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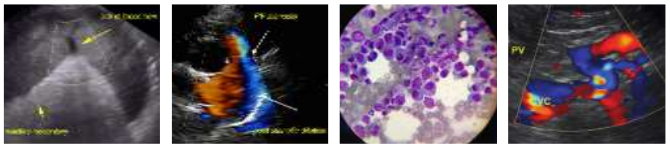

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Michi Caula

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

10 years 10 months

WEIGHT

10.75 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Rivera

INVOICE

12397

DATE

10/20/21

PRESENTING CLINICAL SIGNS

Rechecking: Anorexia, ADR
Abnormal PE/Chem/CBC/UA Results: 1) CHEM: GLU 428 (71-159), ALT 1169 (12-130), AKLP 133 (14-111)

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. The spleen measured 0.9 cm width.

Liver/ Gallbladder

The liver exhibited generalized enlargement subjectively and primarily within the mid to right liver with variable lobar swelling. The area of variable lobar swelling measured approximately 7.0 cm in diameter, exhibiting similar parenchyma echogenicity compared to the left liver with moderate coarse echotexture and without evidence of distinct masses or nodules. The area of hepatomegaly extended caudally to the level of the gastric axis with potential mild gastric displacement. 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 stomach itself was sonographically unremarkable with mild, retained, echogenic, nonshadowing Ingesta and chyme. The gastric body wall width measured 0.20 cm.

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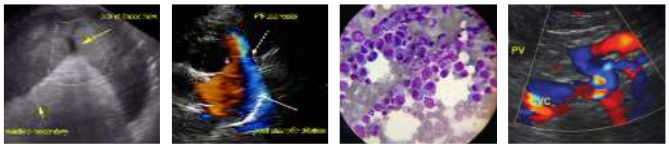

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The small intestine presented intact wall layering with generalized propensity for mildly prominent muscularis layer and mild generalized mural hypertrophy. The jejunum wall width measured 0.3 cm - 0.34 cm. No evidence of loss of intestinal wall layering or distinct masses.

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

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No evidence of omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

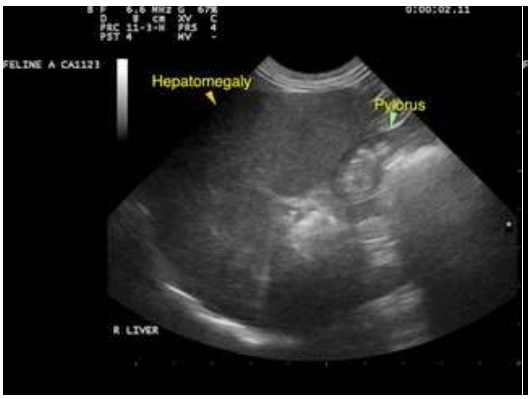
- Hepatopathy with variable mid to right lateral and caudate lobar swelling
- Enteropathy - IBD vs. neoplastic infiltrative enteropathy with round cells i.e., lymphoma possible
- Age-related renal changes

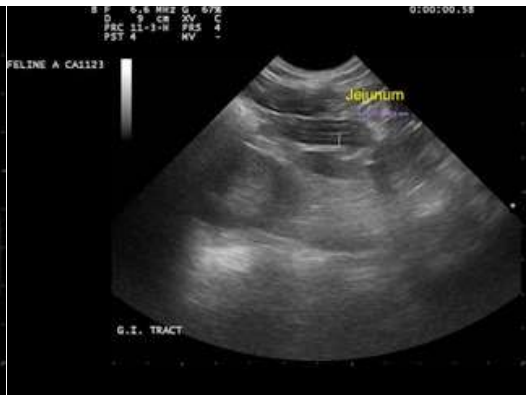
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include metabolic / reactive / vacuolar hepatopathy, inflammatory hepatopathy with variable lobar swelling, with potential for hepatic neoplasia.

Ultrasound-guided FNA of the liver using a 25-gauge needle and assuming normal clotting status within the area of lobar swelling is warranted for screening cytology. Full-thickness intestinal and / or hepatic biopsies may be required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirically, as-needed gastrointestinal support +/- appropriate empirical IBD protocol may be considered.





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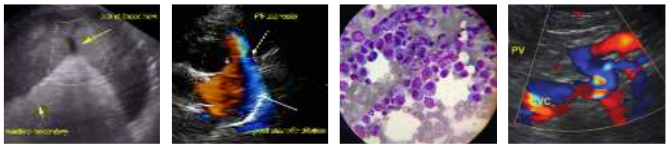

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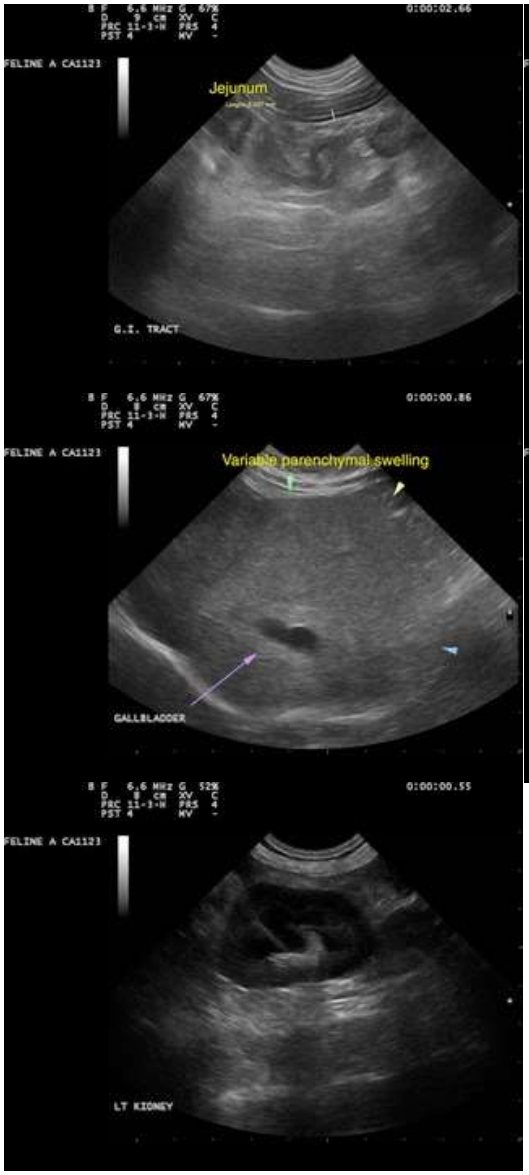

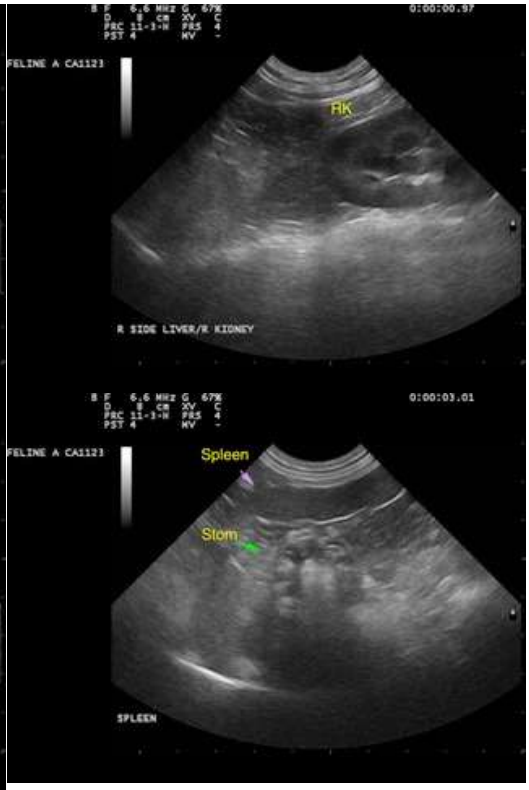

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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