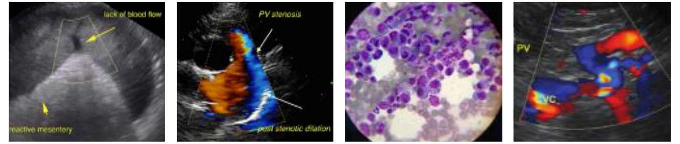
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™

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

PATIENT

Mochi Hama

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

12 years

WEIGHT

9.56 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Glamorgan AC

REFERRING VET

Dr. Tan

INVOICE

16107

DATE

2/9/23

PRESENTING CLINICAL SIGNS

Presented for 2 day history of anorexia.

Abnormal PE/Chem/CBC/UA Results: BCS 9/9. Jaundice. Labs show hyperglycemia with glucosuria, no ketones. Mild crystalluria. Elevated liver enzymes (ALT 1190, AST 398, ALP 198) and hyperbilirubinemia. Hyperkalemia and hypochloremia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended with normal tone containing anechoic urine with moderate, nondependent to swirling particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid or mucus. No evidence of urinary bladder tumors or cystitis criteria. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

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. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

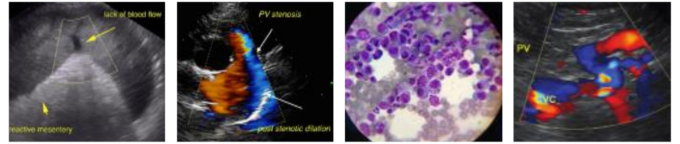
The left adrenal gland was overtly normal in size, position, and shape. The left adrenal gland measured 0.44 cm width. The right adrenal gland was not definitively visualized.

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 was borderline enlarged measuring 1.0 cm width at the level of the hilus. No evidence of splenic masses or nodules were noted. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver presented subjective mild to possible moderate enlargement with mild uniform increased parenchyma echogenicity compared to the falciform fat. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing anechoic content. The proximal common bile duct was minorly dilated and tortuous without overt post hepatic obstruction. The proximal common bile duct was not consistent with obstructive criteria.



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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. No evidence of pathology was noted at the level of the ileocolic junction.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Focal suspected hypoechoic distal left pancreatic limb medial to the caudal spleen with associated mild regional hyperechoic surrounding omentum was noted.

Free Abdomen

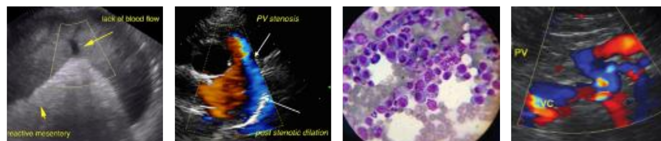
No evidence of significant lymphadenopathy or omental masses was present. A small pocket of very scant free fluid was noted in the left lateral abdomen adjacent to the spleen.

Regional mildly hyperechoic peri ileocolic omentum with intermittent benign / reactive colic lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Mild chronic renal changes - no evidence of pyelectasia
- Suspect focal distal left limb pancreatitis, potential for more generalized chronic pancreatitis possible
- Hepatopathy exhibiting mild parenchyma hyperechogenicity - cholangiohepatitis, nonobstructive cholestasis, diabetic hepatopathy, emerging lipidosis, infiltrative neoplasia (less likely) all potentials
- Mild nonobstructive proximal common bile duct dilation - age-related variant vs. minor cholangitis
- Borderline splenomegaly - subjectively benign
- Sonographically unremarkable gastrointestinal tract, minor benign / reactive colic lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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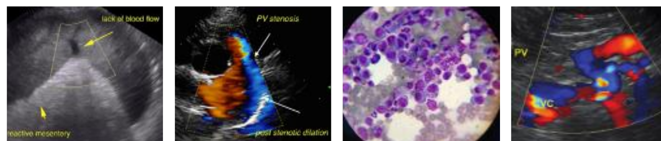
Assuming normal clotting status and using a 25-gauge needle, screening hepatic FNA cytology could be considered for further clarification. A Spec fPL is recommended for further assessment of focal to more generalized pancreatitis.

Urine C/S on a sterile urine sample, given the presence of glucose urea and potential inflammatory sediment, is recommended. Empirically, hospitalization with Fructosamine level and stabilization of serum glucose levels with empirical therapy for cholangiohepatitis, suspected focal left limb pancreatitis and assessment of clinical response is recommended.



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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