SonoPath
Clinical Sonography & Telecytology
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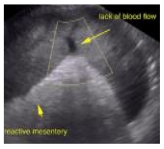
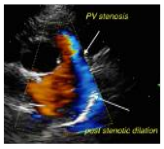
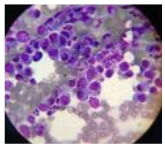
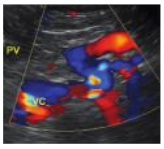




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jovie Thomas

SPECIES

Feline

BREED

Abyssinian

SEX

Spayed Female

AGE

12 years

WEIGHT

7.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Nyberg

HOSPITAL NAME

Stuga North VC

REFERRING VET

Dr. Nyberg

INVOICE

14821

DATE

8/15/23

PRESENTING CLINICAL SIGNS

Referral from neighboring clinic--not grooming much, weight loss
Abnormal PE/Chem/CBC/UA Results: hct: 27.6%, TP: 5.9, Glob 2.9, ALT 444

The submitted study contained 19 videos for review.

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. 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 was noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

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. The spleen measured 0.69 cm width.

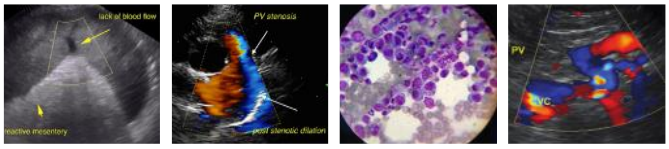
Liver/ Gallbladder

The liver was overtly normal in size with a maintained symmetrical capsule contour exhibiting uniform generalized mild increased parenchyma echogenicity comparable to the spleen with no visualized hepatic intraparenchymal masses or nodules. 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 a sonographically normal visualized gastric wall. The lumen of the stomach contained moderate, nonshadowing ingesta/chyme without signs of obstruction or foreign material. No overt mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.22 cm.

The small intestine presented intact, overtly normal, generalized intestinal wall layering. Concurrent generalized nonshadowing intestinal ingesta / chyme was noted. There was no overt evidence of mechanical obstructive criteria or mural pathology to the level of the colon.



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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 parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

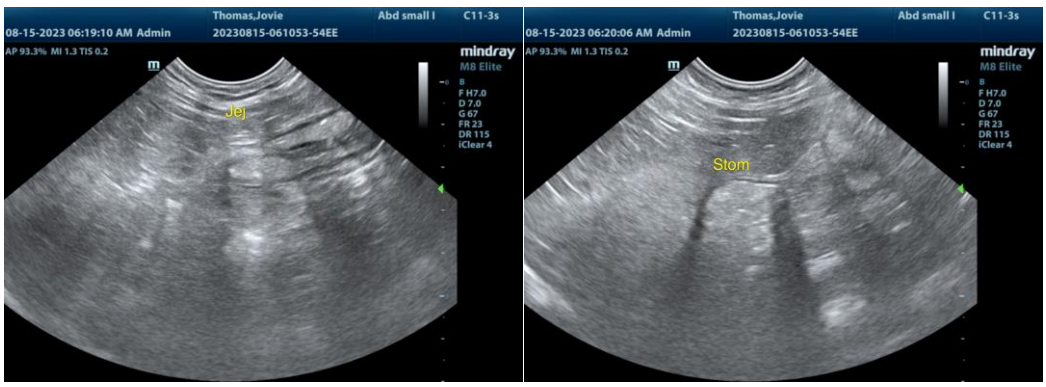
- Mild chronic renal changes
- Structurally unremarkable gastrointestinal tract with generalized gastrointestinal nonshadowing ingesta
- Hepatopathy exhibiting mild parenchyma hyperechogenicity, sonographically unremarkable gallbladder - Suspect inflammatory hepatopathy i.e., cholangiohepatitis, given ALT elevation
- Subjective mild heterogeneous pancreas - no sonographic evidence of active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt significant visceral pathology as a definitive cause of the patient's clinical signs and weight loss.

The presence of gastrointestinal ingesta is nonspecific and may indicate recent meal ingestion. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastrointestinal hypomotility, metabolic stasis or inefficient peristalsis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs and neurological / musculoskeletal examination, are recommended to assess for or rule out occult disease which may cause weight loss.

Assuming normal clotting status, using a 25-gauge needle and with vitamin K pretreatment, screening hepatic FNA cytology could be considered primarily to assess for or possibly identify inflammatory cell type and rule out the potential for occult infiltrative hepatic neoplasia.



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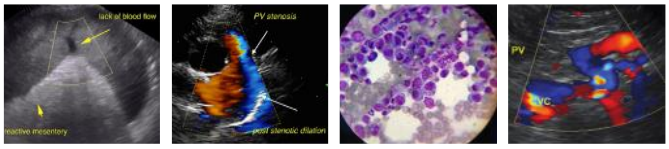

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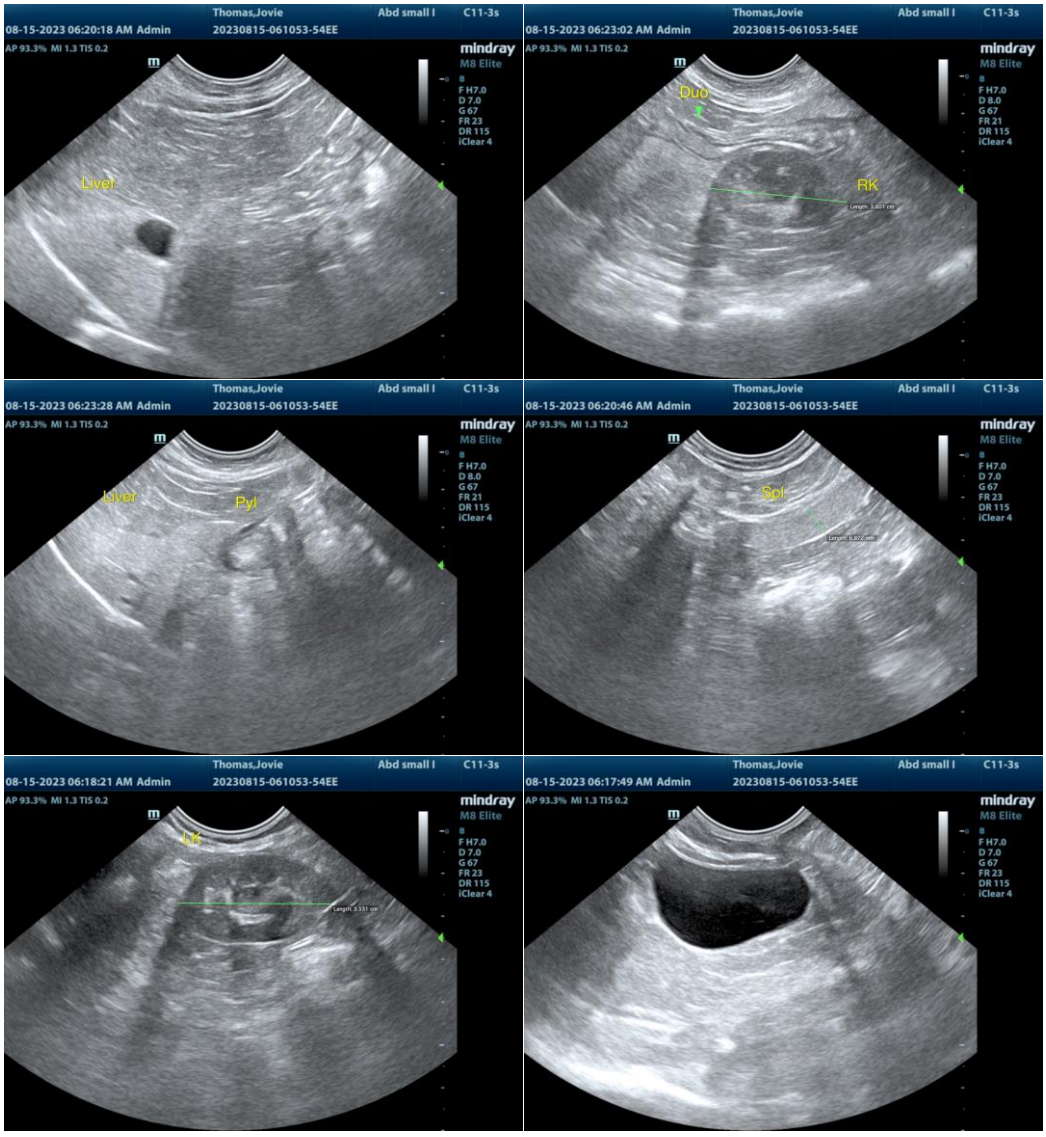

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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