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Clinical Sonography & Telectology

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**DATE PRESENTING CLINICAL SIGNS**

8/2/22 Hepatopathy-- liver values remain static -- bili is still 15-16 alt/alkp-- only mild elevation, is eating and drinking well, tried for FNA on 7/29-- but PTT prolong. Plan for FNA of liver , +/- spleen if coags normal.

**PATIENT**

Reggie Hohman Current Medications: Denamarin, Gabapentin, Clindamycin, Elura, Mirtazapine, Amoxicillin, Ursodiol, Omeprazole, Metronidazole. Bitamin K, Vitamin B, Cerenia.

**SPECIES**

Feline Lab Results: See attached. Date of Previous IntraPet Ultrasound: 7/26/22 Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Not requested.

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

DLH

**SEX**

**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.

Neutered Male

**AGE**

The left kidney has a normal shape and size (4.47 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.

7/26/17

**WEIGHT**

The right kidney has a normal shape and size (4.73 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.

10.15 Pounds

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.47 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.

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Rachel Brilhart RDMS

The right adrenal gland is normal in size measuring 0.43 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.

**HOSPITAL NAME**

Animal Emergency Hospital

**Spleen**

The spleen is subjectively normal/borderline "plump", measuring 1.0 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.

**REFERRING VET**

Dr. Goessling

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

**INVOICE**

40039

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. The proximal bile duct is visualized and measures at 0.29 cm.

### ***Gastrointestinal***

The stomach is mildly 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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.26 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***

There is no free fluid. There is a small cluster of prominent lymph nodes in the region of the ileocecal junction, measuring 0.64, 0.34 cm. The omentum is hyperechoic around these lymph nodes.

## **ULTRASONOGRAPHIC FINDINGS**

- Borderline enlarged spleen - the spleen appears relatively normal in echogenicity and echotexture, but is slightly prominent. Consider a fine needle aspirate.
- 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 with mild dilation of the proximal bile duct - 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.
- Prominent muscularis layer to the small intestine - The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Mild mesenteric lymphadenopathy - The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

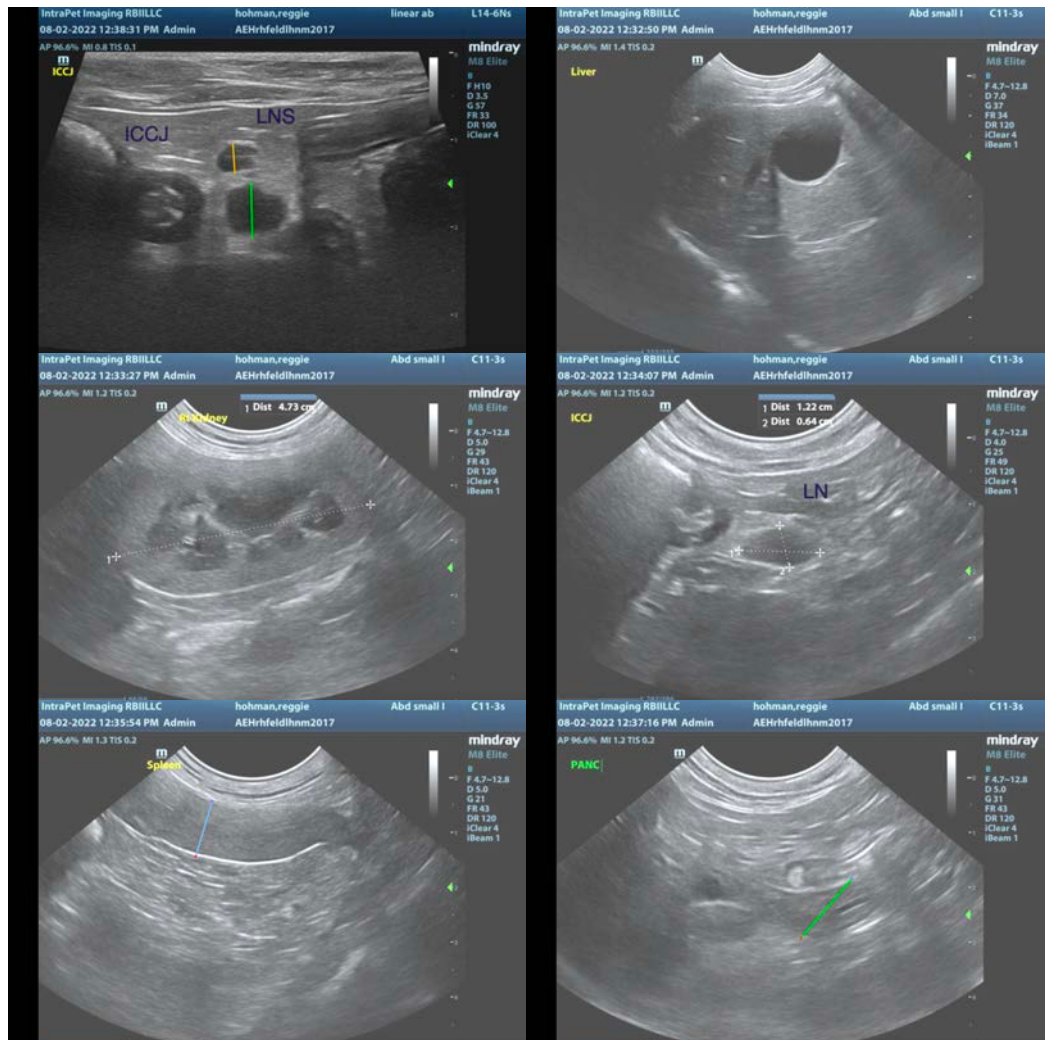
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan appears largely similar to the previous scan. There is mild dilation of the gallbladder and bile duct, but it is not significantly more so than the previous scan, and no new lesions are visualized associated with the liver. The pancreas is somewhat prominent, and the small intestine appears ropey. Additionally, the spleen appears somewhat "plump" on today's evaluation.

I'm concerned that this patient's bilirubin levels continue to rise despite your supportive therapy, and that a "point of no return" could develop. If aggressive intervention is desired in this relatively young cat, I would

consider referral for plasma, and either aspirates or surgical biopsies (and evaluation of the biliary tract) performed in addition to placing a feeding tube, etc. (I believe a feeding tube is being placed today). Otherwise, aspirates could be considered with a very fine 25-gauge needle (liver and spleen) +/- lymph node, as long as the owner is aware of the risks. Alternately, Prednisone therapy at an anti-inflammatory dose could be considered in the case of lymphoma or cholangiohepatitis, but this would be a last resort with owner consent, understanding the implications and effects it may have on future sample evaluation.

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





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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