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Clinical Sonography & Telecytology
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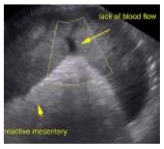

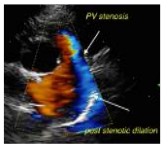

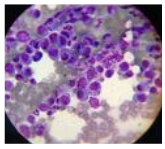
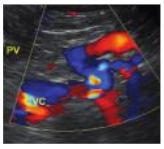

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1-800-838-4268 info@sonopath.com

PATIENT
Lucky AKA Miss Kitty Mead

SPECIES
Feline

BREED
DSH

SEX
F/S

AGE
11 year

WEIGHT
8.65

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

IMAGING PERFORMED BY
Dr. Brita Kiffney

HOSPITAL NAME
Northshore VH

REFERRING VET
Dr. Brita Kiffney

INVOICE
16434

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3/22/23

PRESENTING CLINICAL SIGNS

vomits occasionally, no weight loss, minimal dental disease presented for annual exam with no concerns

Abnormal PE/Chem/CBC/UA Results: Feline Plus 2/27/23 CBC ok Hepatopathy, also had elevated liver enzymes in 2022 that resolved 2 weeks later 2/27/23 3/4/22 2/12/22 ALT 677 103 425 AST 351 58 153 ALP 194 60 154 GGT has been normal tBili 0.6 0.1 0.3 ucBil 0.3 0 0.2 cBili 0.3 <0.1 0.1 Cholesterol 329 154 225

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

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 3.4 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

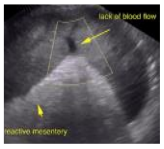
The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.34 cm width. The right adrenal gland measured 0.26 cm width.

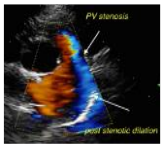
Spleen

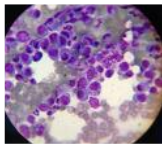
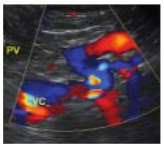
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.85 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing anechoic content with mild, echogenic, nonorganized luminal gallbladder debris. No overt evidence of gallbladder or





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peripheral gallbladder inflammatory criteria was noted. The common bile duct was not definitively visualized, yet without evidence of dilation, stasis, or obstructive pattern.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.25 cm.

The small intestine exhibited segmental intact, prominent to mildly thickened midabdominal intestinal wall layering owing to propensity for prominent segmental intestinal muscularis layer. Concurrent normal-appearing small intestine exhibiting intact wall layering and maintained 1:3 muscularis / mucosa ratio was noted. No evidence of loss of intestinal wall layering, intestinal masses, or intestinal obstructive pattern. Normal appearing small intestine measured 0.21-0.3 cm width. Intact prominent to thickened small intestine measured up to 0.34 cm width.

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

Pancreas

The pancreas was normal in size with subtle capsule asymmetry with mild nonhomogeneous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No overt lymphadenopathy, omental masses or evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Bilateral chronic renal changes
- Segmental intact prominent to thickened small bowel walls
- Possible low-grade chronic / chronic active pancreatitis
- Hepatopathy with mild gallbladder debris - potential cholangiohepatitis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmental intestinal tract exhibited sonographic evidence of inflammatory criteria. However, given no reported weight loss or additional gastrointestinal signs aside from occasional vomiting, the intestinal presentation is nonspecific with potential for patient variant. Triad Disease could be a consideration in this patient despite no evidence of weight loss or additional gastrointestinal signs.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate and correlation with pending hepatic sampling and tissue culture. Minor potential for emerging to low-grade neoplastic segmental enteropathy cannot be definitively excluded, yet thought less likely. Sonographic reassessment of the liver, gallbladder, pancreas, and intestinal tract could be considered if evidence of progressive gastrointestinal signs and/or weight loss.

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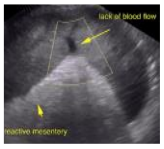
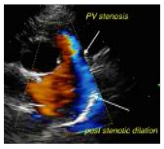
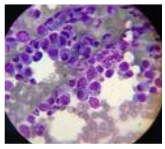
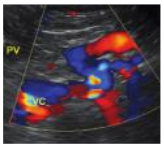

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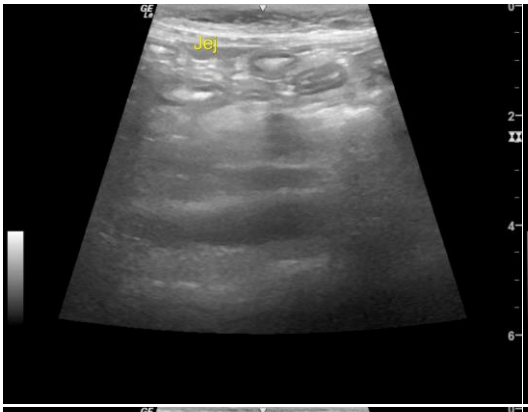

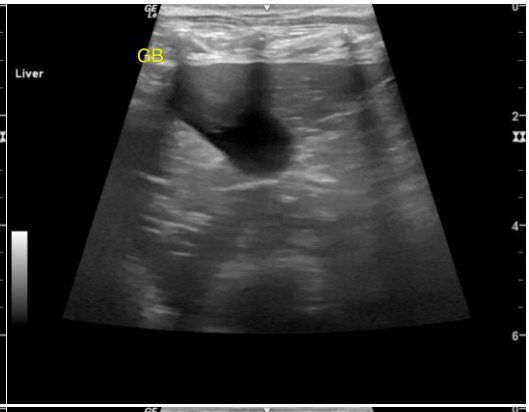

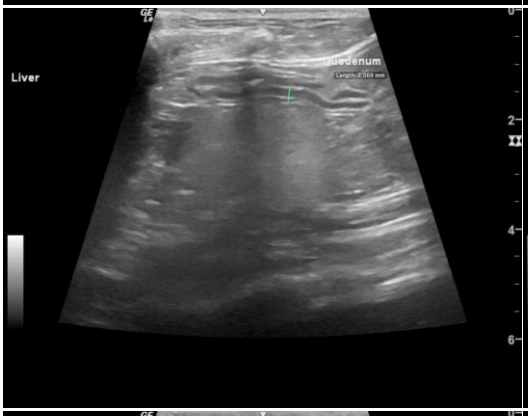

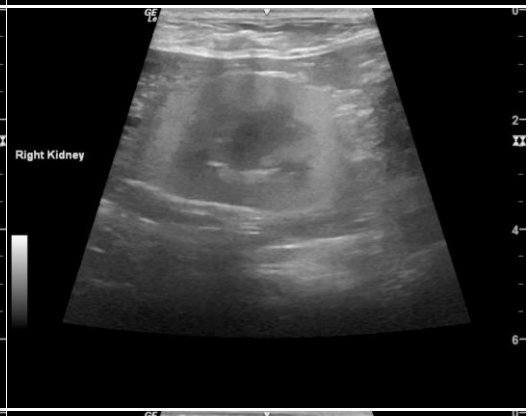

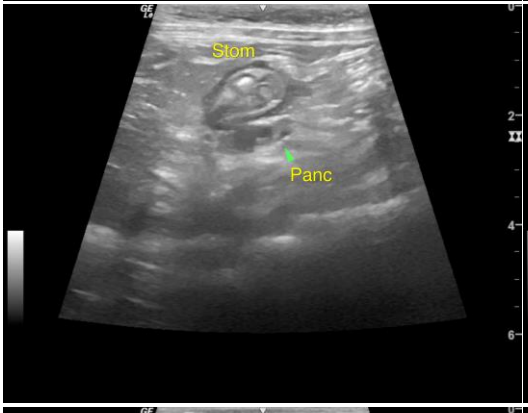

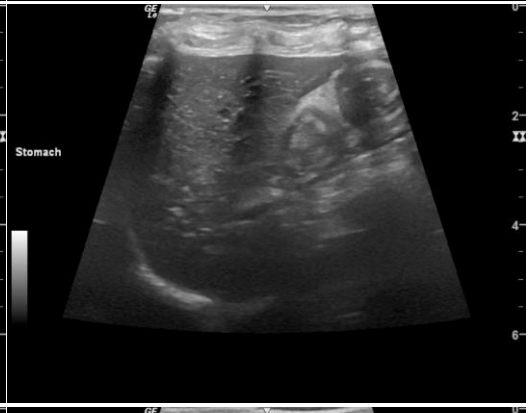

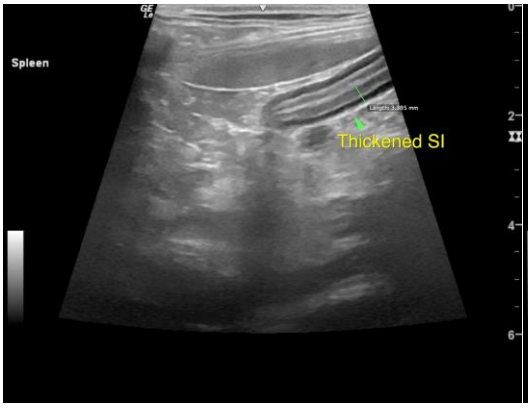

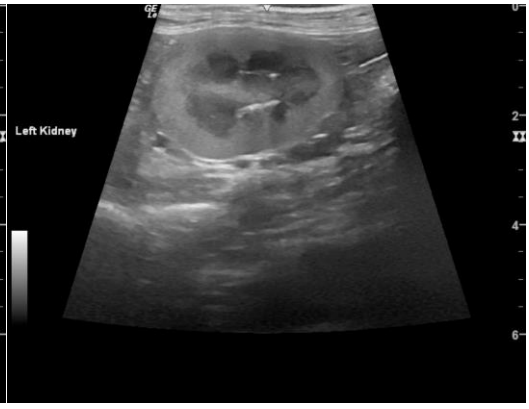

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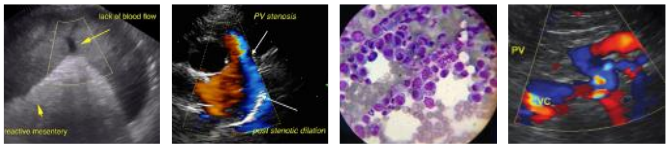

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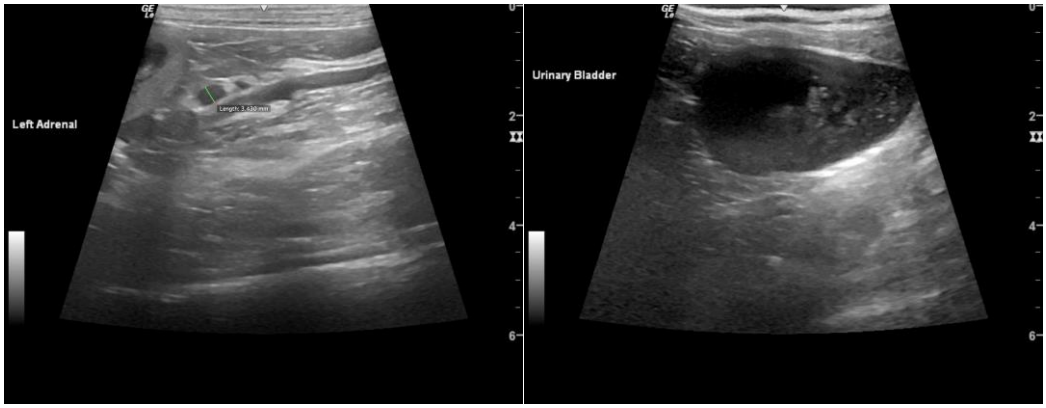

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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