SonoPath
Clinical Sonography & Telecytology
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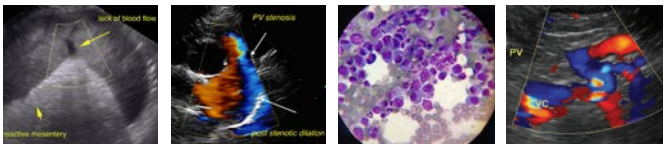


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Izzy Stanton

SPECIES
Feline

BREED
Siamese X

SEX
Spayed Female

AGE
13 Years

WEIGHT
10.3

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

IMAGING PERFORMED BY
Dr. Desen Ertunc

HOSPITAL NAME
Healing Spirit

REFERRING VET
Dr. Desen Ertunc

INVOICE
25308

DATE
9/9/21

PRESENTING CLINICAL SIGNS

Previously obese, noted weight loss with hyporexia over last 1-2 months, anorexia in last week. No vomiting/diarrhea reported. Is strictly indoor
Abnormal PE/Chem/CBC/UA Results: P.E.: BCS 5.5/9 CBC:MCV=39 (39.0-55.0) fL, MCH= 12.5 (12.5-17.5) pg, platelets=146 (300-800) K/uL, MPV=10.1 (12.0-17.0) fL CHEM:ALP=611 (10-90) U/L, ALT=484 (20-100) U/L, Tbili=1.3 (0.1-0.6) mg/dL

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 (4.2 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. Several small, non-obstructive nephroliths are present. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.2 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. Non-obstructive nephroliths are present. There is no evidence of pyelectasia, 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. The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is an irregular, hypoechoic structure at the tip of the spleen measuring 1.0 cm x 0.63 cm. This can either be an irregular portion of spleen, or a focal area of hypoechoic pancreas.

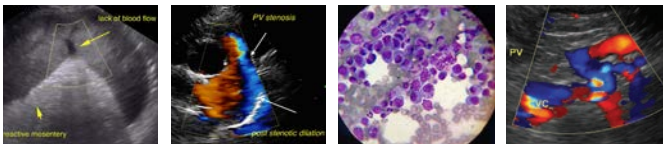
Liver

The liver is 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 gallbladder 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

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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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. Jejunum wall measures 0.19 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

There is no evidence of inflammation of the pancreas in the right limb. At the caudal tip of the spleen there is a hypoechoic, irregular area of tissue measuring 1.0 cm x 0.63 cm. This could be a focal areas of pancreatic inflammation or an irregular splenic lesion.

Free Abdomen

Evaluation of the peritoneal cavity revealed scant anechoic free fluid. No 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 normal uniform echogenicity.

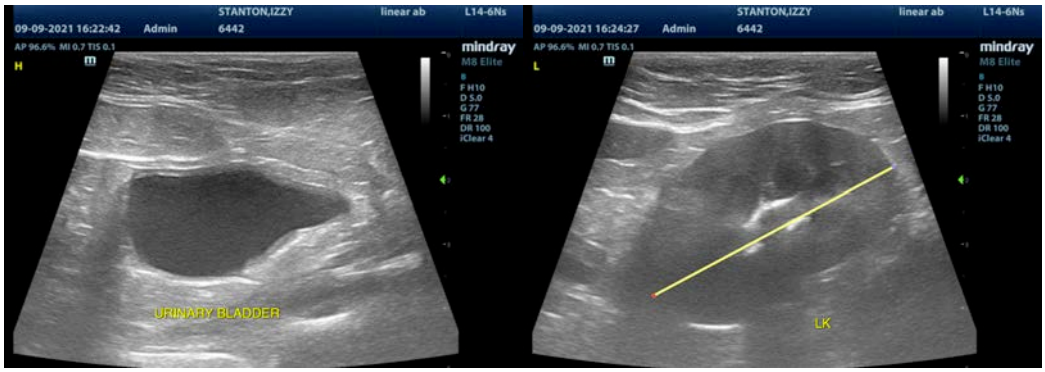
ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Hypoechoic, irregular area at the tip of the spleen – consistent with either a splenic lesion or focal area of prominent pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and hyperechoic. The gallbladder and biliary tract appear normal. These findings are consistent with a primary hepatopathy. A primary concern would be hepatic lipidosis. Other considerations include round cell neoplasia or other disease with secondary lipidosis type changes. Consider a fine needle aspirate of the liver if coagulation parameters allow, and placement of a feeding tube. Consider a GI panel to look for evidence of pancreatitis and underlying intestinal disease. Recommend starting Denamarin, Ursodiol and tube feedings with GI support.

There is a small lesion at the tip of the spleen. Initially I thought this was the pancreas, but I cannot find evidence of pancreatic inflammation anywhere else. Therefore, I recommend rechecking this lesion in 2-4 weeks to see if it is improving. Correlating with PLI findings will also be helpful. Recommend 3-view thoracic radiographs.



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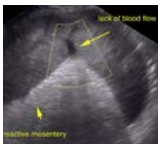
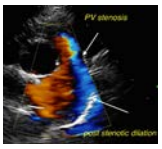
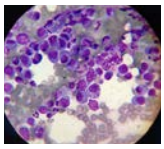
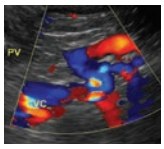

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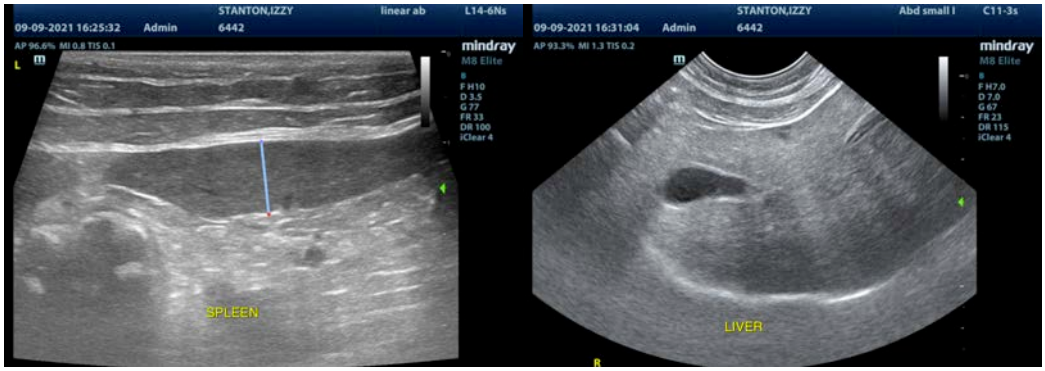

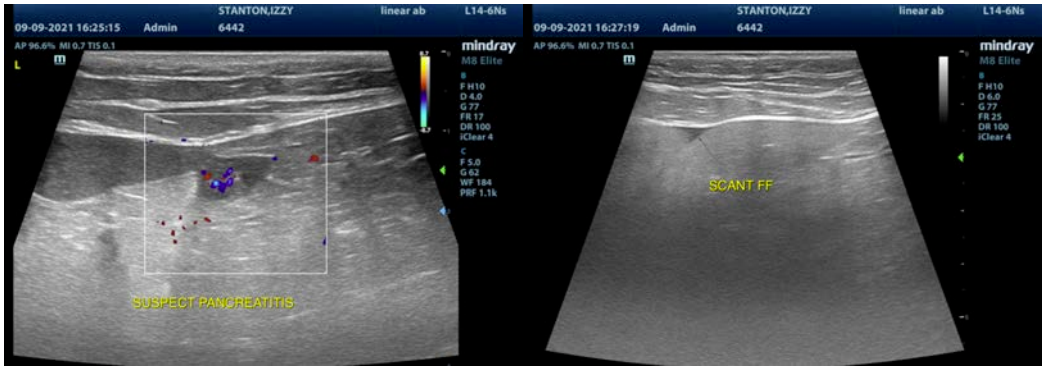

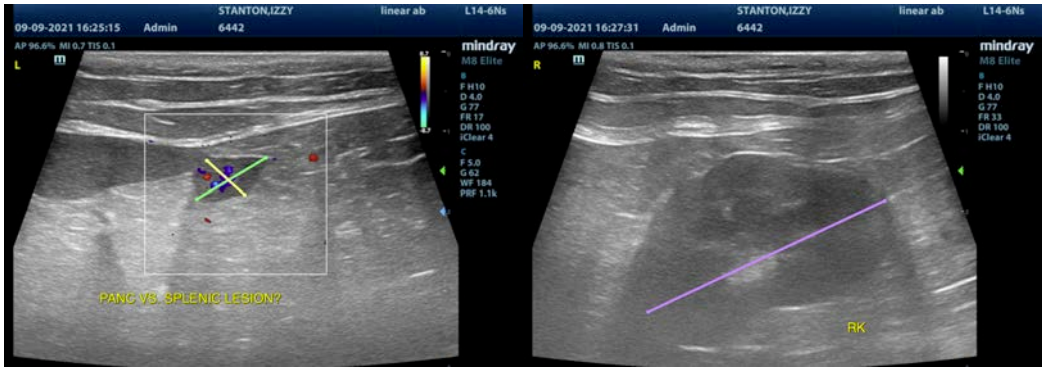

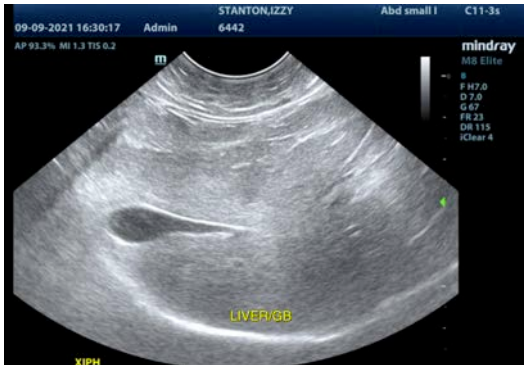

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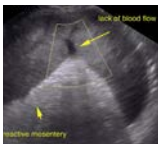
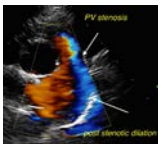
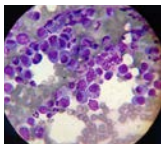
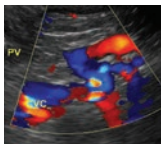

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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