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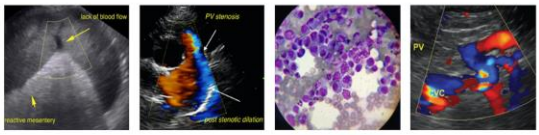

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Buh Anstett

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2016

WEIGHT

9.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

White Haven VH

REFERRING VET

Dr. Wentz

INVOICE

13797

DATE

5/4/22

PRESENTING CLINICAL SIGNS

Increased liver values, heart murmur, ceruminous gland carcinoma, URI, not eating Convenia

ALT 427, AST 136, ALP 42, WBC 10.6, HCT 43, Urine specific gravity 10.054, 2+ Protein

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. 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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.2 cm in length. 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 0.51 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width.

Spleen

The spleen was normal in size with subtle uniform decreased splenic parenchyma echogenicity compared to adjacent perisplenic omentum and liver. Mild asymmetrical medial capsule contour was noted. The spleen measured 0.84 cm width.

Liver/ Gallbladder

The liver exhibited generalized mild enlargement yet maintained symmetrical to mildly rounded hepatic capsule contour. The liver presented uniform parenchyma exhibiting overall normal echogenicity with subjective hepatic vascular congestion most notable at the level of the hepatic vein caudal vena cava junction. The caudal vena cava at the level of the liver and diaphragm exhibited mild subjective dilation measuring 0.7 cm In diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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.

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.

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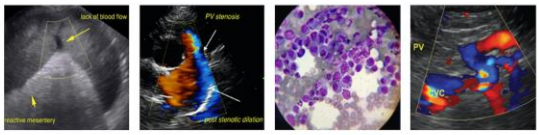

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Pancreas

The pancreas base and right pancreatic limb exhibited mild prominent size with mild capsule asymmetry and hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No overt lymphadenopathy was present. Mild volume peritoneal free fluid was noted. Generalized reactive to mildly hyperechoic mesentery was present.

Rapid and subjective sonographic assessment of the heart revealed subjective significant left atrium enlargement, as well as possible subjective reduced left ventricular systolic function. This could potentially indicate primary cardiogenic cause of the peritoneal free fluid, given the subjective hepatic congestion pattern. Further assessment may include abdominal effusion analysis, cytology, +/- culture and sensitivity if clinically indicated.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatomegaly exhibiting subjective vascular congestion and prominent cranial abdominal caudal vena cava - consistent with congestive hepatopathy, potential for concurrent or primary inflammatory parenchymal disease or hepatobiliary process, i.e., cholangiohepatitis, given the ALT / AST elevation with less likely potential for occult neoplasia, possible
- Bilateral interstitial nephrosis renal pattern
- Mildly prominent to hypoechoic pancreas - pancreatic edema vs. low-grade inflammation
- Mild volume peritoneal free fluid and generalized reactive mesentery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full echocardiographic workup is strongly suggested for further clarification of any underlying heart disease.

Ultrasound-guided FNA of the liver, assuming normal clotting status and using a 25-gauge needle, may be considered pending additional diagnostics for screening cytology.

As-needed gastrointestinal support is recommended.

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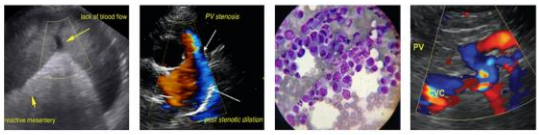

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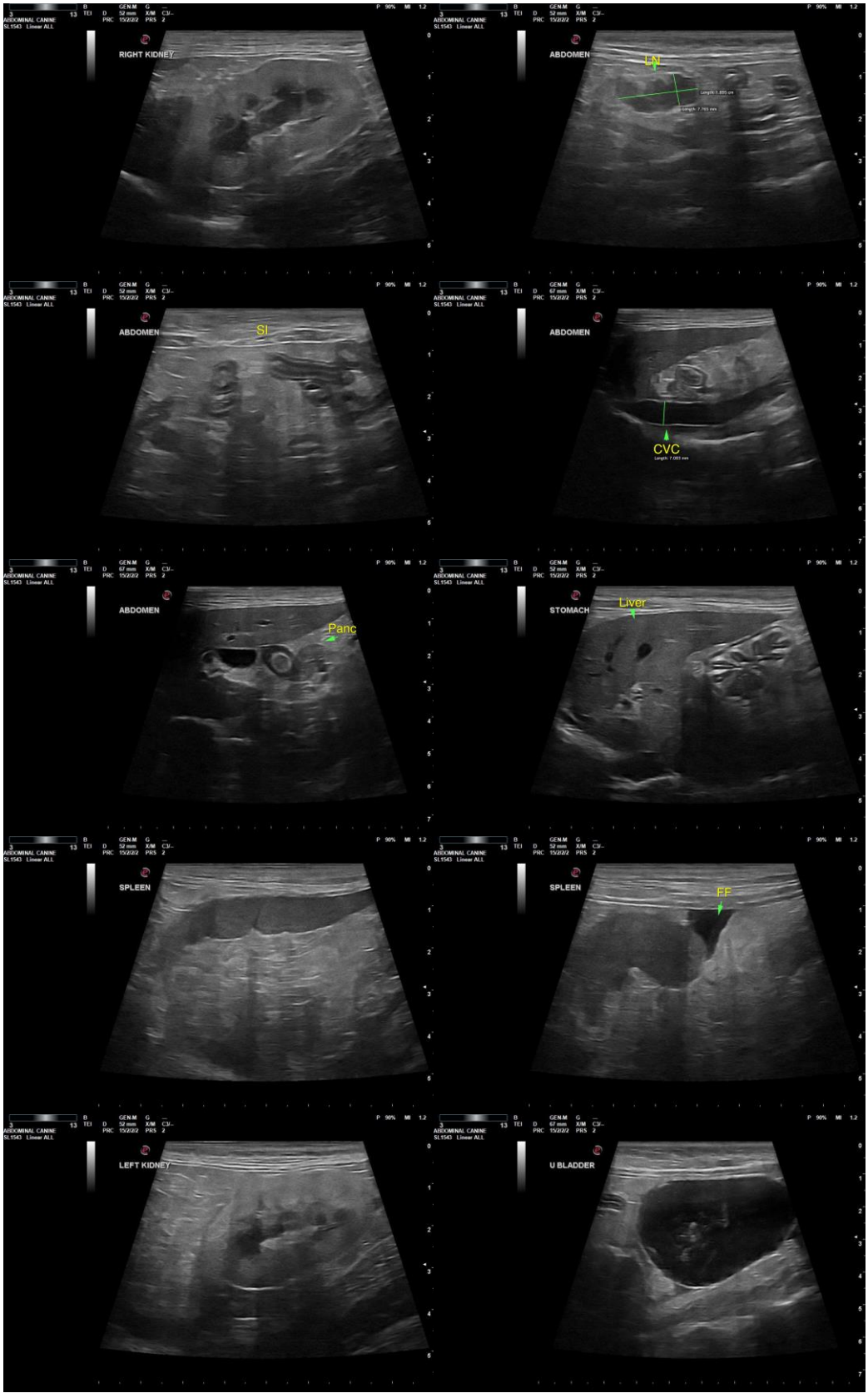

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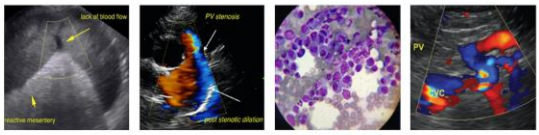

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com