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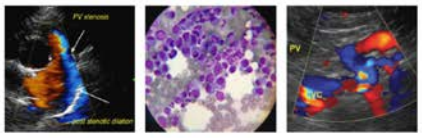

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Honey Badger Ray

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Ballenger

INVOICE

40905

DATE

8/31/22

PRESENTING CLINICAL SIGNS

Multiple bouts of hepatic lipidosis. Currently hospitalized on fluids. Pt can be a picky eater.
Abnormal PE/Chem/CBC/UA Results: Elevated GLU, CREA, ALT, ALP, GGT, and total Bili. UA - bacteria, crystalline debris, few WBC, many RBC on sediment, no strip ran.

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 (3.73 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 (3.68 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 left adrenal gland is normal in size measuring 0.30 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 0.30 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 somewhat “meaty” in appearance, measuring 0.64 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 large with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder appears mildly prominent, measuring at 0.19 cm. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. 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.

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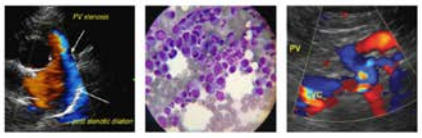

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.21 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

Free Abdomen

There is scant free fluid. No lymphadenopathy is noted, but there is hyperechoic mesentery visualized in the region of the spleen and pancreas.

PRIMARY FINDINGS

- Prominent, hypoechoic pancreas with reactive mesentery in the region of the pancreas – The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Hyperechoic, large liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Scant free abdominal fluid

SECONDARY FINDINGS

- Somewhat prominent, “meaty” spleen – This could be secondary to the surrounding reactive mesentery, as it is not overtly enlarged. If round cell neoplasia is a concern, consider a fine needle aspirate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It would be atypical for this small of a cat to have recurrent episodes of lipidosis without some type of instigating factor. There appears to be a source of inflammation in the abdomen. This is not 100% apparent, but the pancreas does appear prominent and is a likely suspect. Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to look for concurrent pancreatic and small intestinal disease.

Additionally, there can be more than one type of liver disease occurring, such as inflammatory liver disease, neoplasia, etc., which causes inappetence and secondary lipidosis. If these episodes are continuing to reoccur or not improve, then consider surgical biopsies of the liver, GI tract, and pancreas to look for possible concurrent disease process to treat, and to place a feeding tube. I would consider a hydrolyzed protein diet, chest radiographs, and aggressive nutritional support for the hepatopathy present. If biopsies are not desired, then consider fine needle aspirate if coagulation parameters permit, and 3-view thoracic radiographs.

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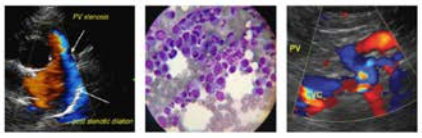

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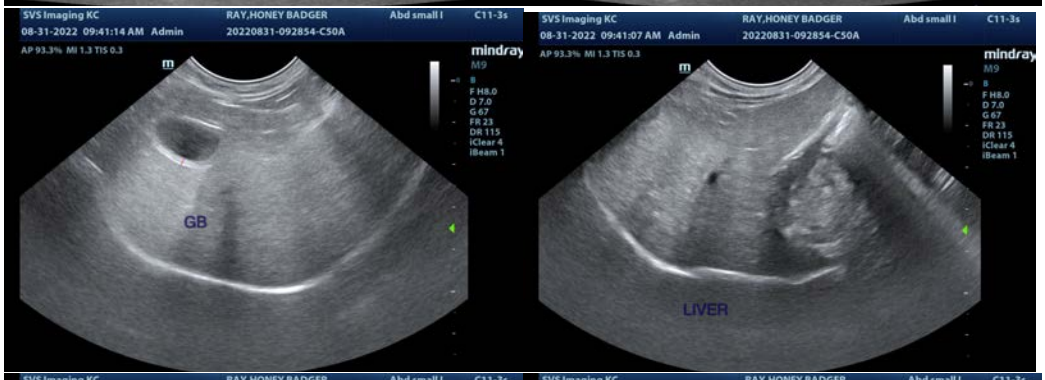

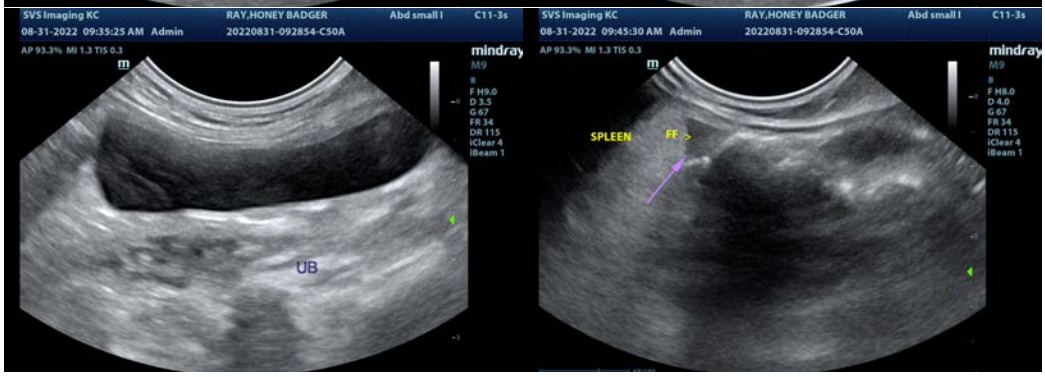

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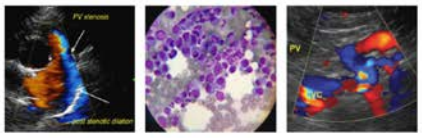

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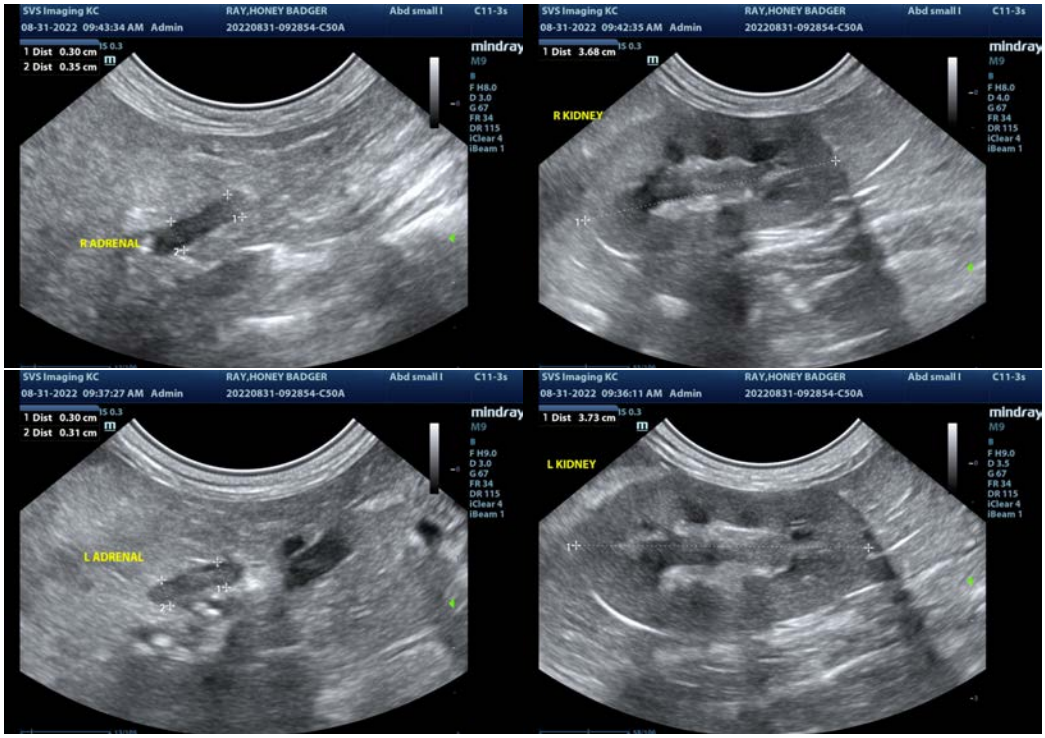

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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