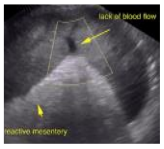
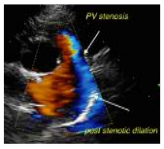
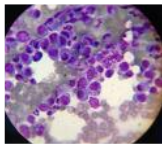
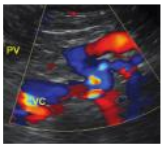
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Biggs Young

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12 years

WEIGHT

6.75 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Fortin

INVOICE

16073

DATE

2/8/23

PRESENTING CLINICAL SIGNS

Weight loss (was 8# in May). Seems to be eating well per owner History of I-131 therapy
Abnormal PE/Chem/CBC/UA Results: ALT 231 (27-158), AST 72 (16-67), ALP 83 (12-59). Normal - T4 3.4 (0.8-4.7) - was 2.8 in March 2022

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 was 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. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 4.0 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 0.49 cm width. No overt pathology was noted in the area of the right adrenal gland.

Spleen

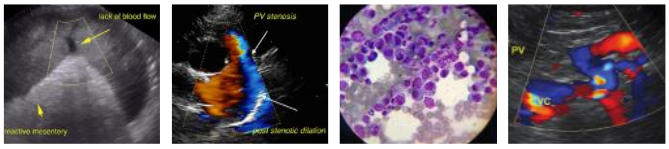
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.7 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was normal in size yet divided into two compartments both containing anechoic content. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact sonographically unremarkable wall layering. The lumen of the stomach contained mild to moderate ingesta exhibiting progressive distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction was noted.



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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 omental masses, lymphadenopathy, or peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Low-grade hepatopathy - suspect low-grade inflammatory parenchymal or hepatobiliary process i.e., cholangiohepatitis
- Sonographically unremarkable gastrointestinal tract with gastric ingesta - potential post prandial presentation, possible mild hairball density if documented NPO, or clinical history of hairballs
- Mild chronic renal changes

Secondary Findings

- Bilobed gallbladder - normal variant in a cat

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no sonographic evidence of significant visceral pathology. A definitive cause of the weight loss was not obvious. No evidence of Intraabdominal neoplastic criteria was noted.

Screening FNA hepatic cytology assuming normal clotting status could be considered with potential identification of suspected inflammatory cells if present. Non-obvious Triad Disease could be a consideration in this patient, given the weight loss. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as if not done three-view chest radiographs to rule out occult thoracic pathology as a contributing factor.

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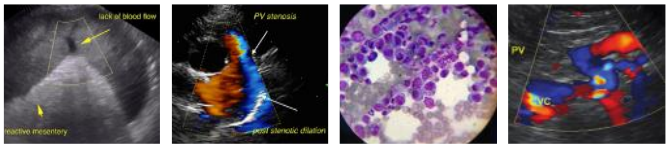

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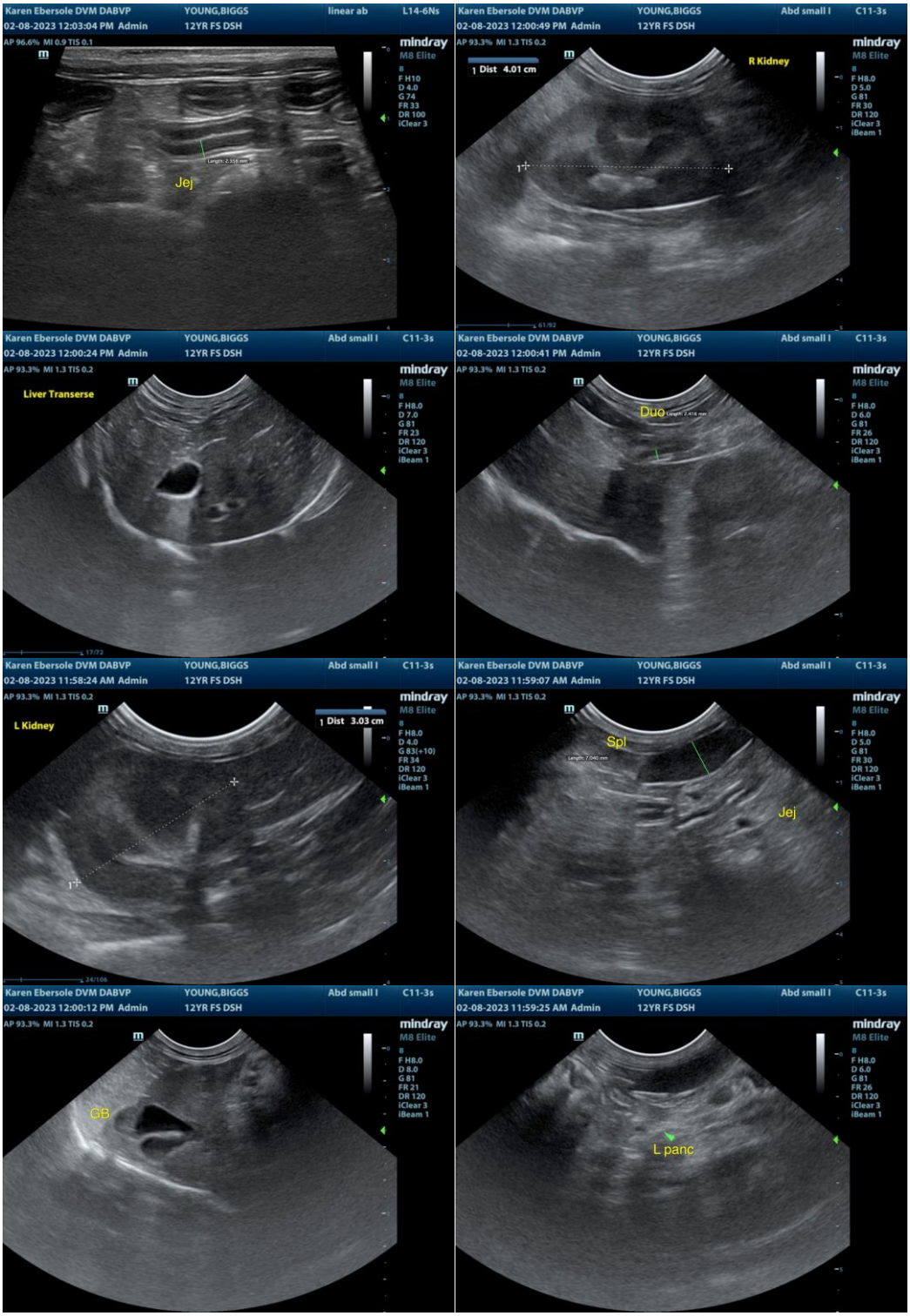

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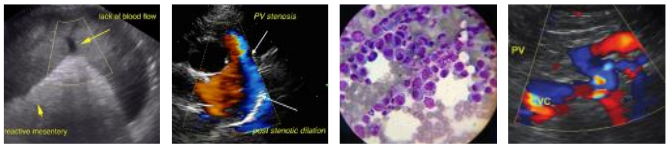

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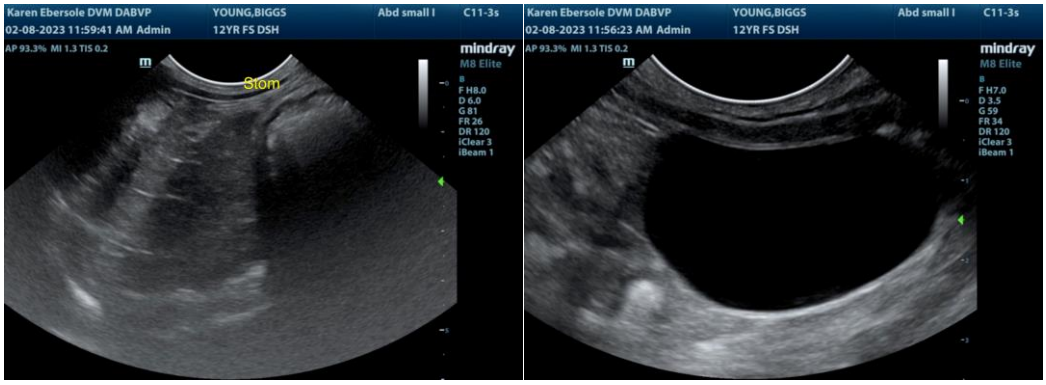

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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