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Clinical Sonography & Telecytology
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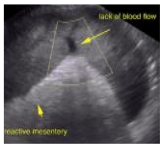
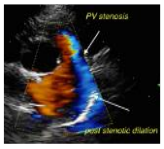
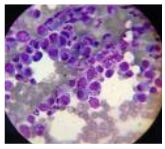
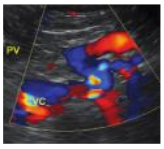




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Chester Fuller

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

5 years, 10 months

WEIGHT

9.08 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa DaSilva

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Christina Coyle

INVOICE

16035

DATE

2/1/23

PRESENTING CLINICAL SIGNS

Patient not eating well for about 2 weeks. Indoor only. Patient is lethargic and currently anorexic & icteric. Has been hospitalized on IVF & placed gastric feeding tube about 24 hours ago.
Abnormal PE/Chem/CBC/UA Results: 1/31/23 - FELV/FIV negative; Decreased: NEU 2.27, EOS 0.12; Elevated: ALT 541, ALKP 533, TBIL 6.6

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. Moderate, 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 was present in the kidneys with mild nonspecific uniform increased cortex echogenicity with mildly indistinct corticomedullary border demarcation. No evidence of pelvic dilation was noted. The left kidney measured 4.3 cm in length. The right kidney measured 3.9 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 0.34 cm width.

Spleen

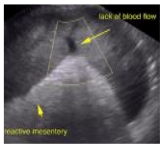
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

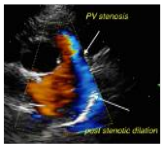
Liver/ Gallbladder

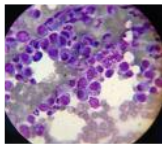
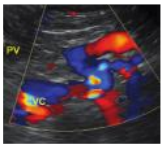
The liver was mild to moderately enlarged in size yet maintained symmetrical to mildly rounded hepatic capsule contour with generalized mild uniform increased parenchyma echogenicity. No hepatic masses or nodules were noted. Overtly normal hepatic vascular volume was present. The gallbladder was non-distended in size containing primarily anechoic content with mild, echogenic luminal gallbladder debris. The common bile duct was not definitively visualized without overt evidence of common bile duct dilation, stasis, or obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained pyloric ingesta was present.





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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 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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting mild uniform parenchyma hyperechogenicity
- Nondistended gallbladder with minor debris, overtly normal common bile duct - no evidence of post hepatic obstructive criteria
- Normal gastrointestinal tract / pancreas
- Mild nonspecific chronic interstitial nephrosis renal pattern
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S on a sterile urine sample is recommended if evidence of inflammatory sediment. Cholangitis / cholangiohepatitis, vacuolar hepatopathy, emerging hepatic lipidosis, nonobstructive cholestasis, and occult round cell neoplasia are all potentials. Assuming normal clotting status and using a 25-gauge needle with vitamin K pretreatment, hepatic FNA cytology could be considered for further assessment.

A GI panel to include PLI/TLI/Cobalamin/Folate is suggested to rule out occult pancreatic or intestinal disease as a contributing factor, i.e., Triaditis. Empirically, continued therapy for cholangiohepatitis / lipidosis with as-needed gastrointestinal supportive care with close monitoring of hepatic and clinical response +/- recheck sonogram would be reasonable.

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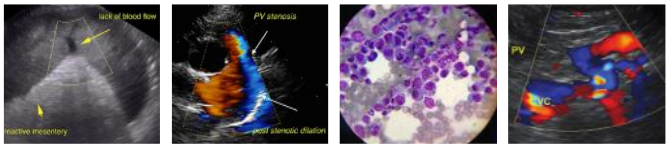

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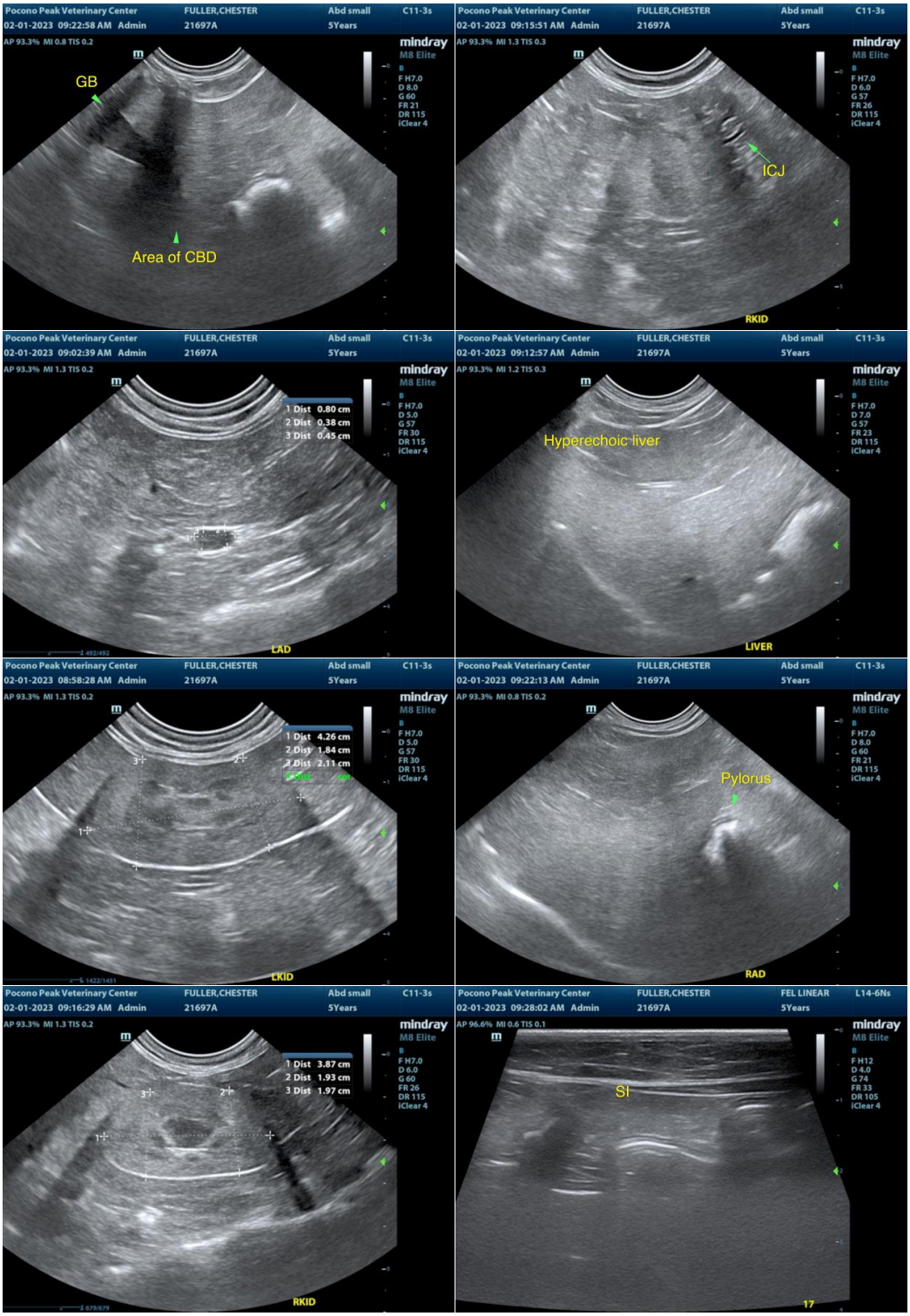

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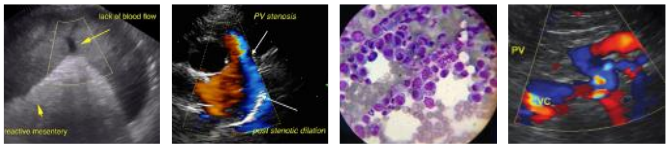

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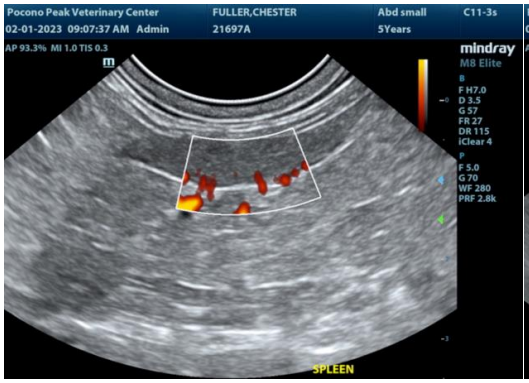

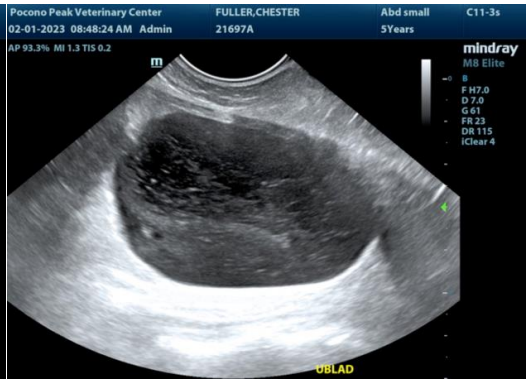

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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