SonoPath
Clinical Sonography & Telecytology
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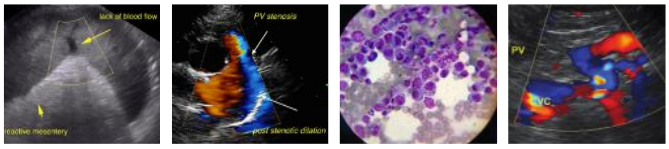


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Honey Thomas

SPECIES

Feline

BREED

DSH

SEX

Female/Spayed

AGE

12

WEIGHT

11.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

15242

DATE

5/17/22

PRESENTING CLINICAL SIGNS

LOST 4LBS IN A MONTH ANOREXIA LETHARGY JAUNDICE
Abnormal PE/Chem/CBC/UA Results: CBC- MILD NEUTROPHILIA CHEM- ELEVATED ALT, ALPK, GGT, BILIRUBIN RADIOGRAPHS ARE ATTACHED- BLADDER STONES, ENLARGED LIVER

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 with minor nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. Hyperechoic focal echogenicities with distal acoustic shadowing were present in the dependent lumen. There were an estimated 4 echogenicities, which were small and dependent. An example of an echogenicity measured 0.46 cm in diameter.

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 3.7 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

No overt pathology was noted in the left adrenal gland, although not definitively visualized.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm.

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.

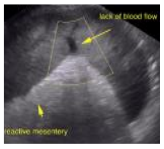
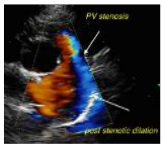
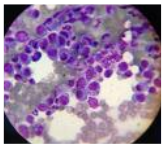
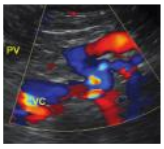
Liver/ Gallbladder

The liver exhibited moderate enlargement. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. 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. Mildly prominent isoechoic gallbladder walls, exhibiting subjective mild gallbladder wall edema. The gallbladder wall measured 0.24 cm. Anechoic content was present. No evidence of gallbladder overdistention or posthepatic obstruction. The cystic and common bile ducts were normal.

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.

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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 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 omental masses, overt lymphadenopathy or peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly, exhibiting uniform parenchyma hyperechogenicity-cholangitis/cholangiohepatitis, lipidosis, vacuolar hepatopathy and cholestasis suspected. Potential for round cell hepatic neoplasia, which may present in similar sonographic manner cannot be definitively excluded.
- Probable cholecystitis
- Pancreatitis
- Mild chronic renal changes
- Small dependent cystic calculi, estimate 4

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic presentation may be primary or potentially secondary with pancreatitis as the primary component of the patients clinical signs. Combined cholangitis/cholangiohepatitis and pancreatitis is of primary concern. No overt evidence of triad disease, given the normal gastrointestinal presentation yet this potential, especially in light of weight loss cannot be definitively excluded. Further assessment may include, assuming normal clotting status, hepatic FNA, using 25-gauge needle for screening cytology with vitamin K pretreatment, as well as a GI panel to include PLI/TLI/Cobalamin/Folate.

Empirically, aggressive therapy for cholangitis/cholangiohepatitis and pancreatitis with as needed gastrointestinal support and potential for feeding tube placement, if continued anorexia, is recommended. Recheck sonogram suggested if persistent clinical signs or progressive hepatic enzyme elevations are noted.

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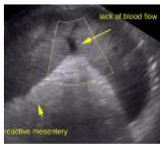
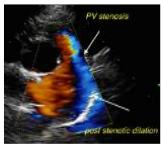
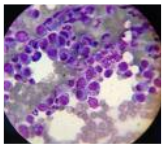
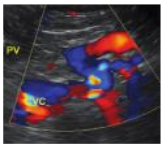

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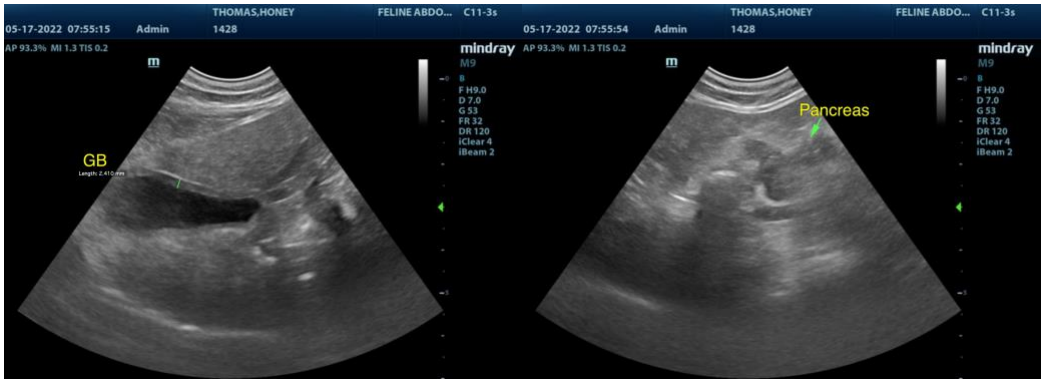

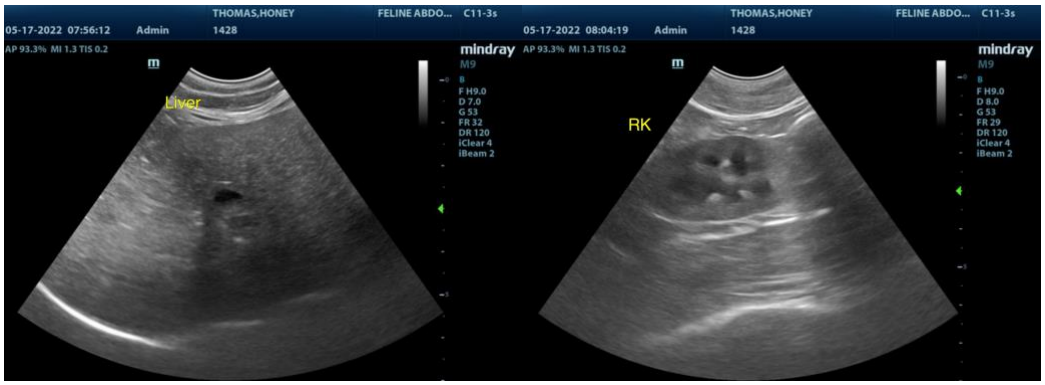

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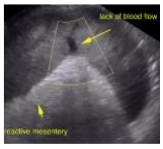
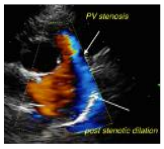
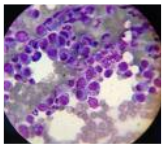
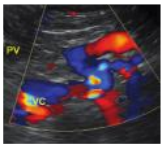

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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