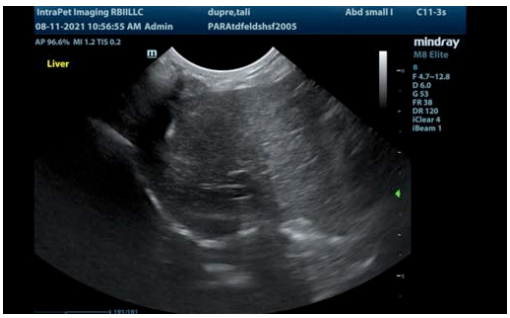












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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