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Clinical Sonography & Telecytology
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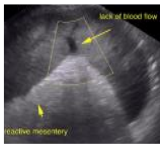
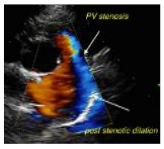
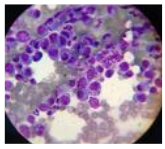
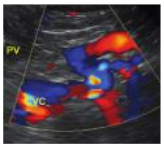





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Butternut Libert

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

7.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Karen Ebersole

INVOICE

18886

DATE

11/29/22

PRESENTING CLINICAL SIGNS

History: Hx of mild pancreatitis (spec fpl 3.6 11/2020). Currently eating d/d. Elevated liver enzymes. No weight loss. FNA of liver done.
Abnormal PE/Chem/CBC/UA Results: SDMA 16 (BUN and creat normal), ALT 615, AST 135, ALP 123, Chol 312, CK 503

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Primary anechoic urine was present with mild dependent mineral. Urethra was normal to a depth of 2.0 cm. Aortic trifurcation was normal.

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 3.5 cm in length. The right kidney measured 3.5 cm in length. Pinpoint medullary mineral was noted in both kidneys. Small cortical cysts were noted in the right kidney.

Adrenal Glands

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

No overt pathology in the area of the right adrenal gland.

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 0.87 cm in width at the level of the hilus.

Liver

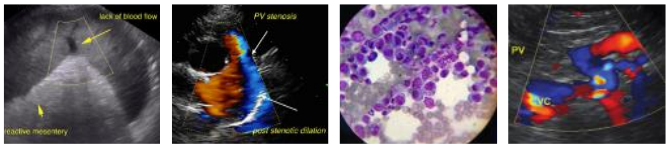
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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 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 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. The duodenum wall measured 0.25 cm. The jejunum wall measured 0.26 cm.



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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 was evident.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild dependent urinary bladder mineral
- Mild chronic renal changes with pinpoint medullary mineral
- Hepatopathy- subjectively benign
- Sonographically unremarkable pancreas
- Sonographically unremarkable gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was nonspecific yet sonographically suggestive of benign hepatopathy. Primary concern for cholangiohepatitis, given the primarily elevated ALT/AST combination with potential for vacuolar hepatic changes and nonobstructive cholestasis, given the ALP elevation. Potential for occult hepatic neoplasia is considered less likely yet cannot be definitively excluded. Triad disease may be a less likely consideration in this patient given no current evidence of reported GI signs or weight loss yet may be a possibility if weight loss or GI signs arise.

A GI panel to include PLI/TLI/Cobalamin/Folate could be considered. Correlation with pending hepatic FNA cytology. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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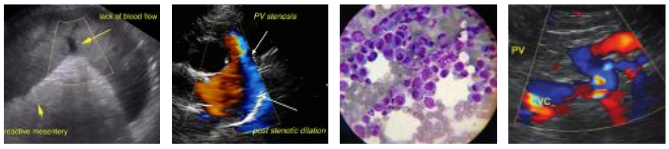

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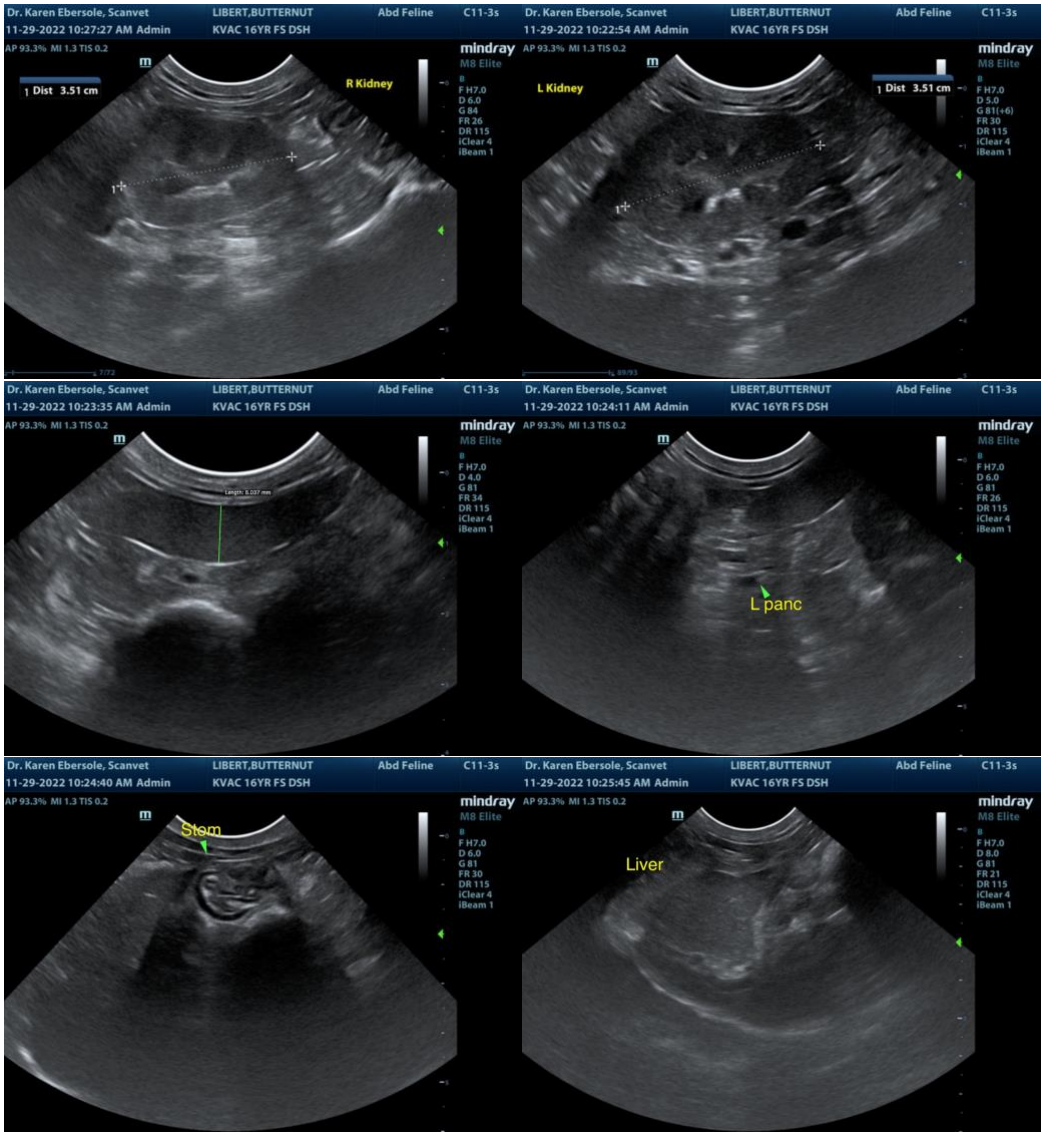

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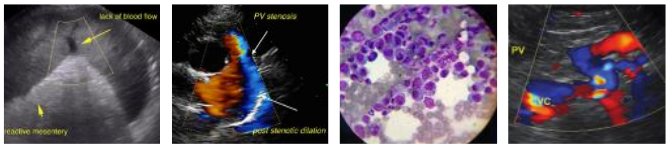

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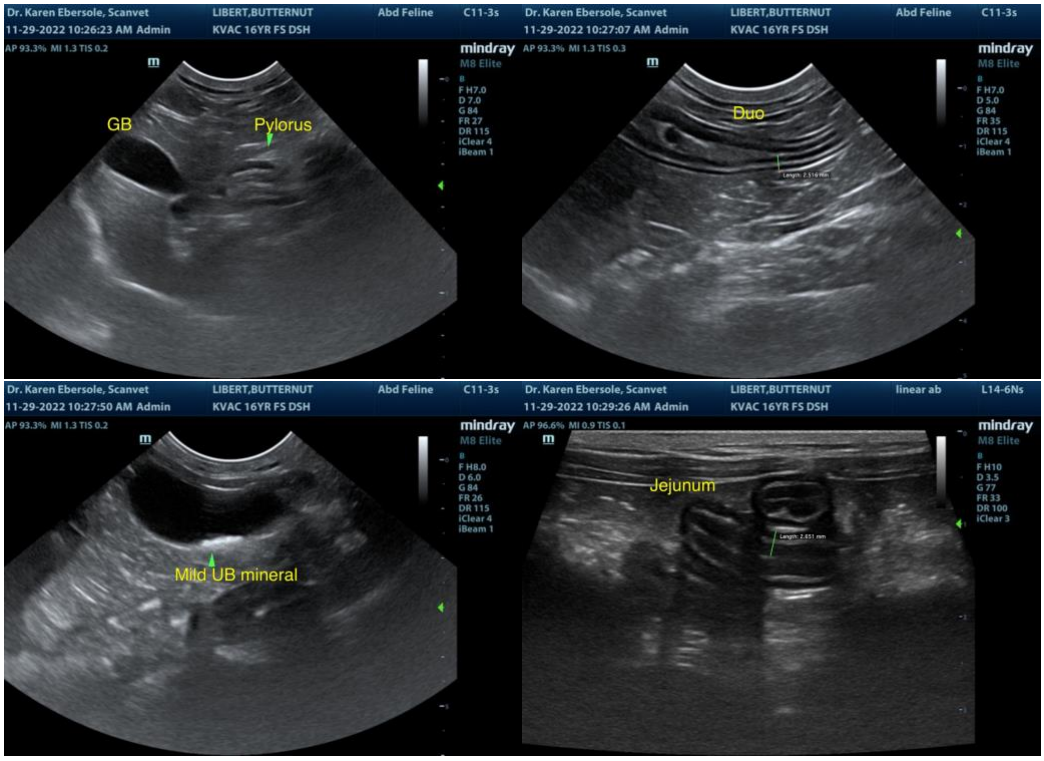

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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