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Clinical Sonography & Telecytology
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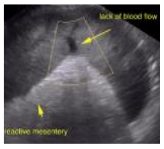
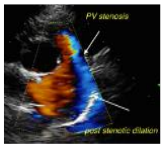
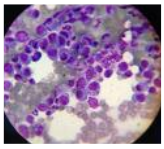
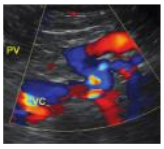





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Coco Akai

SPECIES
Feline

BREED
American Shorthair

SEX
Female

AGE
10 Years

WEIGHT
8.1 Pounds

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
18900

DATE
11/30/22

PRESENTING CLINICAL SIGNS

History: Patient presented to hospital back in September for vomiting and loss of appetite, Blood work results showed elevated Liver enzymes and ultrasound report showed Pancreatitis. Patient has been getting treatment since then. During today's monthly recheck, owner stayed that Patient had been in Emergency room for several days, after vomiting multiple times in one night as well as being lethargic, Patient is yellow is color and tacky, but Owner stated she is currently eating better and sees improvement.

**The submitted study contained 34 still images and 14 videos for review.

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 were noted. 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 4.3 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

Both adrenal glands were overtly normal in size position and shape. The left adrenal gland measured 0.43 cm. The right adrenal gland measured 0.32 cm.

Spleen

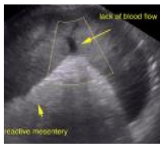
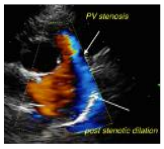
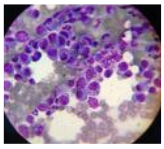
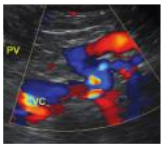
The spleen exhibited borderline enlargement with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.2 cm in width at the level of the hilus. No splenic masses or nodules.

Liver

The liver revealed moderate enlargement and mild generalized increased parenchyma echogenicity, exhibiting moderate coarse echotexture. Evidence of mild lobar biliary tree dilation noted. No masses or nodules noted.

The gallbladder was non-distended in size with mildly prominent to hyperechoic gallbladder walls. The gallbladder contained moderate to significant nondependent yet nonorganized mildly hyperechoic luminal debris, extending into the area of the cystic biliary duct. The common bile duct exhibited variable to moderate dilation extending caudally into the area of the duodenal papilla. Anechoic content was present in the dilated common bile duct with areas of focal nonshadowing mucus. The duodenal papilla was not definitively visualized.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta, exhibiting progressive distal acoustic shadowing.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental to generalized nonshadowing ingesta/chyme.

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

Pancreas

The left pancreatic limb was normal in size with mild capsule asymmetry and subtle nonhomogenous to hypoechoic parenchyma.

Free Abdomen

Small pockets of scant perihepatic free fluid were noted. No overt lymphadenopathy or omental masses.

ULTRASONOGRAPHIC FINDINGS

- Cholangitis/cholangiohepatitis hepatobiliary pattern with subjective mild lobar biliary tree dilation
- Moderate to variable generalized common bile duct dilation with segmental mucoduct
- Possible low grade chronic to chronic active pancreatitis
- Overtly normal gastrointestinal tract with generalized gastrointestinal ingesta
- Borderline splenomegaly- subjectively benign, suspect incidental hyperplasia, hematopoiesis or splenitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for emerging or possible low grade posthepatic obstruction cannot be definitively excluded in this patient. Assuming normal clotting status, and with vitamin K pretreatment, hepatic FNA cytology using a 25-gauge needle, could be considered to potentially identify inflammatory cell type or assess for potential lipidosis. Occult hepatic round cell neoplasia is considered a less likely differential diagnosis. Some degree of possible generalized gastrointestinal metabolic stasis or inefficient peristalsis may be considered if documented NPO.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical therapy for cholangiohepatitis with close monitoring of hepatic enzymes for evidence of increasing cholestasis or icterus and potential recheck sonogram or referral is recommended.

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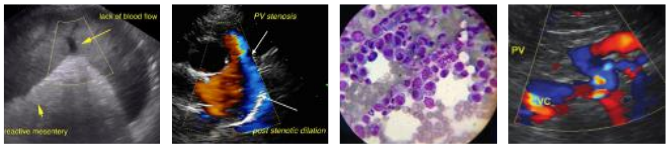

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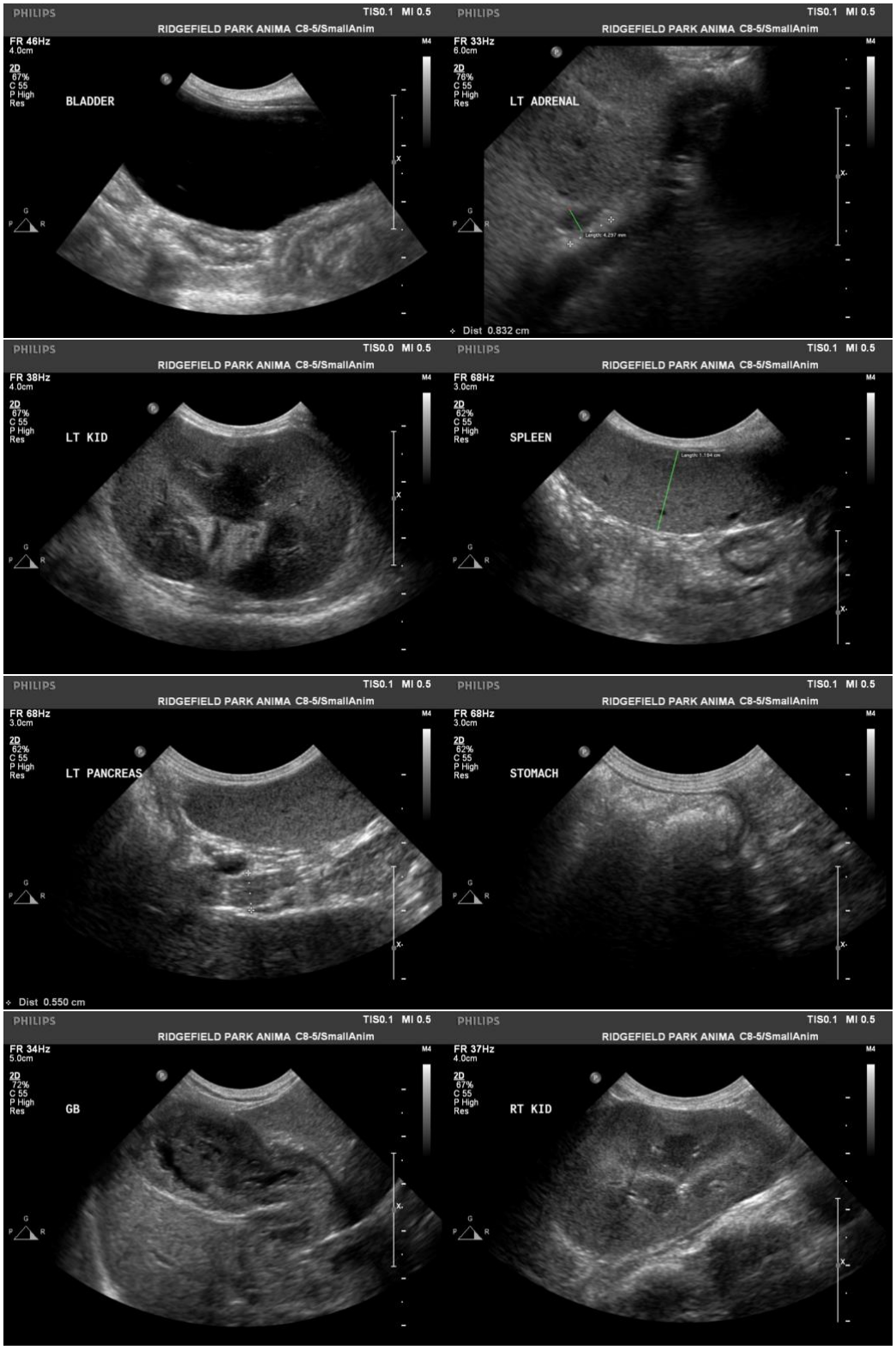

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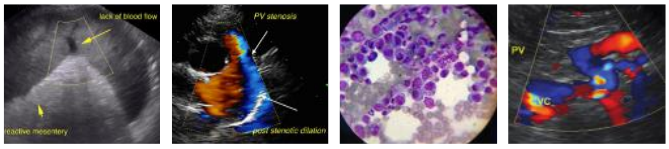

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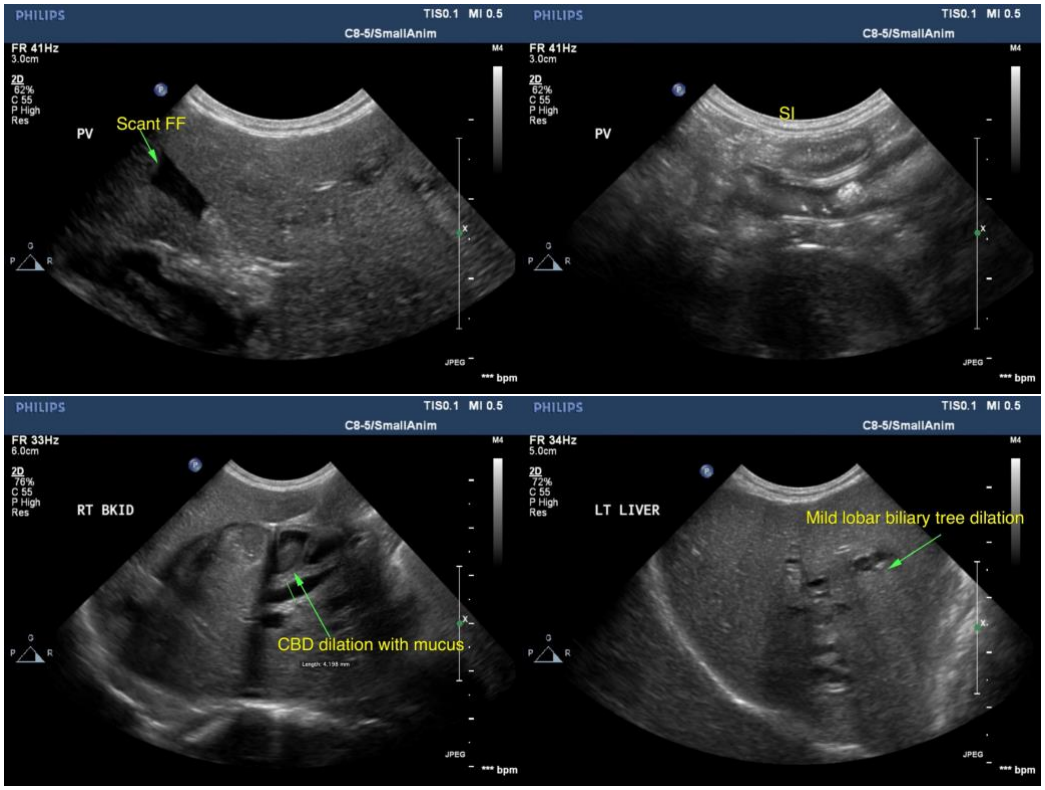

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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