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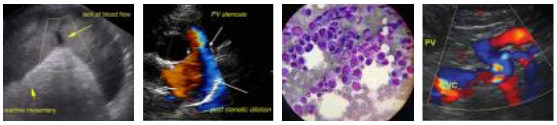


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Pussy Cat VanAtta

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

9.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Berman

INVOICE

16404

DATE

6/30/22

PRESENTING CLINICAL SIGNS

History: 1. Jaundice/icteric 2. Lethargy/inappetence 3. Increased respiratory effort

Abnormal PE/Chem/CBC/UA Results: Elevated AST (200), T. Bili (2.7), Anemia following IVF (HCT 21.9%) Sending labs Current Medications Cerenia, Mirataz, Buprenorphine, LRS IVF

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. Moderate 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 were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Subjective bilateral mild cortical hypertrophy was noted with increased areas of cortex echogenicity, consistent with cortical infarcts. Mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present in the right kidney. Pinpoint medullary mineral noted in both kidneys. 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 0.38 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm.

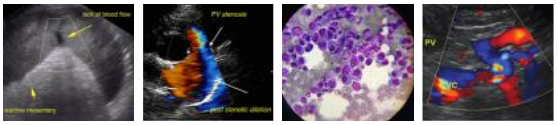
Spleen

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. The spleen measured 0.78 cm in width.

Liver

The liver was mild to moderately enlarged. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.

The gallbladder was subjectively normal in size with potential for mild distention yet no evidence of gallbladder overdistention. Anechoic content was present. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The proximal common bile duct measured



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0.31 cm in width. No overt evidence of common bile duct calculi, mucus or other obstructive pathology. The duodenal papilla was not definitively visualized.

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 gastric body wall measured 0.25 cm.

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. The small intestinal wall width measured 0.23 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous to subtly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, significant lymphadenopathy or overt peritoneal free fluid was present.

Other

The transdiaphragmatic view of the caudal thorax, as well as a brief subjective echocardiogram revealed subjective mild volume pleural free fluid. No overt evidence of cardiac chamber enlargement with subjective normal LV systolic function. No overt cardiac or pericardial masses noted in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Acute hepatopathy pattern- acute hepatitis (viral, bacterial, toxin, etc.), reactive hepatopathy, noncardiogenic hepatic congestion, occult neoplasia possible.
- Overtly normal gallbladder with mild subjectively nonobstructive proximal common bile duct dilation- suspect cholangitis
- Possible low-grade pancreatitis- if present, sonographic degree of pancreatitis is not overtly consistent as a primary etiology
- Pleural free fluid- subjectively noncardiogenic

Secondary Findings

- Bilateral chronic renal changes with cortical infarcts
- Moderate urinary bladder sediment- cellular debris/protein, crystalline debris or fat droplets possible

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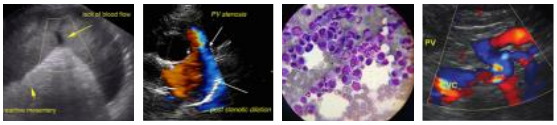

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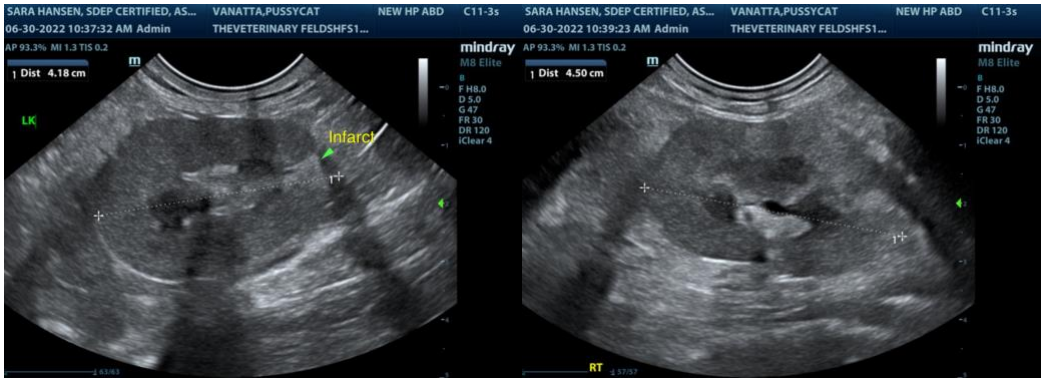
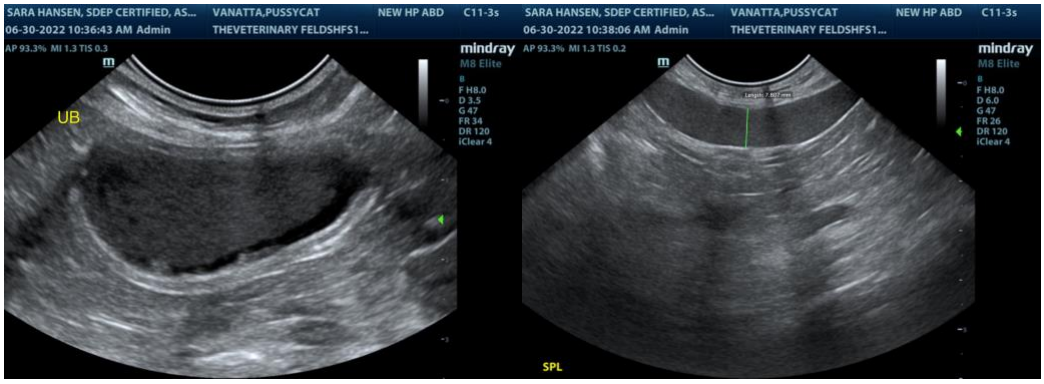
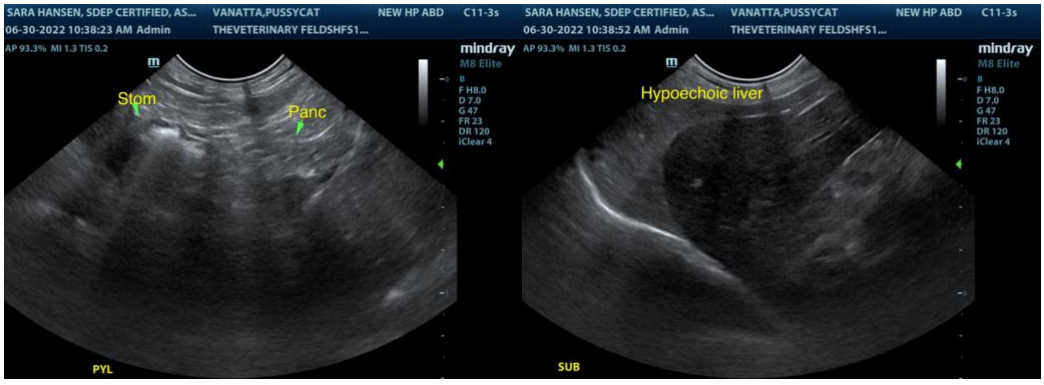
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, and using a 25-gauge needle, hepatic FNA warranted for screening cytology. Ideally, pleural effusion analysis, cytology +/- culture and sensitivity, if evidence of inflammatory cells is recommended. No overt evidence of posthepatic obstruction yet sonographic reassessment of the gallbladder and common bile duct is recommended, if persistent evidence of cholestasis and increasing total bilirubin. Spec FPL could be considered to coincide with sonographic pancreas presentation. CBC pathology review and infectious disease serology may be considered given the anemia. Empirical therapy for acute hepatitis with as needed GI support, pending additional diagnostics would be reasonable. Guarded prognosis.







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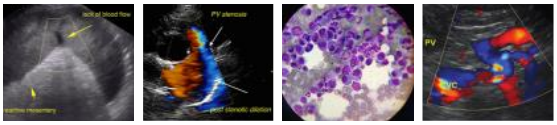

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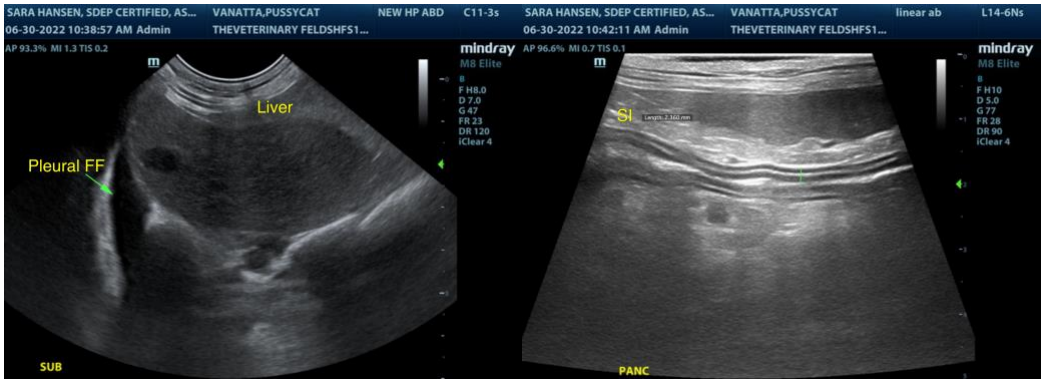

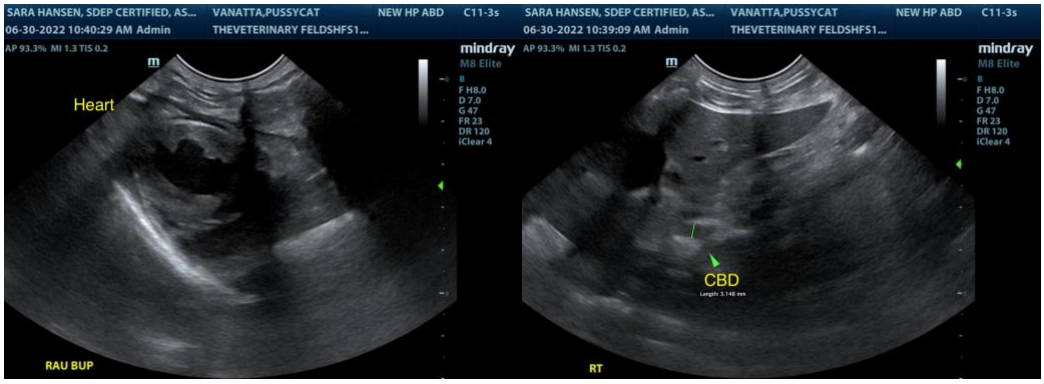

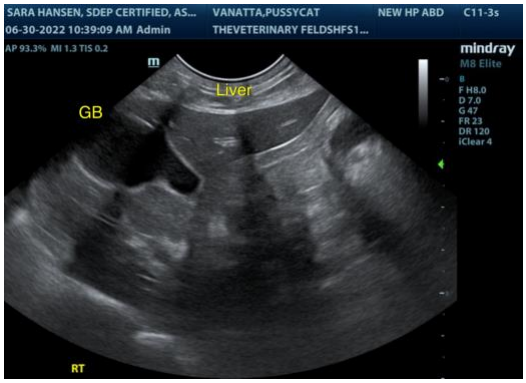

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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