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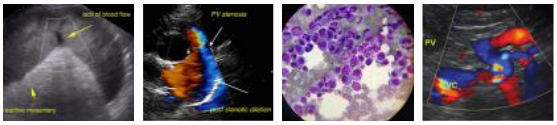


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Kelsey Swartz

SPECIES

Feline

BREED

Main Coon

SEX

Spayed Female

AGE

9 Years

WEIGHT

9.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Pleasant Hill AH

REFERRING VET

Dr. Larsen

INVOICE

16398

DATE

6/29/22

PRESENTING CLINICAL SIGNS

History: Concerns about the rising ALT - primary or secondary liver dz?

Abnormal PE/Chem/CBC/UA Results: Laboratory Findings: 3/2/22 - ALT (108) 6/16/22 - ALT (217), Alb (4.8)

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 in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. Aortic trifurcation was normal.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Potential left kidney micro cortical infarction is possible. The left kidney measured 3.5 cm in length. Pinpoint to minor areas of medullary mineral were present in the right kidney. Non-obstructive medullary renolith was present in the left kidney, measuring 0.91 cm in diameter. The right kidney measured 3.75 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 0.44 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm.

Spleen

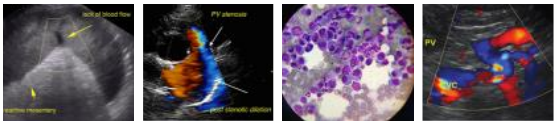
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver exhibited subjective mild 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 in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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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.

Pancreas

The left pancreatic limb exhibited normal size and minor asymmetrical contour with mild hypoechoic to nonhomogeneous parenchyma compared to adjacent nonreactive or inflamed peripancreatic omentum with mild pancreatic duct dilation.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild nonspecific chronic renal changes with nonobstructive left kidney renolith and minor right kidney medullary mineral
- Minor urinary bladder sediment- minor cellular debris/protein, crystalline debris, mucus or fat droplets possible
- Hepatopathy, exhibiting uniform mild parenchyma hyperechogenicity, sonographically unremarkable gallbladder
- Possible low-grade to chronic active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the liver was nonspecific with considerations, including low-grade cholangiohepatitis given the ALT elevation, reactive hepatopathy, vacuolar hepatopathy, less likely emerging lipidosis, unless recent anorexia. Potential for occult hepatic neoplasia is considered a less likely differential diagnosis. Assuming normal clotting status, ultrasound guided FNA of the liver, using a 25-gauge needle is warranted for screening cytology, primarily to assess for or possibly identify inflammatory cell type, if present. Hepatosupportive medications. may prove beneficial.

Potential for low-grade to chronic active pancreatitis may be suspected, if evidence of cranial abdominal or subxiphoid discomfort on palpation, correlation with a spec FPL could be considered.

Further renal staging to include urine C/S if evidence of inflammatory cells on urinalysis +/- baseline UPC if no evidence of significant inflammatory cells.

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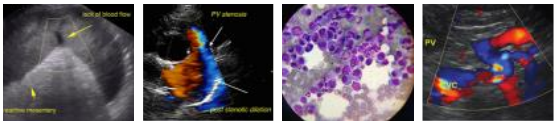

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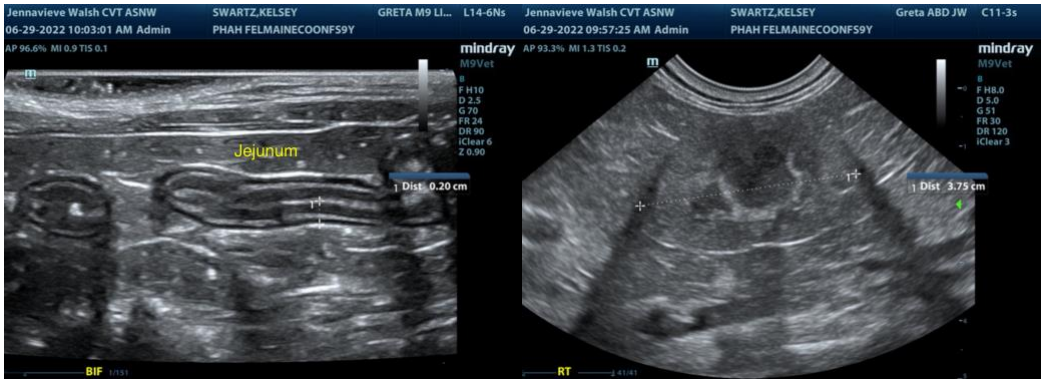

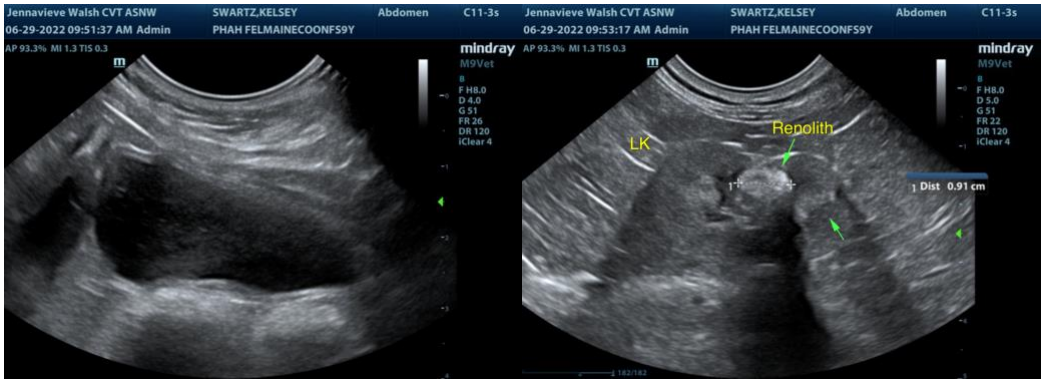

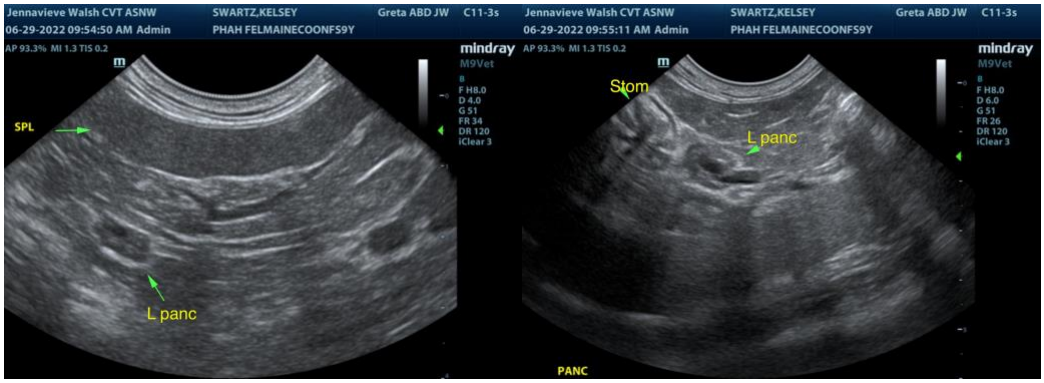

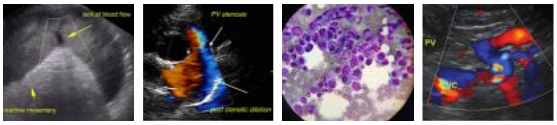

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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