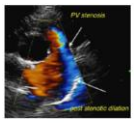
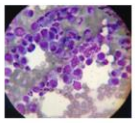
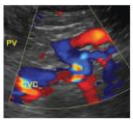




PATIENT

Dylan Thomas Wigim

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

9 years

WEIGHT

18 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Stacy Kula

INVOICE

15596

DATE

12/2/22

PRESENTING CLINICAL SIGNS

Not eating and vomiting
Abnormal PE/Chem/CBC/UA Results: Significant elevations in liver enzymes. ALT: >1000 (12-130), ALP: 117 (14-111), GGT: 5 (0-4), AST: 1039 (0-48), Lipase: 5735 (100-1400).

Currently well controlled diabetic on 3 units Vetsulin BID.

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. Primarily anechoic urine was present in the lumen. Minor non-dependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were 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. Both kidneys exhibited subtle to minor uniform cortical hypertrophy. No evidence of pyelectasia was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

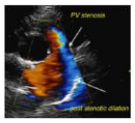
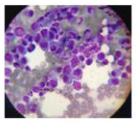
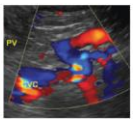
The left adrenal gland was mildly prominent in size, which is nonspecific and potential for patient variant or minor stress hyperplasia. No evidence of adrenal neoplastic criteria. The left adrenal gland measured 0.66 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 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.

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 non-distended in size containing mild, hyperechoic, potentially mineralized luminal gallbladder debris. The proximal common bile duct was mildly dilated and

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tortuous without overt post hepatic obstruction. No evidence of peripheral gallbladder or common bile duct inflammatory criteria was noted.

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.

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Focal to intermittent colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph nodes were not consistent with inflammatory or neoplastic criteria.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cholangitis / cholangiohepatitis hepatobiliary pattern
- Minor mineralized gallbladder debris
- Mild to chronic active pancreatitis pattern
- Sonographically unremarkable gastrointestinal tract

Secondary Findings

- Minor nonspecific chronic renal changes
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the liver was consistent with inflammatory hepatobiliary criteria, given the primarily elevated ALT/AST combination in conjunction with mild mineralized gallbladder debris and nonobstructive proximal common bile duct dilation. Sonographically, the appearance of the liver was not overtly suggestive of lipidosis or neoplastic criteria.

Screening hepatic FNA cytology, assuming normal clotting status and using a 25-gauge needle, and with vitamin K pretreatment, could be considered primarily to assess for inflammatory cell type. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Urine C/S is recommended if evidence of inflammatory sediment or glucose urea. Empirically, cholangiohepatitis / pancreatitis therapy protocol

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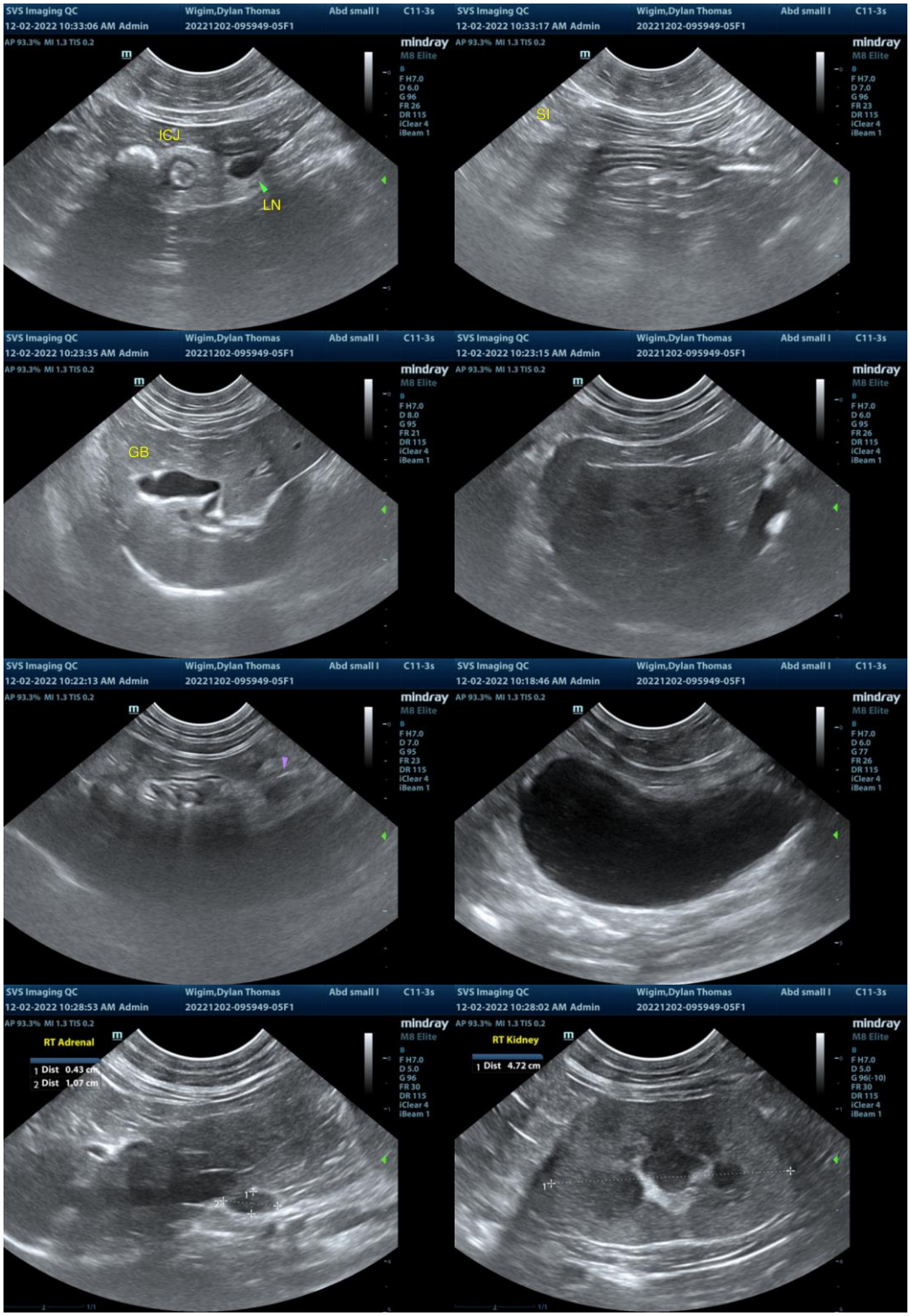
with as-needed gastrointestinal support, and an assessment of hepatic and clinical response would be reasonable.



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EDUCATIONAL TELECONSULTATION SERVICES™
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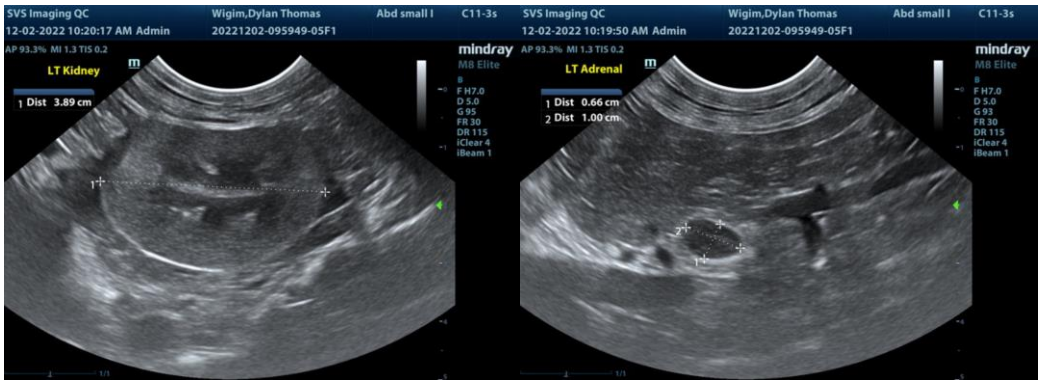

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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