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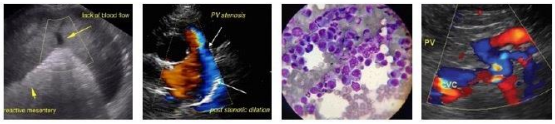

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Wizard Lund

SPECIES

Feline

BREED

Siberian Forest Cat

SEX

MI

AGE

11 years

WEIGHT

12 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Centerville AH

REFERRING VET

Dr. Patel

INVOICE

13856

DATE

5/12/22

PRESENTING CLINICAL SIGNS

lethargic for a few days, urinated in the bath tub this morning and it was a copper colour. Bringing the sample Not ate today. Diarrhea. Not sure about vomiting as there are 10 cats in house. Discoloration of urine. Urine accidents in bath tub. Lethargy since 2 days. Temp- 40.7 oC. Abdomen- Painful and hunched up and flinching. QAR, no dehydration. meds: clavamox 125mg . 1tab twice daily Abnormal PE/Chem/CBC/UA Results: Superchem & CBC: Hyperbilirubinemia-- Total Bilirubin - 17.4 umol/l Hyperglobulinemia-- Globulin 66g/dl WBC --20.9 RBC --10.4 Neutrophils-- 18.39 absolute Urinalysis: 1+ bilirubin struvite and Calcium oxalate dihydrate crystals Protein 2 +

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 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 4.5 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were indistinctly visualized owing to regional periadrenal increased omental artifact. The left adrenal gland measured subjectively 0.24 cm width. The right adrenal gland subjectively measured 0.36 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 exhibited borderline enlargement, measuring 1.0 cm width. No overt evidence of splenic neoplastic criteria was noted.

Liver/ Gallbladder

The liver was enlarged yet maintained a symmetrical capsule contour. Hypoechoic hepatic parenchyma exhibiting mild to moderate coarse echotexture was present with minor increased prominence of the portal vascular borders. The gallbladder was non-distended in size containing anechoic content. Minor gallbladder wall edema was noted. The area of the common bile duct was overtly normal without evidence of common bile duct dilation.

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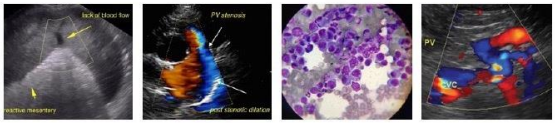

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained ingesta exhibiting subtle progressive distal acoustic shadowing.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with minor segmental duodenojejunal ileus, not consistent with an obstructive pattern. The duodenum wall width measured 0.2 cm. The jejunum wall width measured 0.22 cm.

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

Pancreas

The pancreas was indistinctly visualized owing to regional peripancreatic omental artifact. Subjectively mildly prominent to hypoechoic area of the pancreas base adjacent to the duodenum was noted.

Free Abdomen

Generalized mildly hyperechoic mesentery with scant to mild volume peritoneal free fluid was present. No evidence of overt or significant omental lymphadenopathy was noted. No evidence of omental masses was noted.

ULTRASONOGRAPHIC FINDINGS

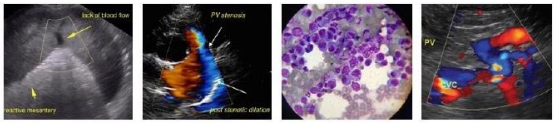
- Acute hepatopathy pattern
- Nondistended gallbladder and common bile duct with minor gallbladder wall edema - acute cholecystitis likely
- Possible pancreatitis
- Peritonitis
- Mild chronic renal changes
- Subjective acute inflammatory bowel episode with minor retained gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Even without reported hepatic enzyme elevations, given the short half-life of hepatic enzymes in cats, the overall appearance of the liver was suggestive of acute hepatopathy with potential considerations including acute hepatitis / cholangiohepatitis, reactive hepatopathy, hepatotoxic insult, while occult hepatic neoplasia cannot be definitively excluded.

Assuming normal clotting status and using a 25-gauge needle, hepatic FNA is warranted for further assessment. No overt Indication for post hepatic obstruction. Assessment for evidence of cranial abdominal or subxiphoid discomfort in the area of the pancreas is recommended. Further assessment of potential pancreatitis may include a Spec fPL.

Empirically, hospitalization with IV fluid support and aggressive therapy for acute hepatitis / cholangiohepatitis and possible pancreatitis with monitoring of clinical response, as well as for evidence of increasing peritoneal free fluid with potential peritoneal effusion analysis and/or recheck sonogram If clinically indicated, is suggested.



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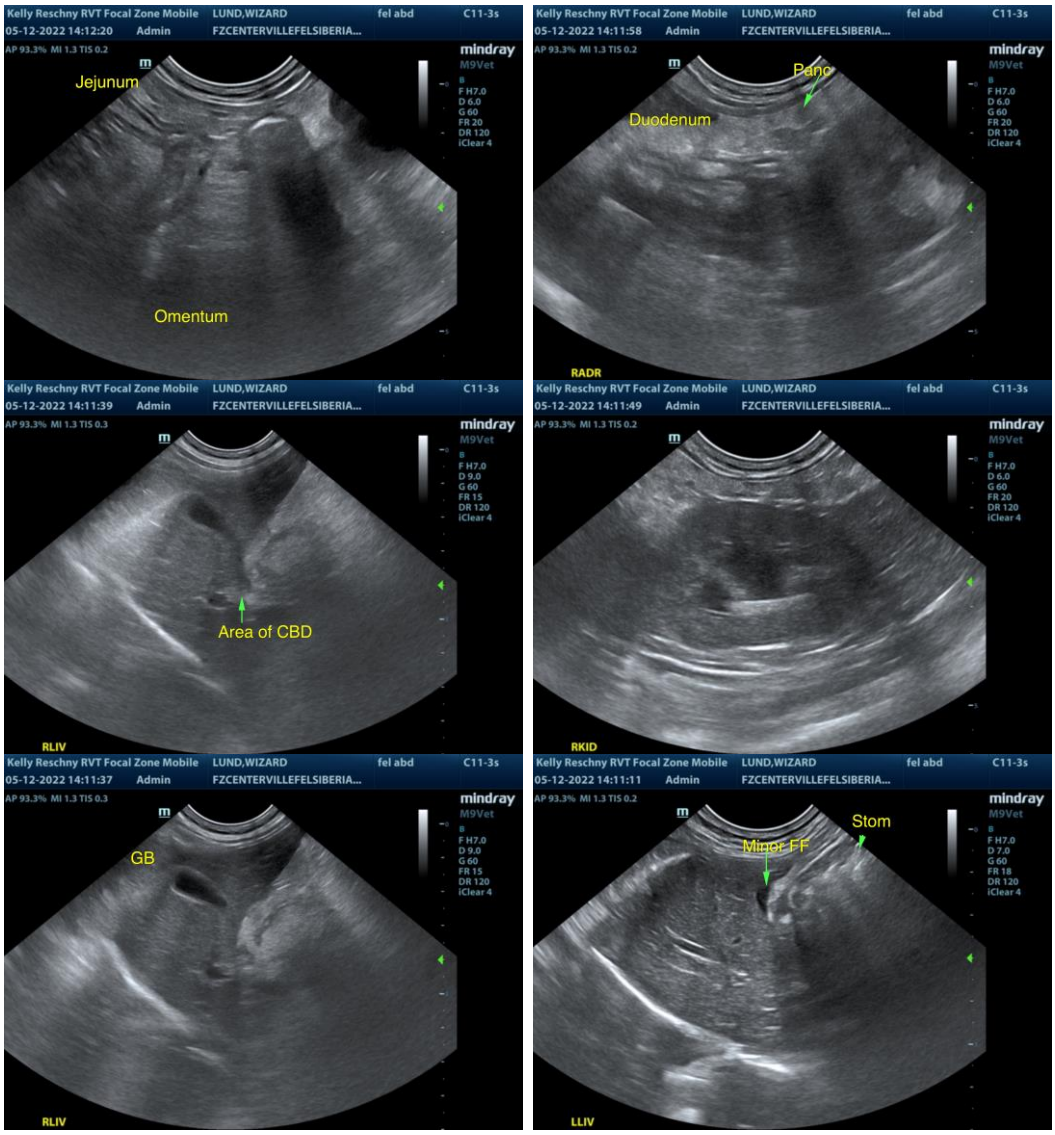

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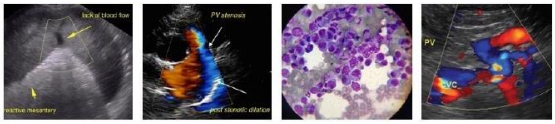

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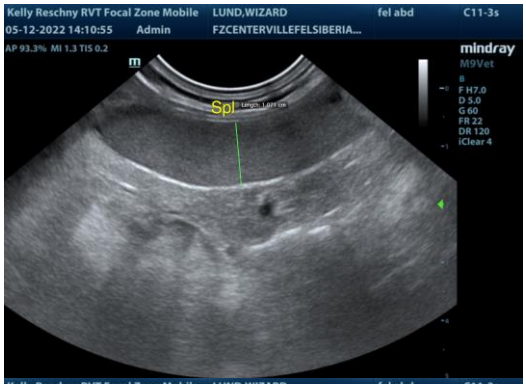

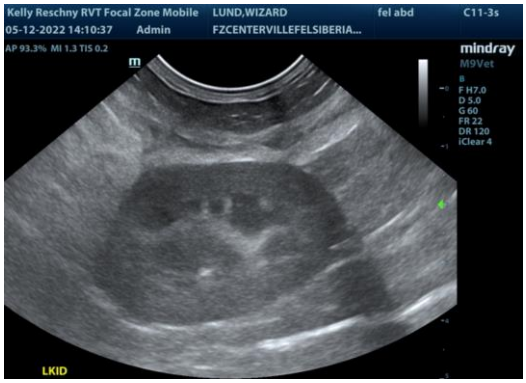

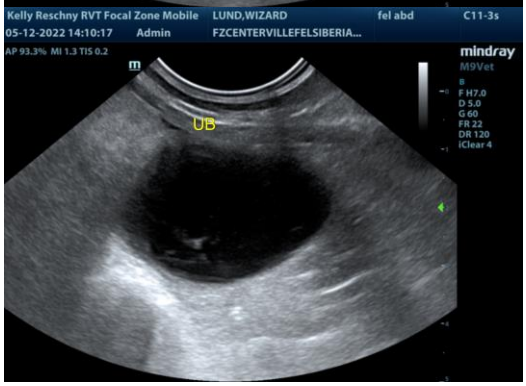

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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