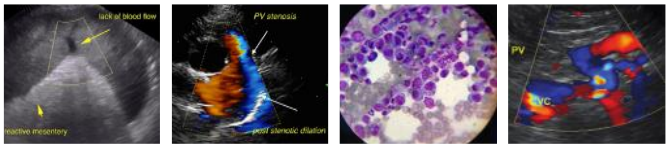
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Penny Floyd

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

2 years

WEIGHT

8.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Paul Kim

INVOICE

12022ag

DATE

10/27/22

PRESENTING CLINICAL SIGNS

Patient presented to the hospital with inappetance for 1 month, and no defecation. Patient presented with anorexia , jaundice , lethargic, and weight loss. Possible pancreatitis possible hepatic lipidosis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

No overt pathology in the area of the bilateral 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.

Liver/ Gallbladder

The liver exhibited generalized enlargement, symmetrical to rounded swollen contour and uniform increased parenchymal echogenicity compared to the spleen. 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 common bile duct was indistinctly visualized without overt evidence of post hepatic obstructive criteria.

Gastrointestinal

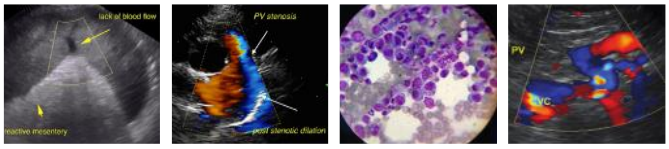
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The visualized segments of 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.

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

Pancreas

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Penny Floyd

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

2 years

WEIGHT

8.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Paul Kim

INVOICE

12022ag

DATE

10/27/22

The area of the pancreas was sonographically unremarkable.

Free Abdomen

Minor perihepatic anechoic free fluid was present. No overt lymphadenopathy was present.

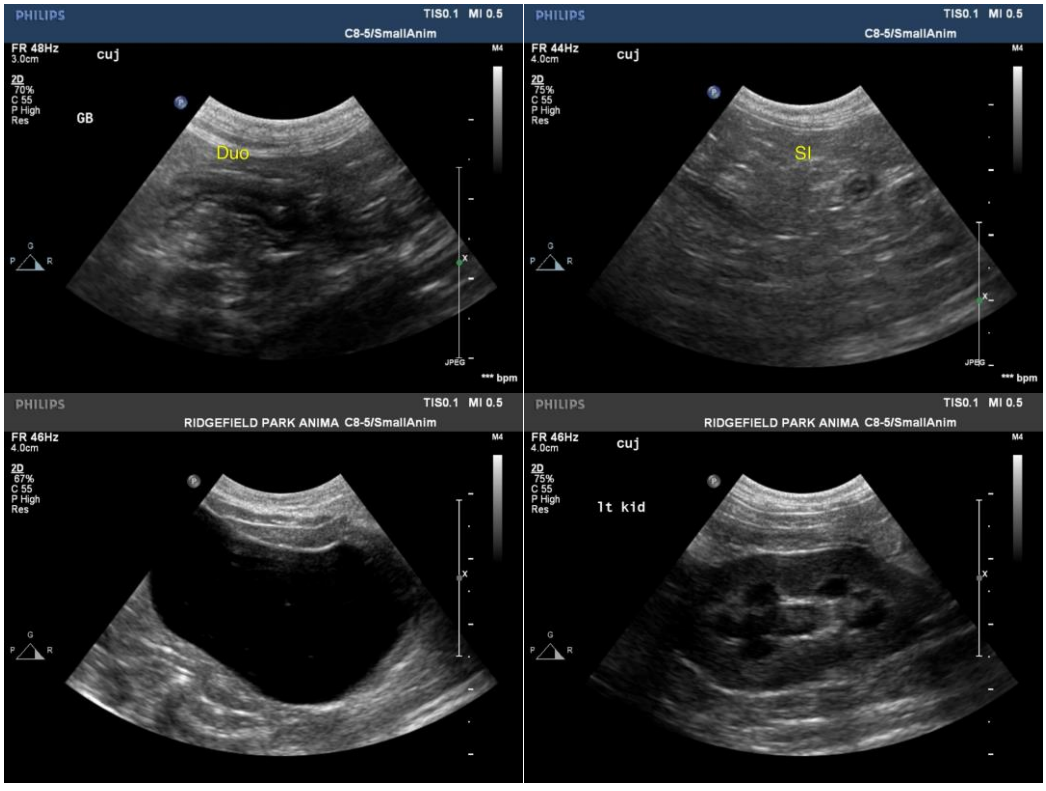
ULTRASONOGRAPHIC FINDINGS

Primary Findings

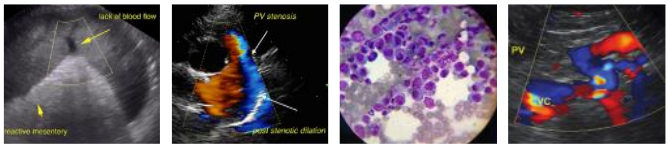
- Hepatomegaly exhibiting uniform parenchyma hyperechogenicity-concern for hepatic lipidosis given patient history, potential for vacuolar hepatopathy, cholangiohepatitis, infiltrative round cell neoplasia or other
- Sonographically unremarkable gallbladder/common bile duct-no overt post hepatic obstructive criteria
- Unremarkable stomach and visualized small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle with vitamin K pretreatment, a hepatic FNA for screening cytology is warranted for further assessment. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for occult pancreatic or intestinal disease as a contributing factor to the patient's clinical signs. Correlation with a full CBC/Chem/UA recommended if not done. Pending additional diagnostics, as needed GI and hepatic support with consideration for feeding tube placement if clinically indicated is recommended.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Penny Floyd

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

2 years

WEIGHT

8.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

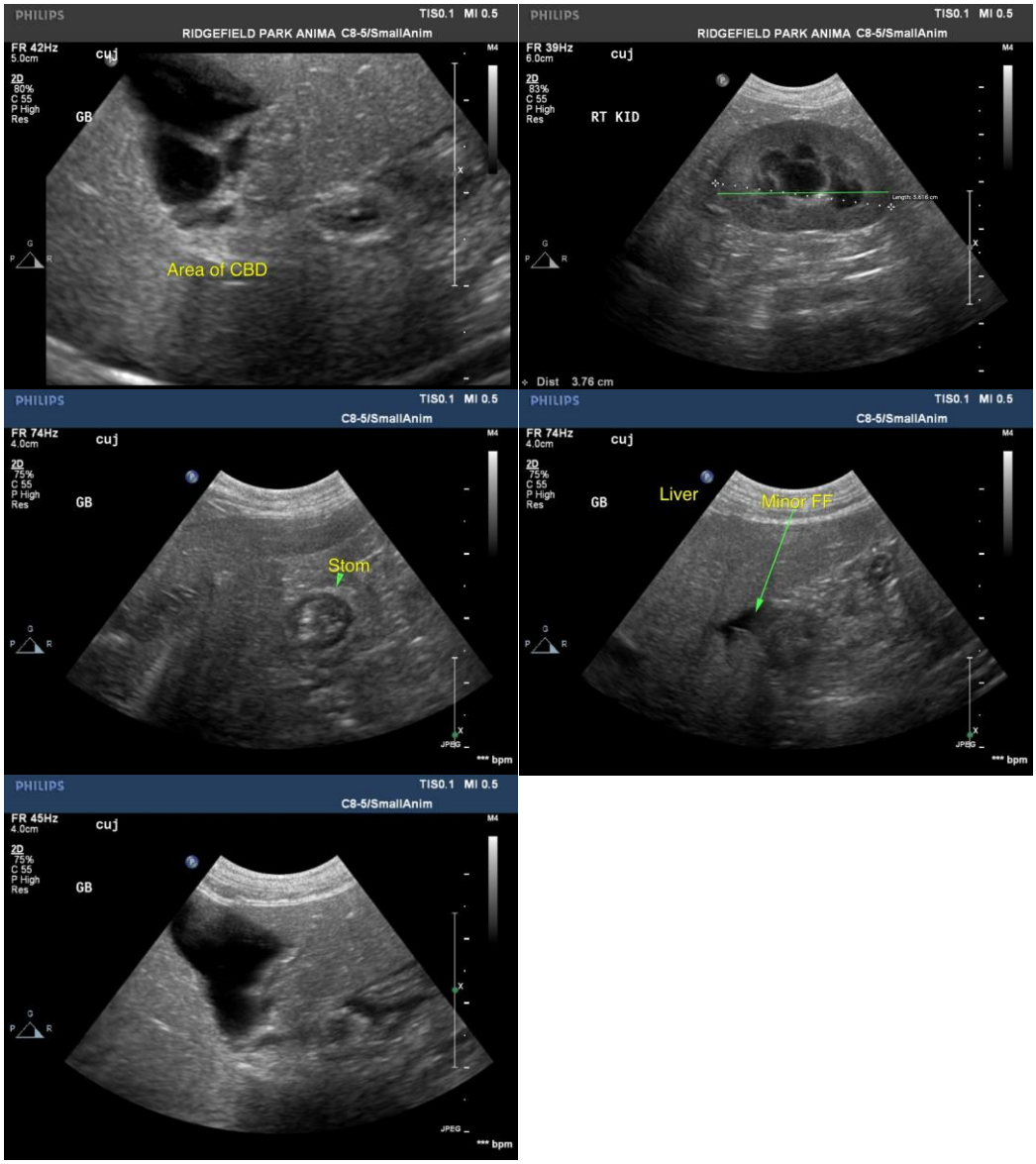
Dr. Paul Kim

INVOICE

12022ag

DATE

10/27/22



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com