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Clinical Sonography & Telecytology
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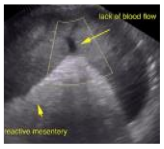
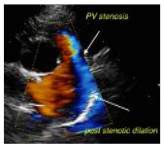
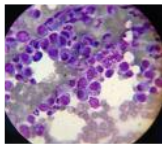
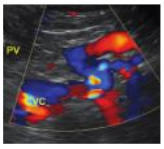




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sable Bickford

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8 years

WEIGHT

12.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Vivian Ng

INVOICE

15319

DATE

11/2/22

PRESENTING CLINICAL SIGNS

Patient with history of regenerative anemia - responsive to Doxy/steroids, presents for recent decreased appetite, icteric. Current med: mirtazapine.

Abnormal PE/Chem/CBC/UA Results: NA 136, Cl. 102, ALT 243, GGT 7.0, glucose 183, T. bili 5.5, lipase 1855, glob. 6.3, WBC 20.82, neutrophils 15.8, PLTs 16.

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 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 3.9 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width.

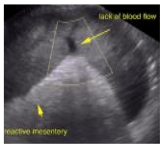
Spleen

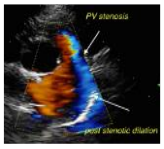
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.64 cm width at the level of the hilus.

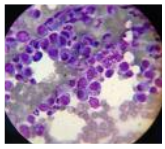
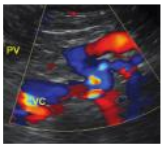
Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was markedly distended in size with evidence of gallbladder wall edema. Anechoic content was present in the gallbladder with moderate nondependent subjective mobile mild hyperechoic luminal debris. The generalized common bile duct exhibited marked torturous dilation extending from the level of the gallbladder and cystic biliary duct caudally to the approximate level of the duodenal papilla. The duodenal papilla exhibited possible mild thickening yet no obvious evidence





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of duodenal papilla pathology. Mildly hyperechoic to thickened common bile duct walls were noted. The common bile duct contained anechoic content with evidence of mild mucoduct. No overt calculi was noted. The common bile duct measured up to 1.0 cm in diameter.

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. Potential for subjective mild gastric gas distention. Potential for mild, nonobstructive upper gastrointestinal stasis/ileus.

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.

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

Pancreas

Generalized enlargement of the pancreas with diffuse, hypoechoic mildly nonhomogeneous parenchyma and mild asymmetrical to rounded pancreatic capsule contour was present. The surrounding omental fat around the enlarged to hypoechoic pancreas was echogenic indicative of reactive change, adhesions, focal peritonitis, or saponification. Mild localized free fluid was present around the abnormal pancreas. No evidence of pancreatic mineralization was noted. Subtle pancreatic duct dilation was noted.

Free Abdomen

No omental masses or overt lymphadenopathy were present. Mild volume primarily perihepatic to peripancreatic free fluid was noted with peripancreatic to perihepatic mildly hyperechoic mesentery.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy - subjectively acute, acute inflammatory hepatopathy / hepatobiliary disease i.e., cholangiohepatitis, the potential for occult round cell hepatic neoplasia is considered less likely
- Generalized enlarged hypoechoic pancreas - active pancreatitis, potential for pancreatic neoplasia possible
- Markedly distended gallbladder exhibiting mild wall edema, concurrent diffuse significant to torturous common bile duct dilation to approximately level of the duodenal papilla - consistent with post hepatic obstructive criteria
- Mild volume primarily perihepatic to peripancreatic effusion, associated hyperechoic mesentery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The post hepatic obstruction in this case may be owing to pancreatitis or pancreatic neoplastic criteria, although the possibility of obstructive criteria at the level of the duodenal papilla cannot be definitively excluded. Assuming normal clotting status screening hepatic and pancreatic FNA cytology could be considered for further assessment. Empirically, aggressive therapy for cholangiohepatitis and pancreatitis with as-needed GI support would be reasonable. However, exploratory laparotomy with gross inspection of the common bile duct and area of the duodenal papilla with common bile duct flush or redirection technique is likely indicated, given the degree of common bile duct dilation.

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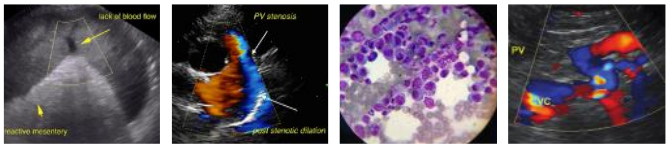

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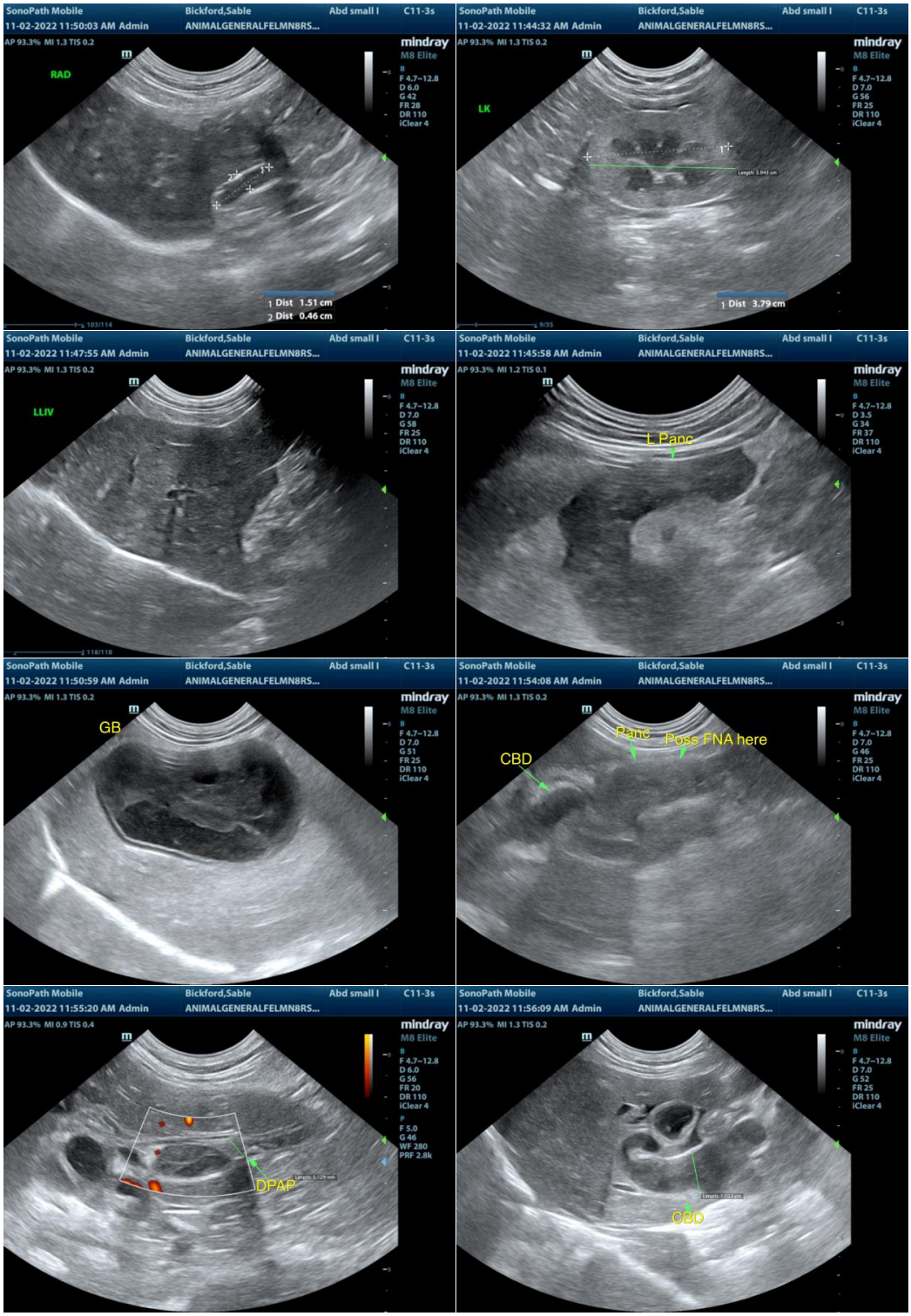

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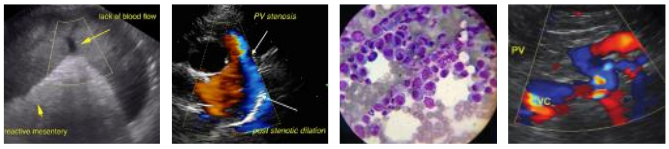

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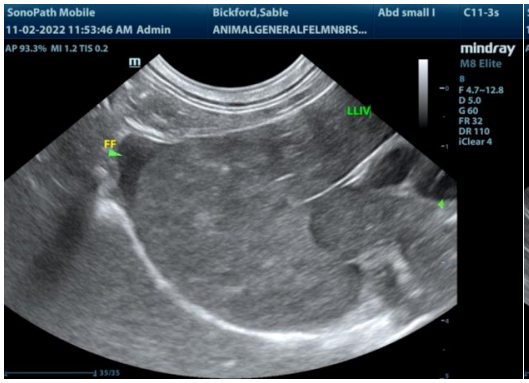

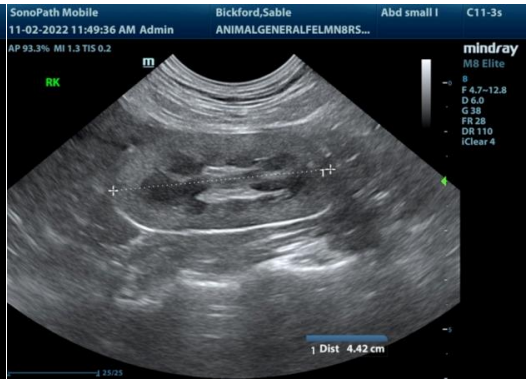

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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