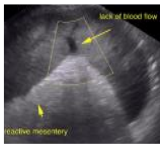
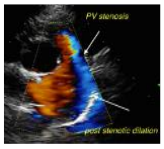
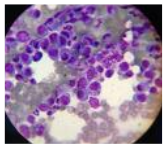
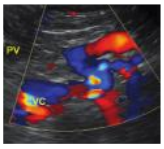
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Yoshi Cooper

SPECIES

Feline

BREED

DMH

SEX

Male

AGE

7 Weeks

WEIGHT

0.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland, DVM

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Harbour City AH

INVOICE

23007

DATE

6/22/23

PRESENTING CLINICAL SIGNS

History: Presented 6/19 for lethargy and one day of vomiting with diarrhea. Decreased appetite. Subjectively small for age and dehydrated (tacky mm), but otherwise unremarkable PE. FeLV/FIV negative. Increased ALT, GGT, on chem panel. Inadequate blood sample size for CBC. Started on Clavamox (22 mg/kg PO BID), fortiflora, and EN canned pending ultrasound. Clinically has improved. No more vomiting.

Abnormal PE/Chem/CBC/UA Results: 6/19/23: ALT=1067 (0-195) GGT=25 (2-11) Anion gap=26 (12-25) Cl=107 (113-123)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of sediment, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic 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 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. The left kidney measured 2.8 cm in length. The right kidney measured 2.8 cm in length. No evidence of renomegaly.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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.

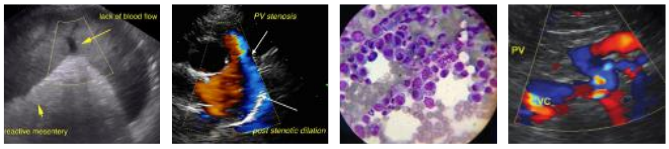
Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Subjective normal to adequate hepatic vascular volume was noted.

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 contained minor retained anechoic fluid and focal lumen gas. No evidence of gastric ingesta 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 mechanical/metabolic ileus, obstruction or foreign material.

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

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

Intermittent, variably prominent yet generally mild homogenous mesenteric lymph nodes were present. An example measured 1.7 cm in diameter. Scant to minor volume anechoic peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal liver, exhibiting subjective adequate vascular volume, consistent with benign hepatopathy.
- Normal gallbladder/common bile duct
- Sonographically unremarkable gastrointestinal tract with minor gastric lumen fluid- suggestive of resolving gastritis/gastroenteritis.
- Intermittent mild homogenous mesenteric lymphadenopathy and scant to minor volume peritoneal free fluid- probable incidental lymphoid hyperplasia or immunologic immaturity with physiologic free fluid given the patient age.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid testing is suggested given the degree of ALT elevation, although no obvious evidence of intrahepatic or extrahepatic macroscopic shunt. Hepatosupportive medications, if possible, may prove beneficial with as needed gastrointestinal support. Sonographic reassessment is recommended if progressive hepatic enzyme elevations, evidence of progressive peritoneal free fluid or if recurrent gastrointestinal signs.

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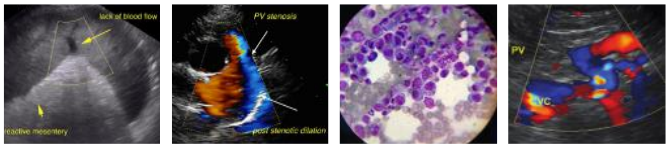

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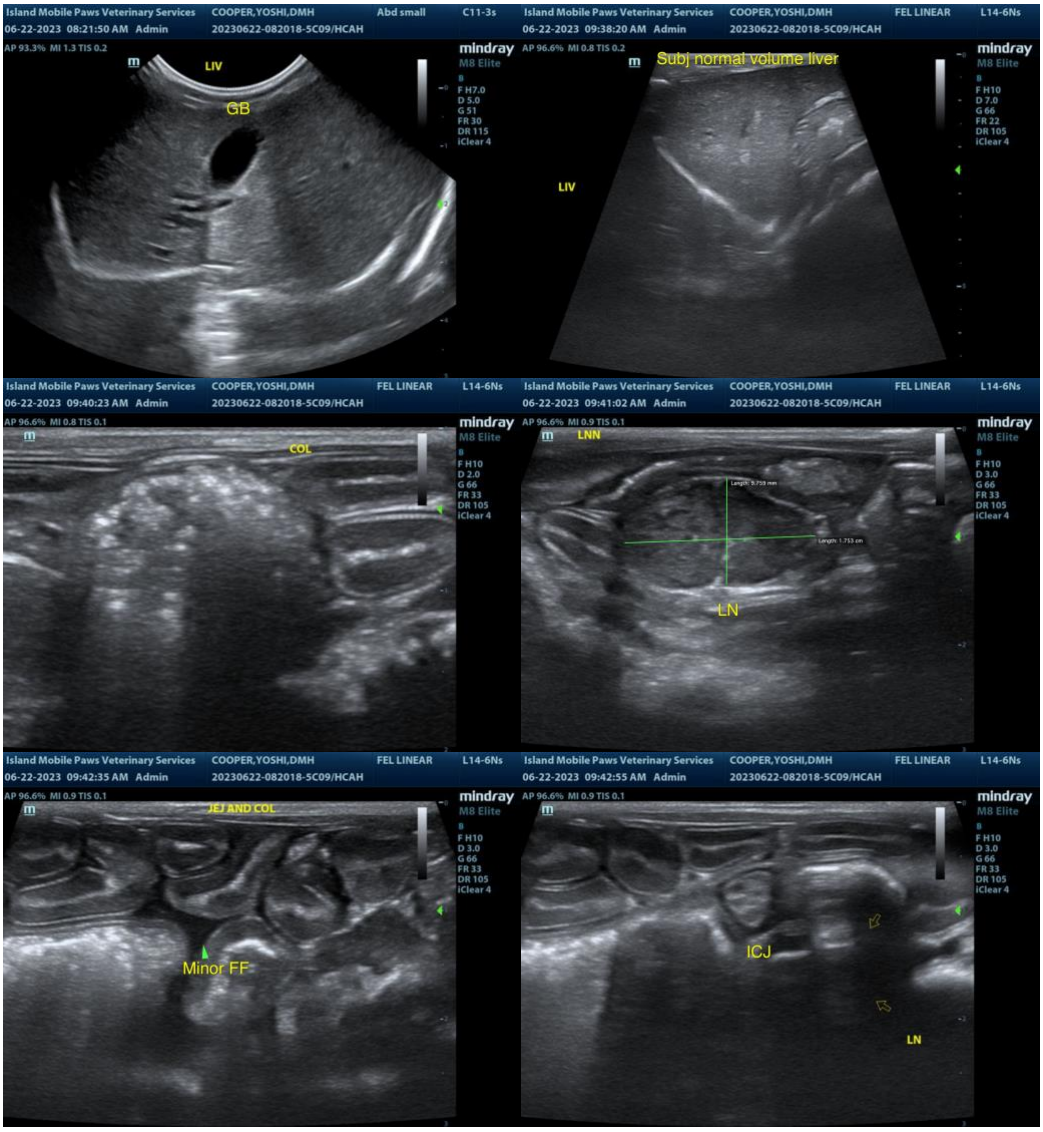

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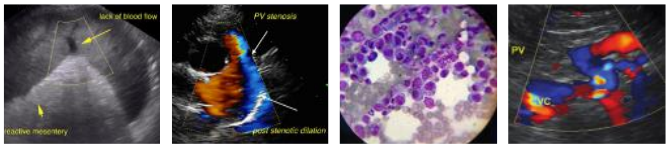

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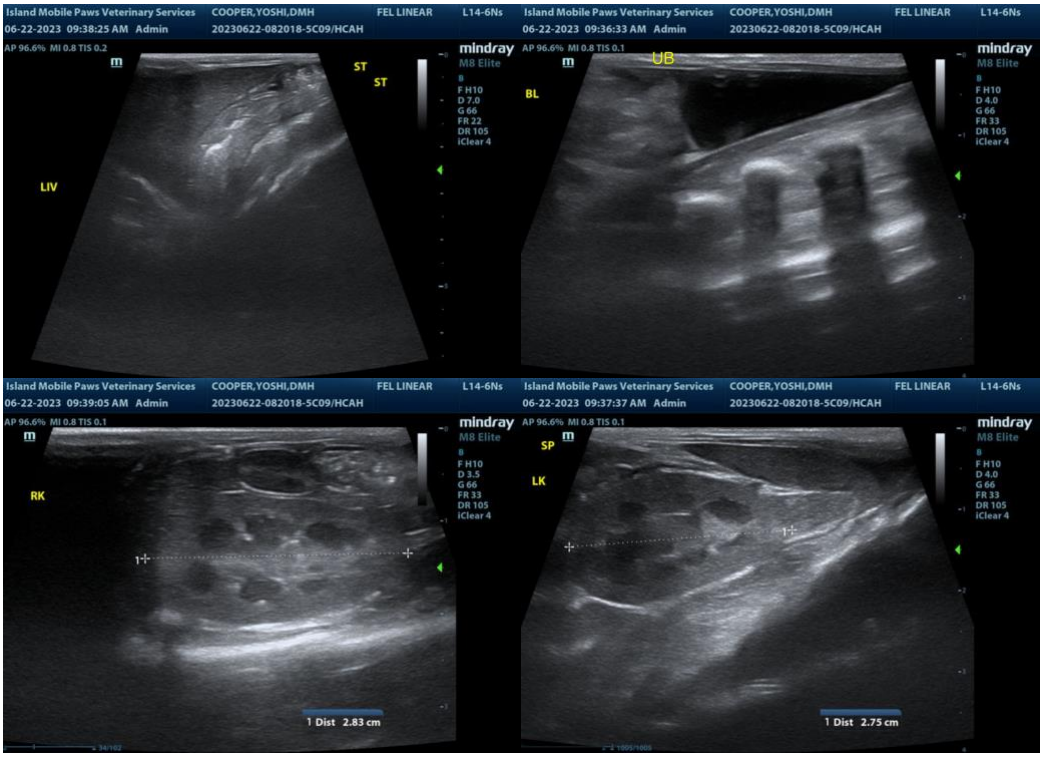

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com