SonoPath
Clinical Sonography & Telecytology
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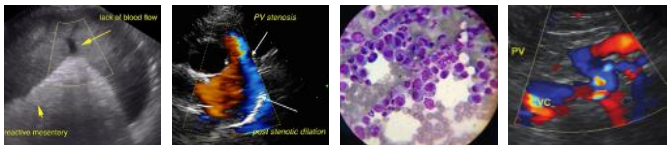

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jenny Helping Paws

SPECIES

Feline

BREED

DMH

SEX

FI

AGE

21 weeks

WEIGHT

2.05 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken Animal Hospital and Urgent Care

REFERRING VET

Dr. Kristen Mitchell

INVOICE

10829ag

DATE

06/12/2022

PRESENTING CLINICAL SIGNS

History: Unremarkable clinical signs. Elevated LE's noted on preop BW.

Abnormal PE/Chem/CBC/UA Results: Attached. Cr 0.4, ALT 906, GGT 8, Hct 22.7%. PSBA's: pre-WNL. Post-prandial 26.4 (0-14.9).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 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 were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. No evidence of mineralization or renomegaly. The left kidney measured 3.5 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.24 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.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and exhibited normal echogenicity. The hepatic and portal vasculature were normal in appearance without signs of congestion. The visualized portal vein exhibited subjective normal branching and subjective normal size compared to the caudal vena cava. The gallbladder was non-distended in size with primarily anechoic luminal content. The common bile duct was dilated and tortuous without overt post hepatic obstruction measuring 0.22 cm in diameter. No overt evidence of post hepatic obstruction.

Gastrointestinal

The stomach exhibited moderate distention with nonshadowing ingesta and chyme present. The visualized gastric walls 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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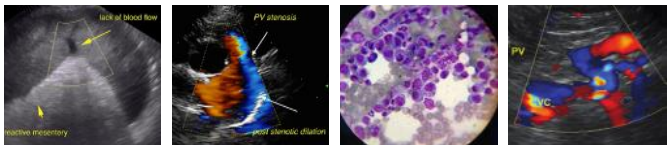

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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy-possible inflammatory hepatopathy i.e. cholangeohepatitis, potential microvascular dysplasia/portal hypoplasia
- Moderate gastric distension with retained ingesta/chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of intrahepatic or extrahepatic shunting. Subjective normal visualized portal vein branching and hepatic intravascular volume. A hepatic FNA could be considered assuming normal clotting status and using a 25g needle to assess for evidence of inflammatory cells. Likewise the minor elevated post prandial bile acids is not overtly consistent with a portosystemic shunt as well as lack of additional signs at times associated with a shunt i.e. renal or UB mineral. Hepatosupportive medications including Denamarin may prove beneficial. A core surgical biopsy is likely necessary for definitive diagnosis and could be considered at time of spay if persistent /progressive ALT elevation. Overall hepatic functionality appears to be normal given the minor bile acid elevation as well as normal BUN, GLU, CHOL and ALB levels.

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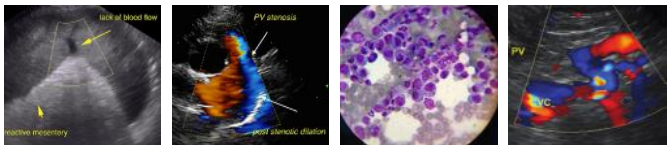

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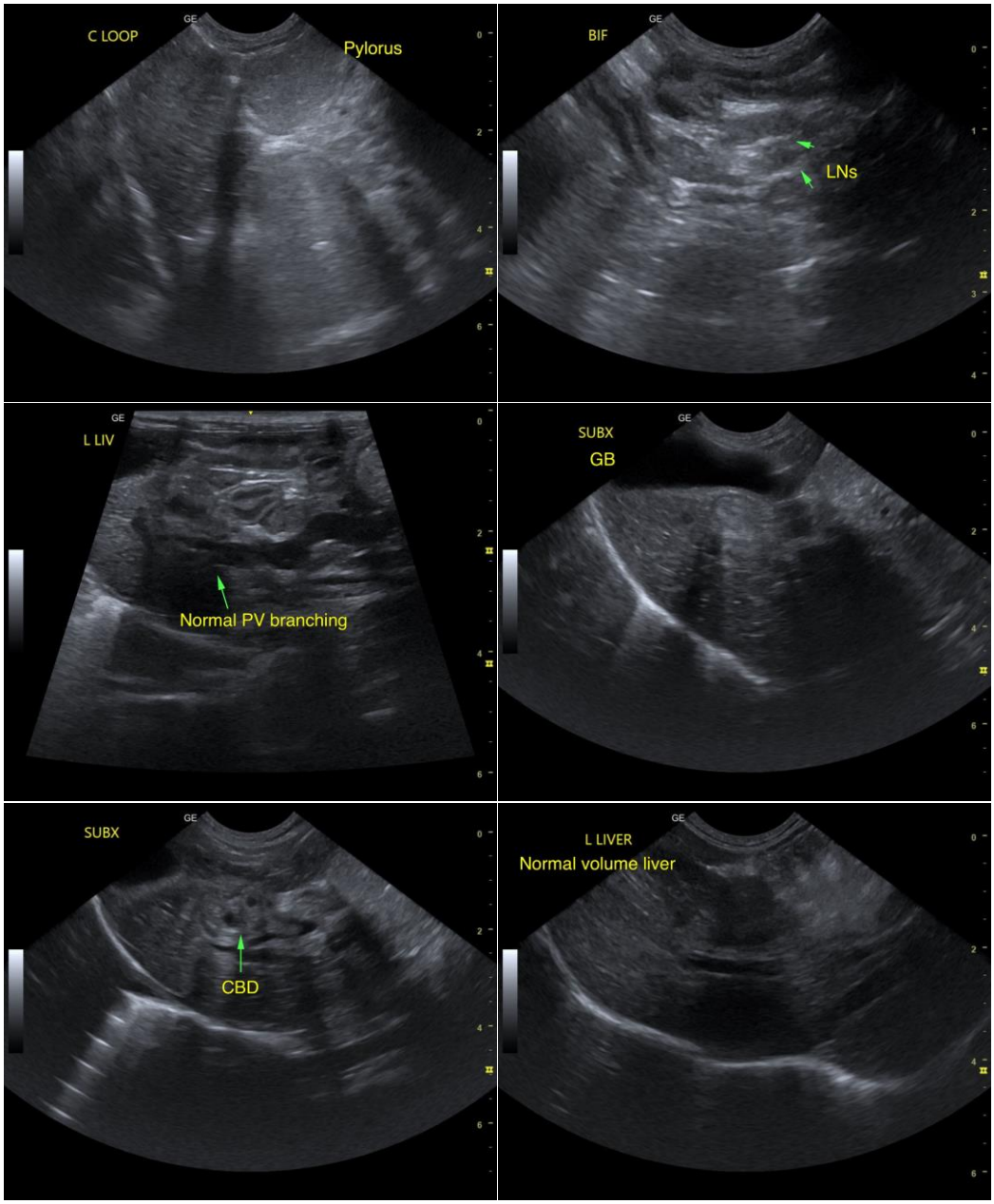

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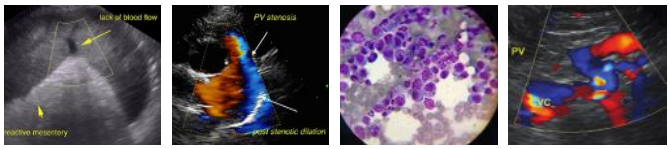

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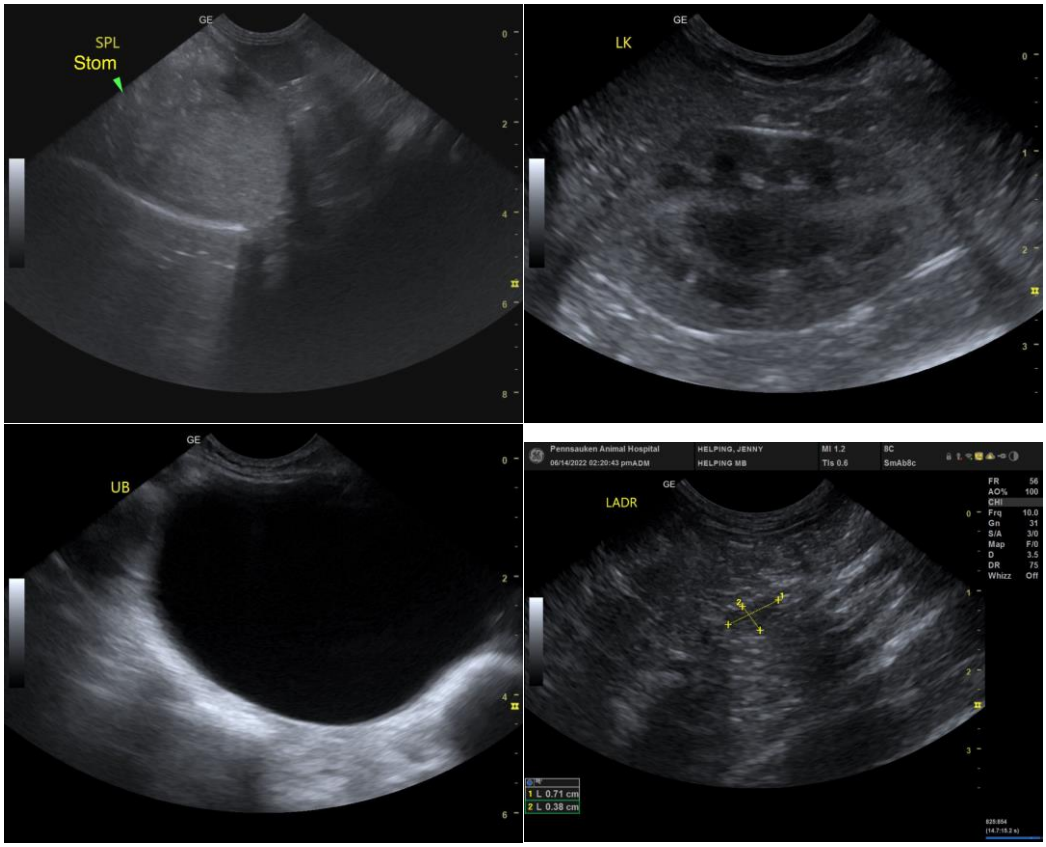

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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