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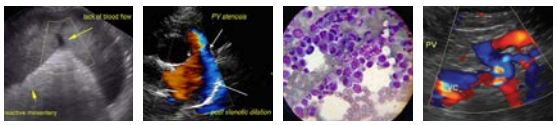

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Nadia Brown

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

10.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Heidi Putnam

HOSPITAL NAME

BPH South Eugene

REFERRING VET

Dr. Garretson

INVOICE

24692

DATE

8/14/21

PRESENTING CLINICAL SIGNS

Icteric sclera and pinna, otherwise unremarkable exam findings
Abnormal PE/Chem/CBC/UA Results: ALT 386 (12-130) ALKP 271 (14-111) CHOL 247 (65-225) GGT 9 (0-4) GLOB 6.3 (2.8-5.1) TBILI 1.6 (0.0-0.9) TP 9.1 (5.7-8.9) CBC - leukocytosis with neutrophilia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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. The left kidney measured 4.1 cm. The right kidney measured 4.3 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm in width. The left adrenal gland measured 0.26 cm in 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. The spleen measured 0.87 cm in width.

Liver

The liver was mildly enlarged. Subtle generalized decreased parenchyma echogenicity noted. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, non-dependent yet non-organized debris. No evidence of peripheral inflammation. The common bile duct was normal without overt evidence of extrahepatic biliary stasis or obstruction.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. Gastric body wall measured 0.24 cm.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Duodenum wall measured 0.31 cm. Jejunum wall measured 0.24-0.27 cm. Ileocolic wall measured 0.29 cm.

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

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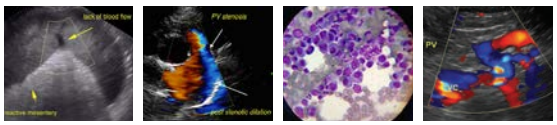

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Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy – subjectively acute
- Mild gallbladder debris
- Chronic active pancreatitis
- Possible inflammatory enteropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was non-specific, yet suggestive of acute hepatopathy given the subtle generalized decreased parenchyma echogenicity. Primary consideration for acute inflammatory hepatic parenchymal or hepatobiliary process (i.e., cholangiohepatitis/feline cholangitis syndrome) given the primarily elevated ALT with potential for vacuolar hepatic changes and likely cholestasis given the ALP elevation and presence of minor gallbladder debris. Potential for occult infiltrative hepatic neoplasia considered less likely, yet cannot be definitively excluded.

Assuming normal clotting status, hepatic FNA using 25-gauge needle would be warranted for screening cytology. If previously documented hepatic enzyme elevation or evidence of weight loss, the possibility of Triaditis flare up may be considered in this patient given the likely chronic active pancreatitis and potential for inflammatory enteropathy. Further assessment may include a GI panel to include PLI, TLI, cobalamin and folate. Empirically or pending hepatic cytology (if elected), medical therapy for acute cholangiohepatitis with as-needed gastrointestinal support is recommended.

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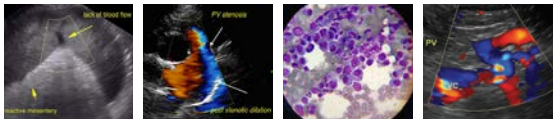

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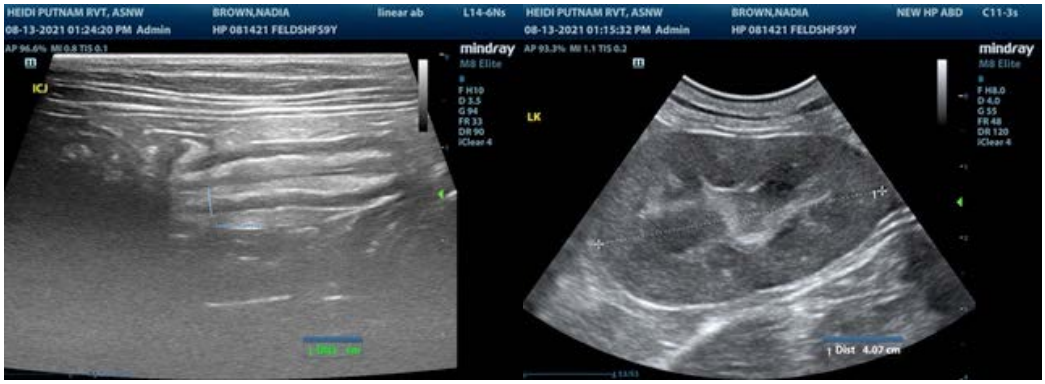

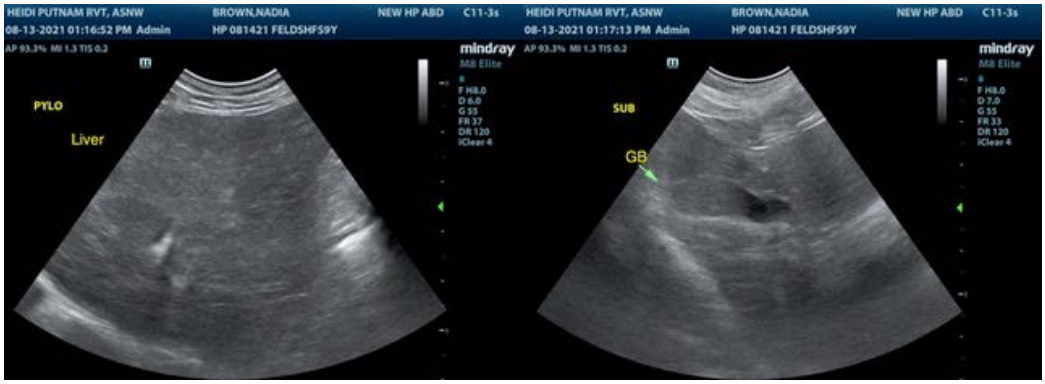

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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