SonoPath
Clinical Sonography & Telecytology
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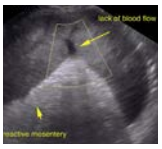
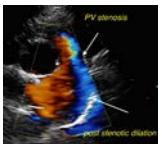
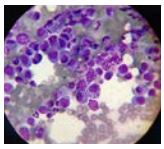
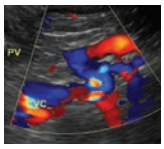





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Amao Ye

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
18 Years

WEIGHT
7.4

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

IMAGING PERFORMED BY
Dr. Sharkaway

HOSPITAL NAME
Kew Gardens AH

REFERRING VET
Dr. Sharkaway

INVOICE
24833

DATE
8/19/21

PRESENTING CLINICAL SIGNS

ANOREXIA VISION LOSS
Abnormal PE/Chem/CBC/UA Results: ELEVATED ALT-263 BILIRUBIN -2.2

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 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 was maintained. Moderate loss of corticomedullary demarcation with variable corticomedullary echogenicity noted and evidence of minor dystrophic medullary mineralization. The left kidney measured 3.3 cm. The right kidney measured 3.4 cm.

Adrenal Glands

The adrenal glands were not definitively visualized.

Spleen

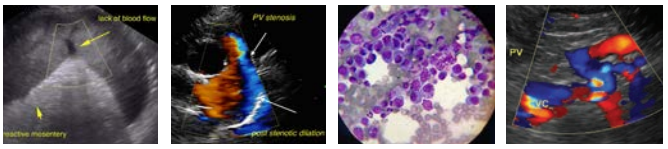
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.68 cm in width.

Liver

The liver was mildly enlarged. 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. Intermittent, subtly hypoechoic, non-expansive parenchymal nodules were present. Example of nodule measured 0.5 cm diameter. 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 with mild particulate echogenic luminal debris. The proximal to generalized common bile duct was mild to moderately dilated (0.27 cm diameter) and tortuous without overt post hepatic obstruction. Mild non-obstructive mucus was present in the dilated common bile duct. No evidence of calculi. The area of the duodenal papilla was not definitively visualized. This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

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. Gastric body wall measured 0.20 cm. Pylorus wall measured 0.25 cm.



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The small intestine exhibited generalized intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio with segmental to generalized increased mucosa echogenicity to fogging. Segmental jejunal ileus was present. No evidence of mechanical obstruction, loss of intestinal wall layering, or intestinal masses. Jejunum wall measured 0.30 cm.

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

No overt lymphadenopathy. Potential for small pockets of scant peri intestinal free fluid possible.

ULTRASONOGRAPHIC FINDINGS

- Echogenic liver with intermittent, subtly hypoechoic parenchymal nodules – chronic cholangiohepatitis with parenchymal remodeling and areas of nodular to regenerative hyperplasia or hematopoiesis suspected. Vacuolar hepatopathy and cholestasis, lipidosis, early fibrosis or neoplasia possible.
- Mild gallbladder debris
- Mild to moderate non-obstructive common bile duct dilation with minor non-obstructive mucoduct
- Suspect enteropathy with segmental to generalized increased mucosa echogenicity
- Bilateral chronic degenerative renal changes with variable corticomedullary echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound guided FNA of the liver using 25-gauge needle warranted for screening cytology, primarily to potentially identify inflammatory cell type and rule out potential for neoplasia.

Given the anorexia, IBD or other chronic inflammatory enteropathy or Triaditis may be possible. Empirical therapy for triad disease with as-needed gastrointestinal support may be considered. Systemic blood pressure to assess for evidence of hypertension recommended.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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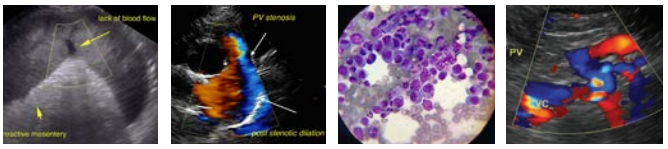

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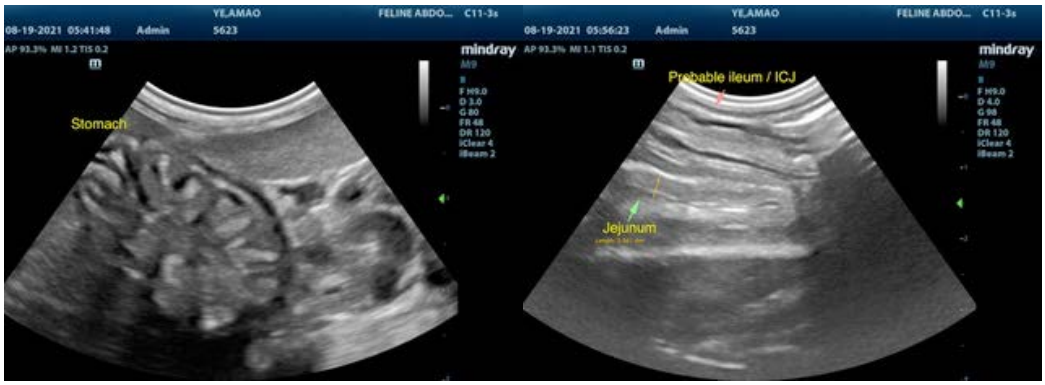

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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