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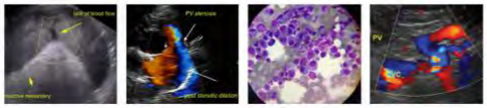

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PATIENT

Mitla Kivlehan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

8 lb 10 oz

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Chase Vet Clinic

REFERRING VET

Dr. Catherine Caffarella

INVOICE

37897

DATE

5/23/22

PRESENTING CLINICAL SIGNS

Weight loss, elevated liver values, possible enlarged spleen on abdominal palpation. Hyperthyroid (well-regulated); grade lll/Vl heart murmur. ALT 692, AST 179, ALP" 119, BUN 42. On methimazole 5 mg BID (transdermal) *Sedated with buprenex/dexdomitor

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 were noted.

Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia noted in the left kidney. The left kidney measured 4.0 cm. The right kidney measured 4.2 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm. The right adrenal gland measured 0.37 cm.

Spleen

The spleen was borderline enlarged, measuring 1.0 cm in diameter. A solitary, non-disruptive, well demarcated, hyperechoic nodule was present in the mid lateral spleen, measuring 0.41 cm in diameter.

Liver

The liver was mildly enlarged with symmetrical to mildly rounded contour. Normal overall hepatic parenchyma echogenicity exhibited moderate coarse echotexture. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. Proximal common bile duct measured 0.30 cm.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic fluid present. Gastric body wall measured 0.25 cm.

The small intestine presented intact yet mildly prominent wall layering with overwall maintained 1:3 muscularis/mucosa ratio. Duodenum wall measured 0.25 cm. Jejunum wall meaursed 0.26 cm. Ileocolic wall measured 0.41 cm. 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 inflammation. No overt evidence of neoplasia.

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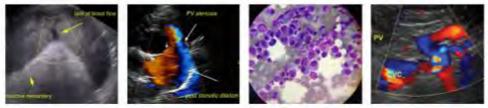

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Free Abdomen

Focally enlarged intermittent jejunocolic lymph nodes were present. Example measured 1.2 cm x 0.60 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

ULTRASONOGRAPHIC FINDINGS

- Borderline splenomegaly with solitary non-disruptive hyperechoic nodule.
- Cholangitis/cholangiohepatitis pattern.
- Pancreatitis.
- Potential inflammatory enteropathy.
- Associated jejuncolic lymphadenopathy – lymphoid hyperplasia or minor reactive lymphadenitis owing to inflammatory intestinal disease likely.
- Bilateral chronic renal changes with mild pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong potential for triad disease in this patient. Assuming normal clotting status, ultrasound guided FNA of the liver using 25-gauge needle could be considered for screening cytology, primarily to assess for and possibly identify inflammatory cell type.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

The overall borderline splenomegaly was non-specific, while the hyperechoic splenic nodule, although not definitive, is likely indicative of a benign nodule such as hyperplasia, myelolipoma, or similar. Concurrent splenic FNA using 25-gauge needle could be considered, primarily to ensure only benign changes are present.

The common bile duct dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

If not done, 3-view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor to the weight loss.

Empirically, cholangiohepatitis/triad disease protocol with assessment of clinical response would be reasonable.

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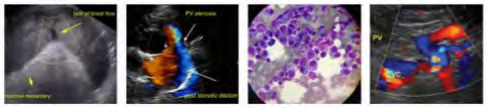

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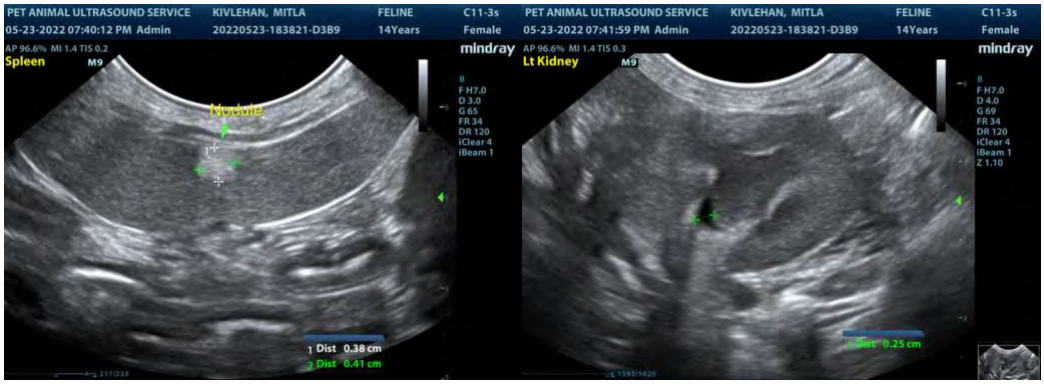

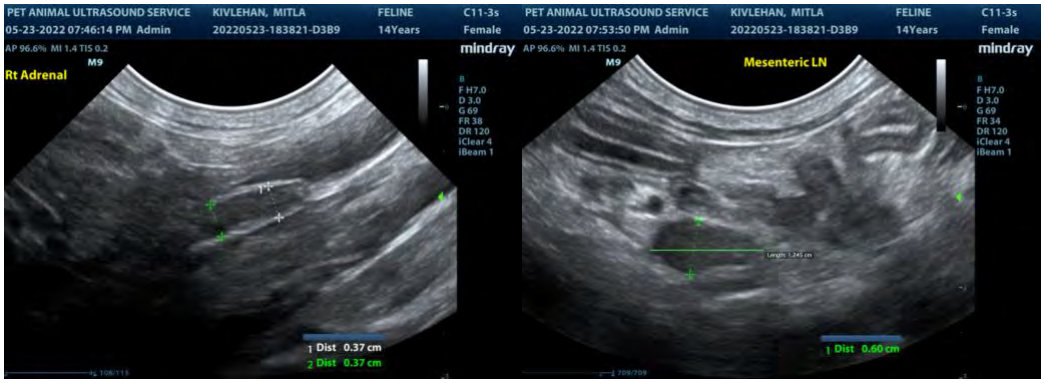

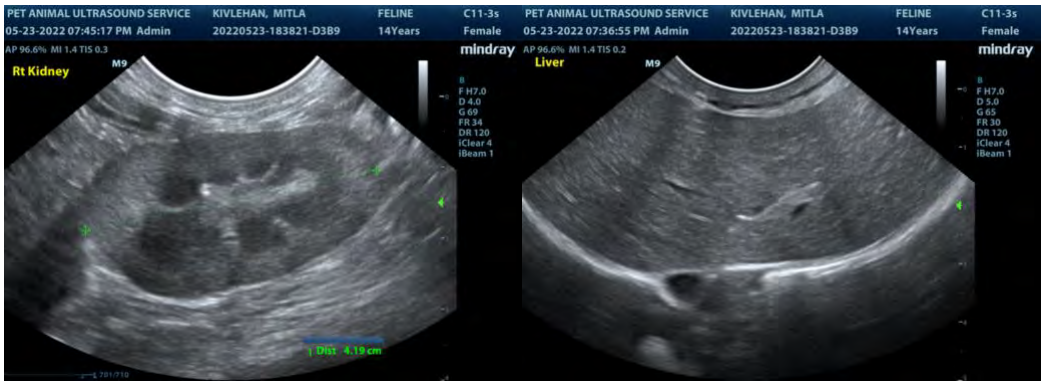

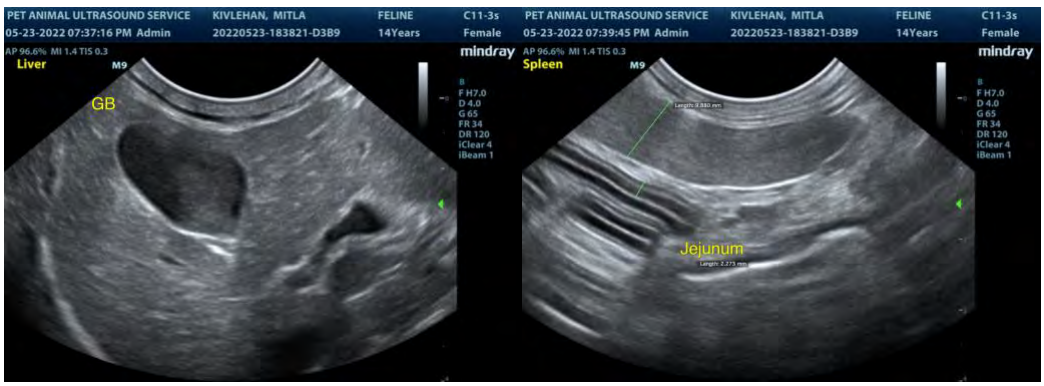

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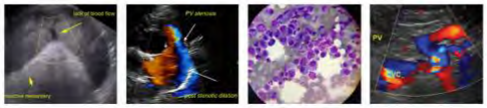

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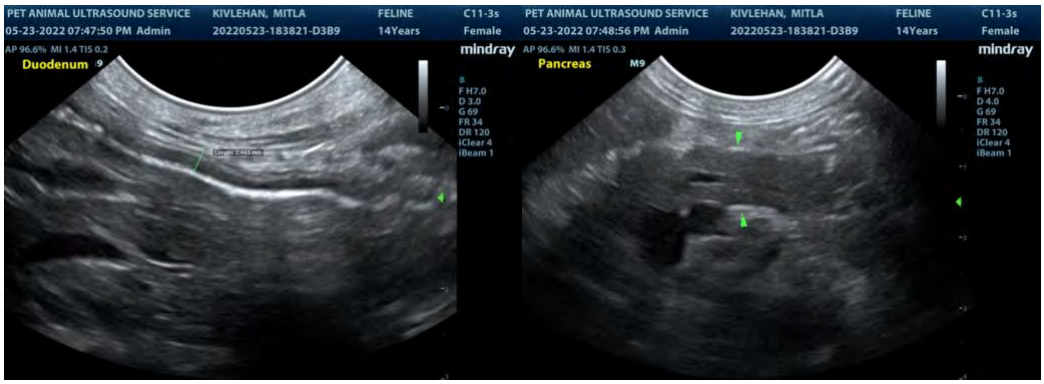

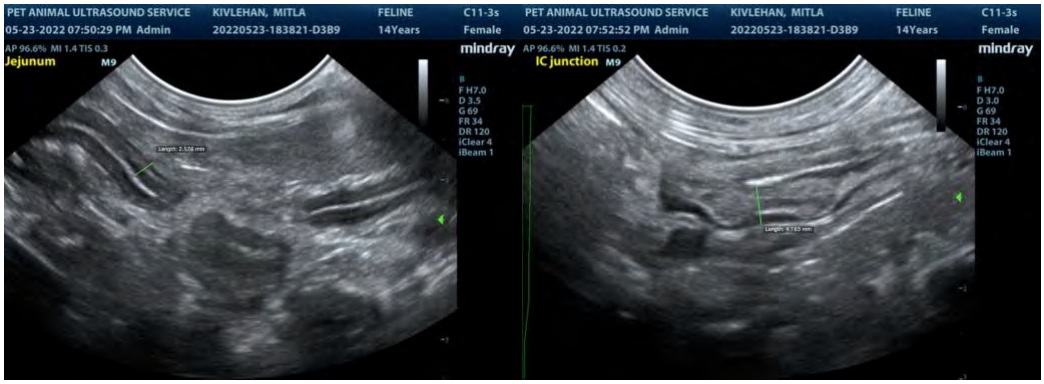

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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