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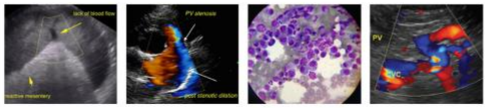

SonoPath
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PATIENT

Meowy Lombardi

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

12 Years

WEIGHT

10.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Foster VC

REFERRING VET

Stacey Hattan, DVM

INVOICE

13128

DATE

12/20/21

PRESENTING CLINICAL SIGNS

History: Picky eater, occasional vomiting, sleeping more x 6 months. Elevated liver values.

Abnormal PE/Chem/CBC/UA Results: ALT 492; AST 187; ALP 253; GGT 7; Bilirubin unconj 0.3; bilirubin conj 0.3

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. Mild particulate to hyperechoic sediment was present without evidence of calculus formation, likely consistent with mild cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Aortic trifurcation was normal.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 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 0.33 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

Spleen

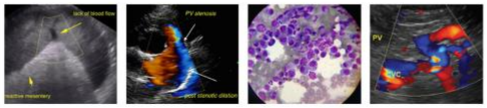
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.85 cm in width.

Liver

The liver presented normal in size. The parenchyma of the liver was increased in echogenicity compared to the spleen and renal cortices with nonuniform to patchy echotexture. Reduced distinction and visualization of the portal structures was present.

The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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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 gastric body wall measured 0.25 cm.

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with subjective propensity for subtly prominent muscularis layer, although no evidence of intestinal mural hypertrophy or loss of wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.27 cm. The jejunum wall measured 0.27 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen. The ileocolic wall measured 0.35 cm.

Pancreas

The pancreas exhibited subtle prominent size with heterogeneous to mildly hypoechoic parenchyma compared to subtly reactive peripancreatic omentum.

Free Abdomen

Multiple jejunocolic 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). An example of a lymph node measured 0.35 cm- 0.45 cm width.

Subtle evidence of perilymphatic reactive mesentery was present primarily around the colic lymph nodes. No effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy exhibiting nonuniform to remodeled parenchyma
- Mild gallbladder debris
- Heterogeneous to mildly hypoechoic pancreas- potential chronic to chronic active pancreatitis
- Overtly normal gastrointestinal tract
- Intermittent mild jejunocolic lymphadenopathy- hyperplasia, minor lymphadenitis suspected
- Bilateral chronic renal changes
- Minor urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Although the overall liver was nonspecific, primary concern for chronic cholangiohepatitis with parenchymal remodeling with concurrent gallbladder debris suspected. Vacuolar hepatic changes with potential for early fibrosis, cirrhosis or unlikely neoplasia also possible. Ultrasound guided FNA of the liver, assuming normal clotting status and using a 25-gauge needle, could be considered for screening cytology, primarily to assess for or possibly identify inflammatory cell type.

If evidence of weight loss in the face of chronic hepatopathy and potential pancreatitis, triad disease may be considered in this patient. Further assessment may include GI panel, to include PLI, TLI, cobalamin and folate. Hepatogastrointestinal support +/- empirical triad disease therapy may be considered empirically.

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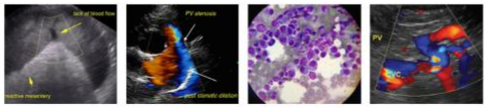

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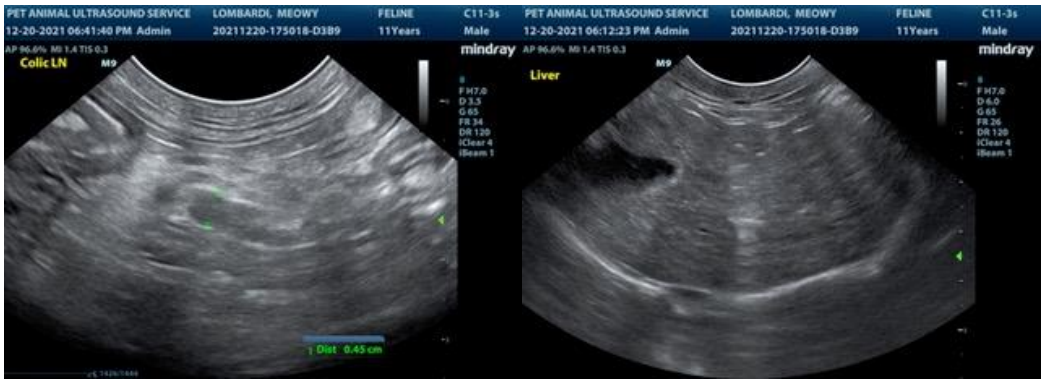

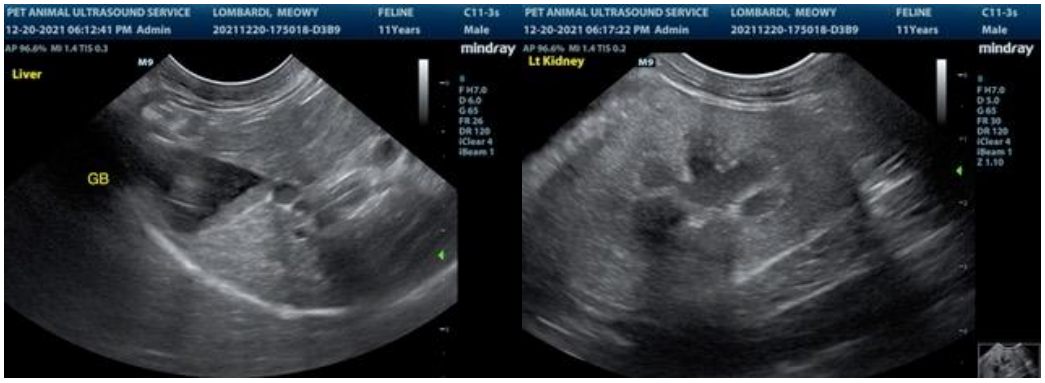

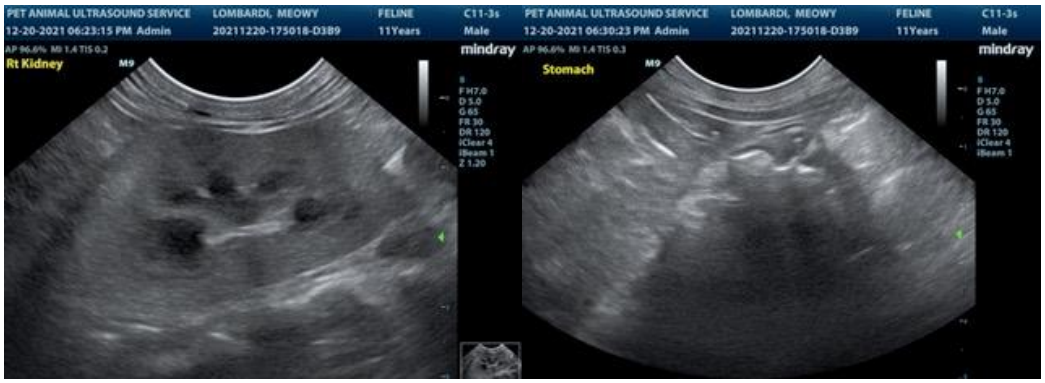

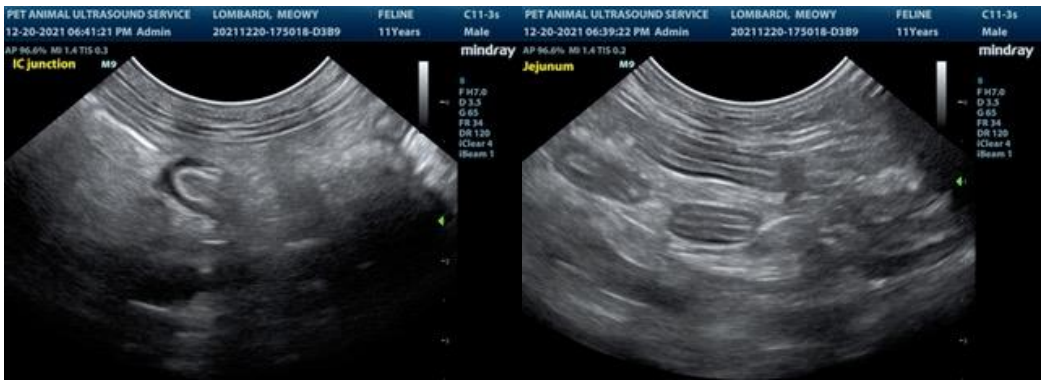

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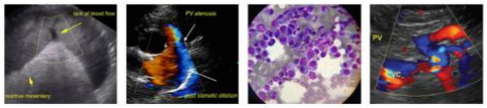

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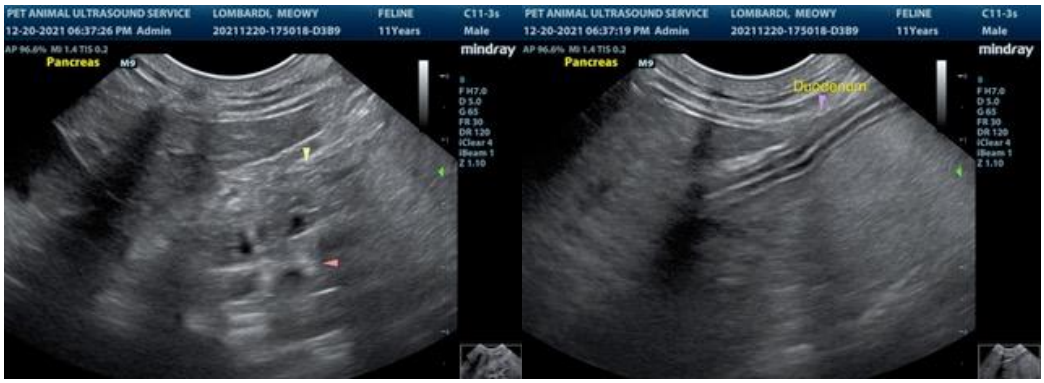

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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