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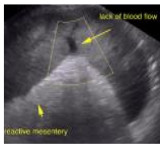
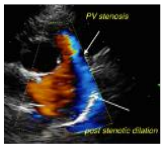
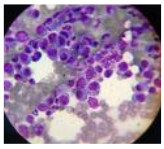
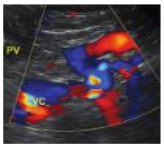

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1-800-838-4268 info@sonopath.com

PATIENT

Mango Quigg

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Earl

INVOICE

12972

DATE

9/10/21

PRESENTING CLINICAL SIGNS

History: elevated liver enzymes. presented initially on 8/9 for lethargy and anorexia. Also weight loss. On metronidazole, clavamos drops, denamarin, mirtazapine.

Abnormal PE/Chem/CBC/UA Results: RBC 6.27, HCT 27.4%, Hgb 8.2, WBC 3.7, ALT 228, ALKP 236, tbili 1.2 (unconj 0.5, conj 0.7). On 8/9: ALT 308, AST 124, ALKP 274, tbili 0.7 (unconj 0.4, conj 0.3). UA: pH 7, prot 2+, UPC 0.1, bili 2+, USPG 1.058

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 (3.84 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, infarcts or hydroureter. There are numerous small non obstructive nephroliths (0.27 cm and 0.275 cm), Renal vasculature is normal.

The right kidney has a normal shape and size (3.59 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 0.31 cm at the caudal. 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 0.53 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 subjectively large in size 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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

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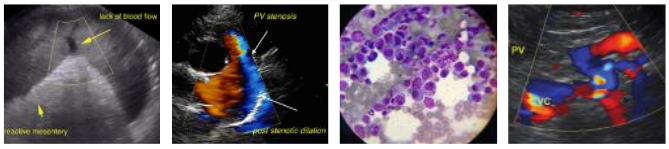

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The stomach is moderately dilated with fluid and irregular shadowing material most consistent with mild ingesta and gas. It measures at a normal thickness of <0.36 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall 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 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 at 0.2 cm, 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 mildly 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. The pancreatic duct measures 0.15 cm.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegally. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large hyperechoic liver- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy
- Mildly prominent hypoechoic pancreas with prominent pancreatic duct- The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation

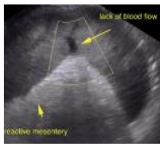
Secondary Findings

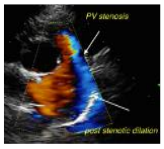
- Non-obstructive nephroliths visualized in the left kidney- The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths

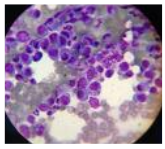
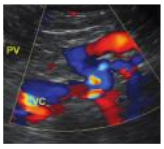
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears large and hyperechoic. No focal lesions were identified, and the biliary tract largely appears normal. This is most consistent with a primary hepatopathy. Continue to monitor the anemia in light of the bilirubin to make sure that it's not secondary to hemolysis. Visually, the changes observed in the liver are most consistent with hepatic lipidosis, but this can be a primary or secondary disorder. Round cell neoplasia is also a less likely differential. No obvious lesions with the small intestine were identified, but the pancreas does appear somewhat prominent.

- Consider a GI panel for quantitative FPLI, B12 and folate to get more information on the pancreatic changes observed and the small intestine





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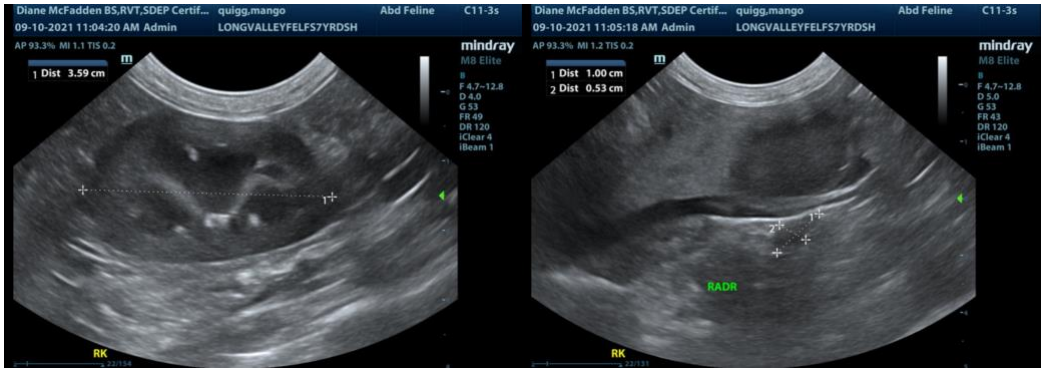
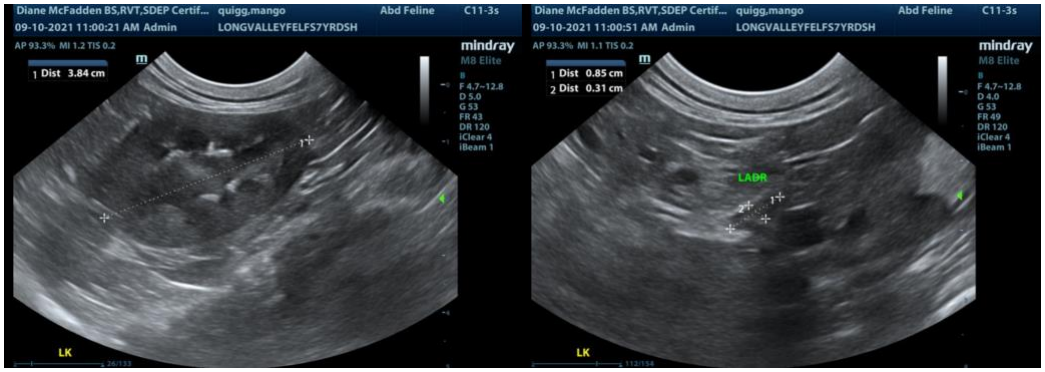
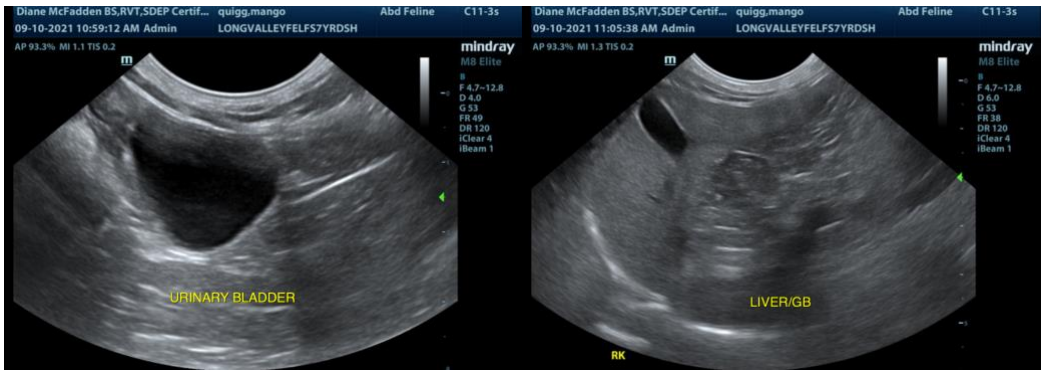
- I recommend fine needle aspirate of the liver (already done)
- Consider placing a feeding tube to help ensure adequate nutrition
- I recommend adding ursodiol to your treatment regimen

The mild anemia can very likely be an anemia chronic disease but keep an eye out for evidence of hemolysis (mycoplasma) and with the concurrent low white blood cell count you could have an emerging bicytopenia.







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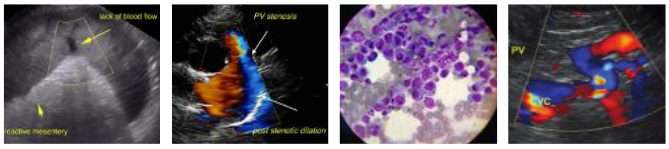

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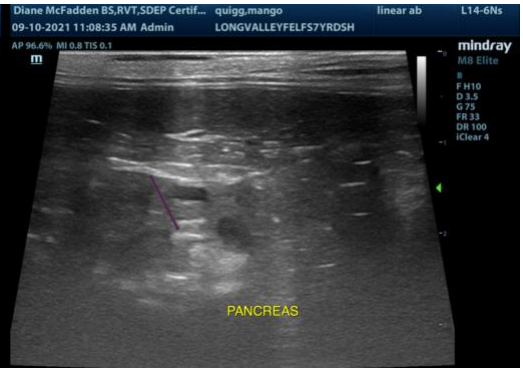

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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kathleen.sennello@sonopath.com