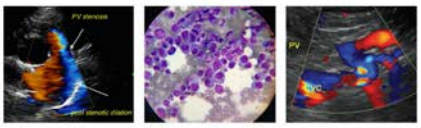
IMAGING PERFORMED BY
svsimaging.net 309-737-3070

SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Marley Anderson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Months

WEIGHT

14 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

34222

DATE

1/17/22

PRESENTING CLINICAL SIGNS

Losing weight, decreased appetite, recheck urinalysis, growth in mouth.
Abnormal PE/Chem/CBC/UA Results: BIL, UBG in urine. Elevated ALT, ALKP, GGT and TBIL on bloodwork. Normal liver values in August of 2021. Recent positive FPL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm. The right kidney measured 4.5 cm.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age related finding and not pathological. The right adrenal gland measured 0.46 cm. The left adrenal gland measured 0.36 cm.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.80 cm. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver exhibited potential for mild generalized enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

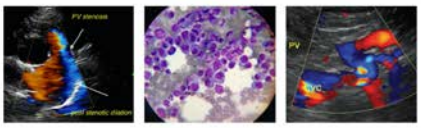
Gastrointestinal

The visualized gastric walls were sonographically unremarkable. Ventral gastric body wall measured 0.22 cm. The lumen of the stomach contained mild retained nonshadowing ingesta and chyme

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.25 cm. Jejunum wall measured 0.26 cm. Ileocolic wall measured 0.37 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

IMAGING PERFORMED BY
svsimaging.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Marley Anderson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Months

WEIGHT

14 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

34222

DATE

1/17/22

Pancreas

The pancreas exhibited generalized prominent size with mild asymmetrical to swollen contour and uniform hypoechoic parenchyma compared to adjacent mildly reactive peripancreatic omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

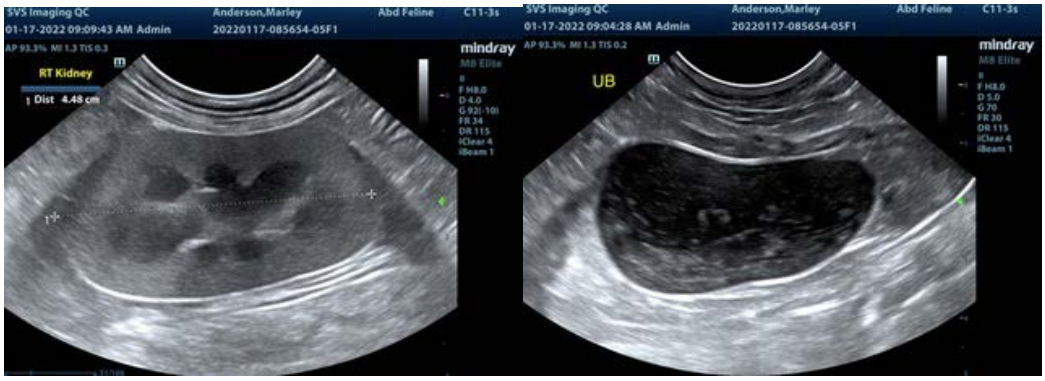
- Moderate urinary bladder sediment
- Mild age related kidney changes
- Minor retained gastric ingesta/chyme
- Pancreatitis
- Hepatopathy – subjectively benign, potential acute on chronic, suggestive of probable inflammatory hepatic parenchymal or hepatobiliary process such as cholangiohepatitis. Potential for occult hepatic neoplasia considered a less likely differential diagnosis, yet cannot be definitively excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Ultrasound guided FNA of the liver (assuming normal clotting status and using 25-gauge needle warranted for screening cytology, primarily to assess and possibly identify inflammatory cell type as well as rule out unlikely potential for hepatic neoplasia.

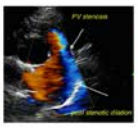
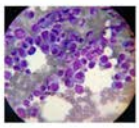
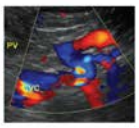
Even though no overt evidence of structural gastrointestinal pathology, potential for triad disease may be a consideration in this patient. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate to correlate with the sonographic presentation of the pancreas as well as to assess for occult concurrent gastrointestinal disease. No evidence of post-hepatic biliary obstruction. Empirically, cholangiohepatitis/pancreatitis therapy protocol +/- empirical triad disease protocol (pending additional diagnostics) recommended. Recheck sonogram may be considered to assess for progressive inflammatory pancreatic, hepatobiliary and/or gastrointestinal changes if continued signs of weight loss, persistent hepatic enzyme elevations, or persistent gastrointestinal signs.



IMAGING PERFORMED BY

svsimaging.net 309-737-3070

SVS IMAGING

SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Marley Anderson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Months

WEIGHT

14 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

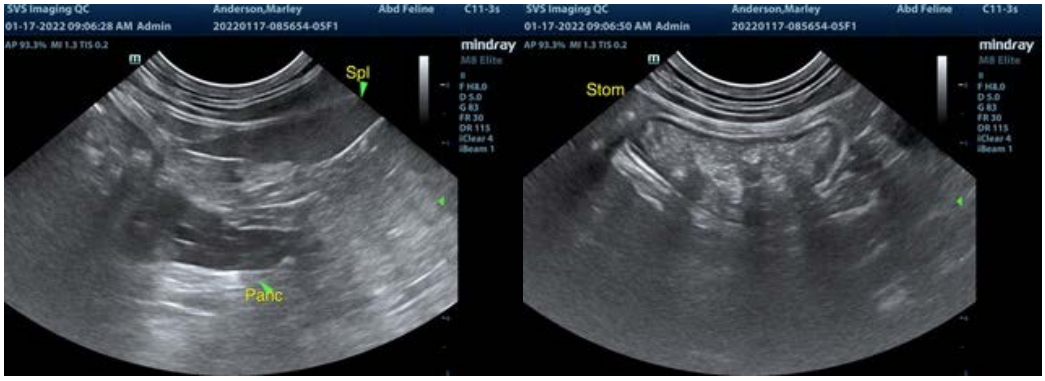
Dr. Narske

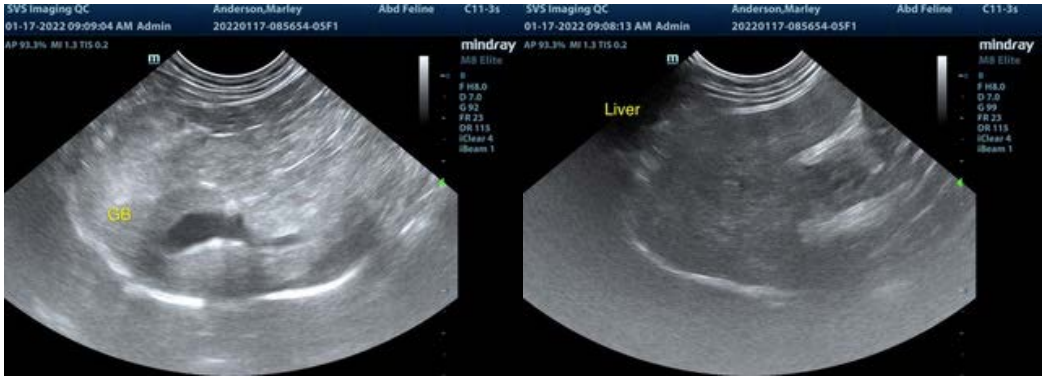
INVOICE

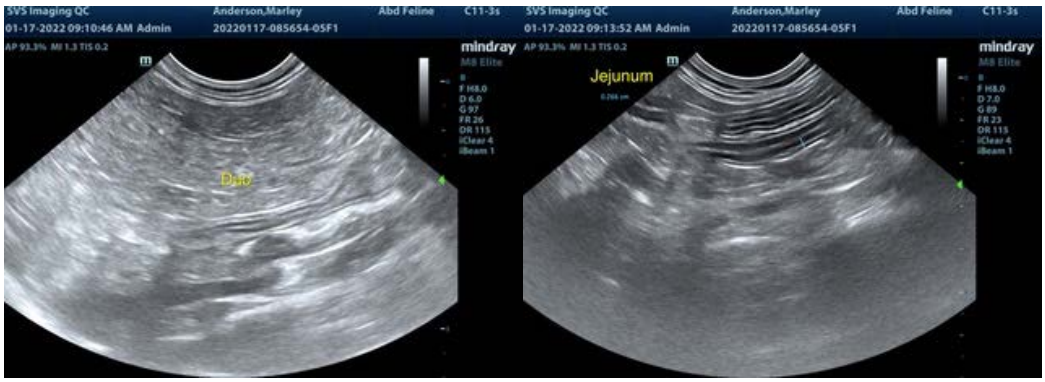
34222

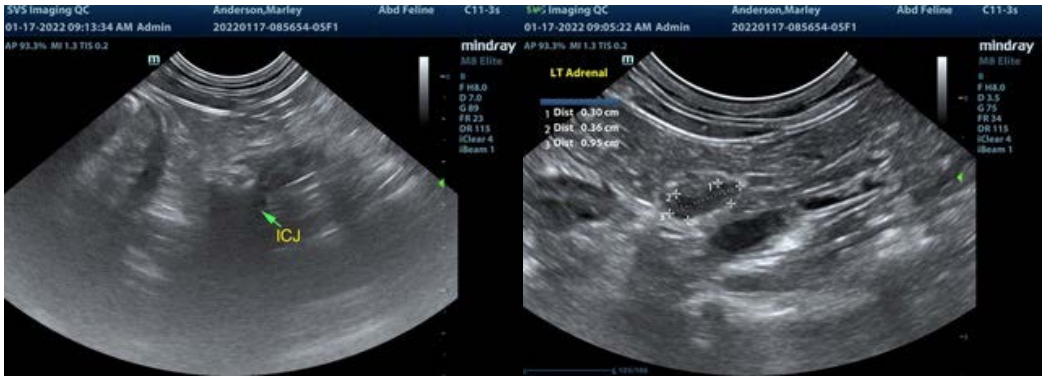
DATE

1/17/22

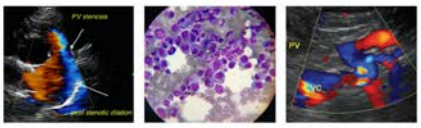








IMAGING PERFORMED BY
svsimaging.net 309-737-3070



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Marley Anderson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Months

WEIGHT

14 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

34222

DATE

1/17/22

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com