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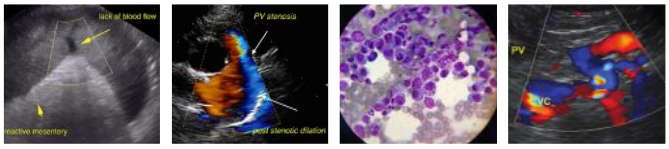

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Shadow Marty

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10 years

WEIGHT

14.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hadley Harris

HOSPITAL NAME

TotalBond Veterinary Hospital- Bethel

REFERRING VET

Dr. Katie Probst

INVOICE

13491

DATE

3/16/22

PRESENTING CLINICAL SIGNS

Shadow is a 10 yr SF domestic short hair that presented on Monday 3/14/22 for vomiting bile 3 times on Sunday and being very lethargic and not wanting to eat or move around. She was started on oral metronidazole and given injectable cerenia for 24 hrs with no improvement, Bloodwork showed a significant increase in alt and increased psl. Radiographs per radiology revealed showed no abnormalities. Concerned about triaditis, Hospitalized and started on iv fluids and injectable ampicillin/ carafate/b12/gabapentin/cerenia continued and mirtaz for last 24 hours but still no appetite and lethargic. Vomiting has resolved but patient is still lethargic with no appetite.

ALT 3066, AST 618, ALP 57, TBili 0.7, Precision PSL 54, WBC 16.6 with neutrophilia and lymphopenia, T4 0.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment 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 left kidney. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.2 cm in length.

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A subtle hyperechoic corticomedullary band, consistent with a subtle medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. 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 0.43 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.

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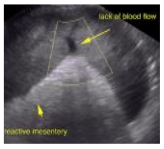

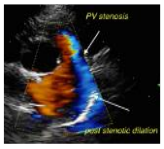

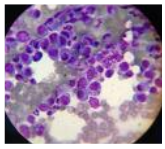
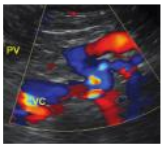

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Liver/ Gallbladder

The liver exhibited potential for mild generalized enlargement with normal 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 non-distended in size with mildly prominent to echogenic gallbladder walls exhibiting potential for minor wall edema. Mild nonorganized to pinpoint hyperechoic mucus was present in the gallbladder. The proximal to mid common bile duct was dilated and tortuous without overt post hepatic obstruction. Primarily anechoic content was noted in the common bile duct with focal concurrent nonobstructive mucus. Common bile duct dilation measured 0.28 cm. Overt evidence of post hepatic obstruction was not present. Subtle evidence of reactive mesentery around the proximal to mid common bile duct was noted.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, retained, nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The pylorus wall width measured 0.30 cm.

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. The jejunum wall width measured 0.23 cm. The Ileocolic wall width measured 0.30 cm.

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild urinary bladder sediment
- Nonspecific mild right kidney medullary rim sign
- Cholangitis / cholangiohepatitis pattern with mild nonobstructive gallbladder and proximal common bile duct mucus
- Pancreatitis - subjectively mild, mild peripancreatic reactive mesentery
- Overtly normal gastrointestinal tract with mild retained gastric ingesta / chyme

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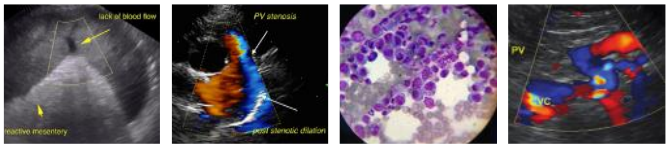

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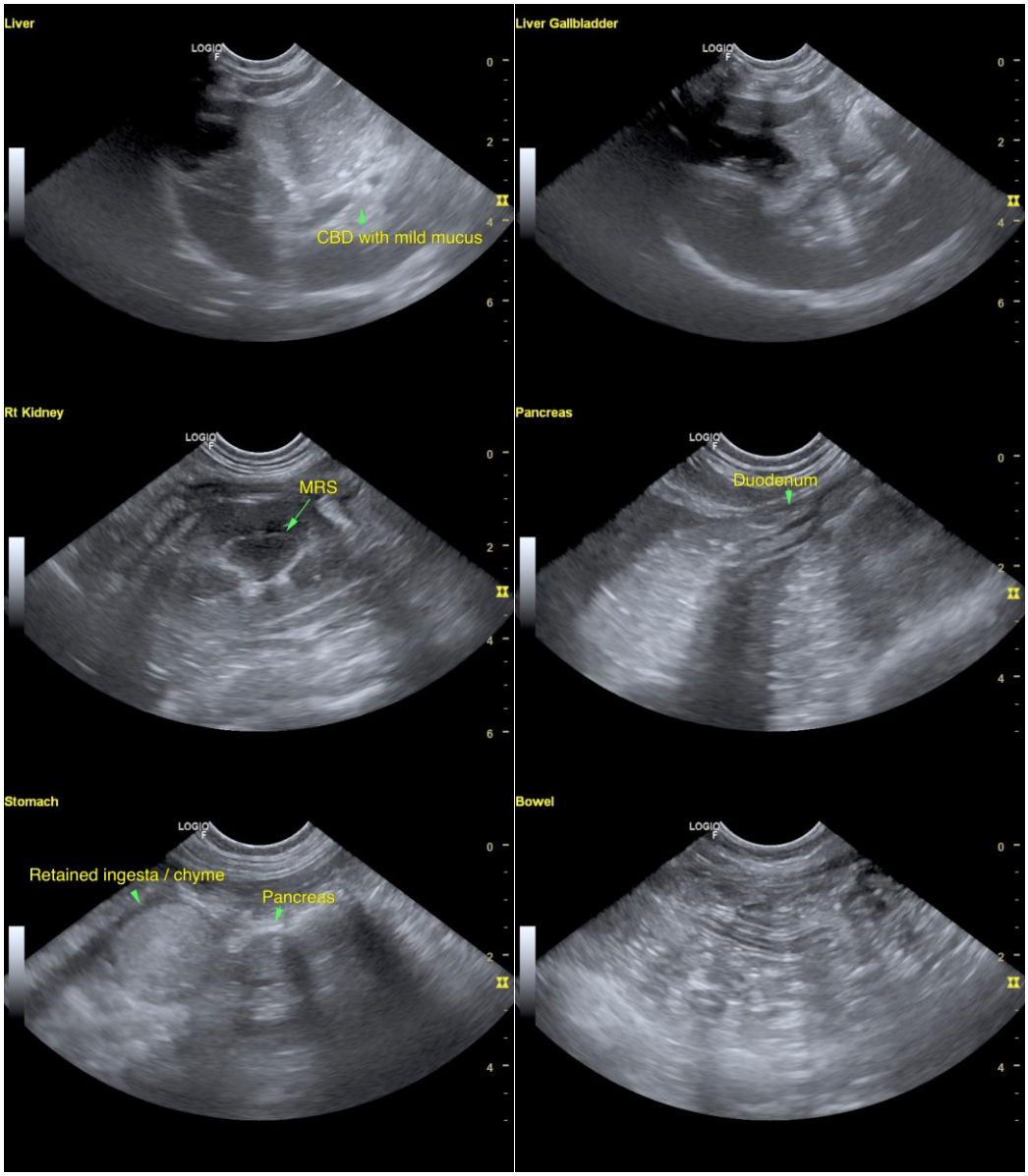
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound guided hepatic parenchymal FNA for screening cytology primarily to assess for or possibly identify Inflammatory cell type could be considered. No overt evidence of lipidosis or post hepatic obstruction in concordance with the lack of ALP elevation and mildly elevated total bilirubin level. The patient's clinical signs are suspected to be owing to inflammatory hepatobiliary disease with concurrent subjective mild pancreatitis. The potential for Triad Disease could be considered if gastrointestinal signs or evidence of weight loss.

Further assessment to assess for occult structurally insignificant small intestinal disease may include a GI panel for Cobalamin and Folate levels. Empirically, continued therapy for cholangiohepatitis and pancreatitis would be reasonable. A feeding tube may be considered in this patient.



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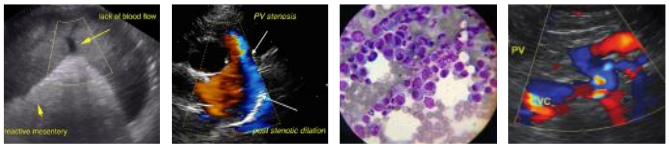

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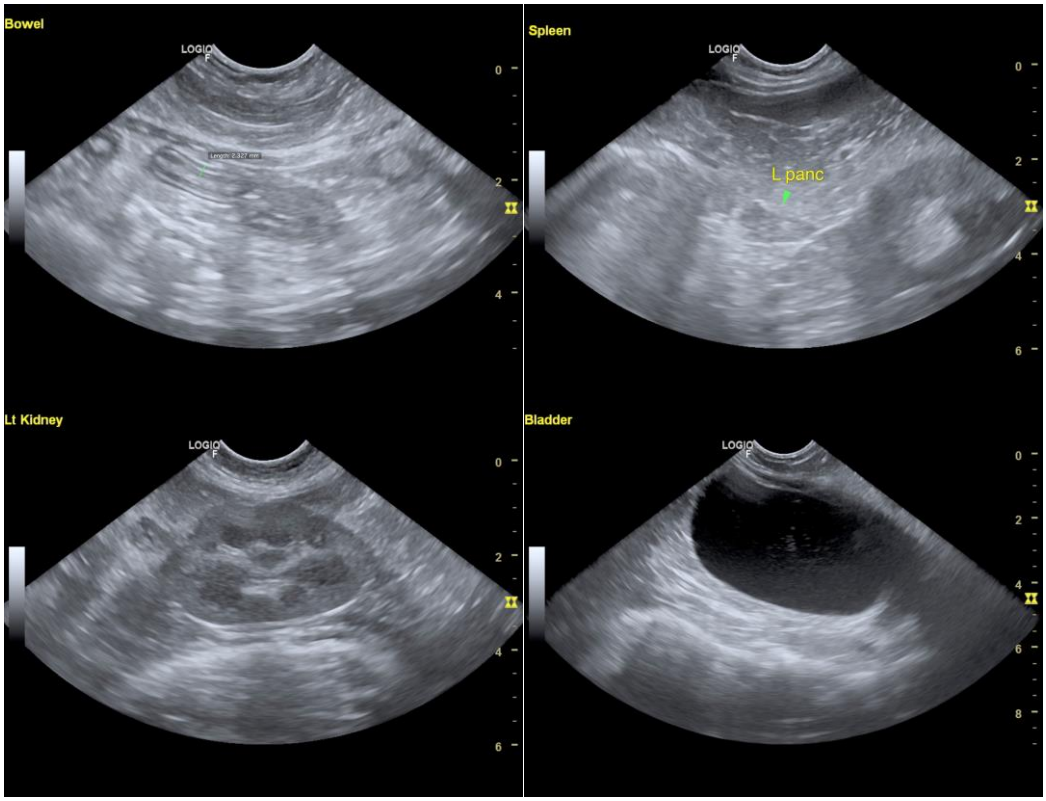

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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