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Clinical Sonography & Telecytology
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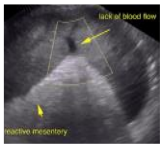

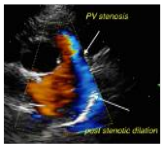

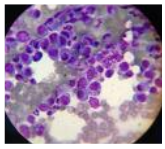
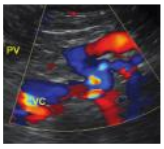

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Elf Bull

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female Spayed

AGE

12

WEIGHT

8.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laura Cordon

HOSPITAL NAME

Mason Dixon Animal Emergency Hospital

REFERRING VET

Dr. Laura Cordon

INVOICE

14747

DATE

8/27/22

PRESENTING CLINICAL SIGNS

Elf presented on 8/27 evening for decreased appetite. At first, our primary differential was constipation, but her organ function panel revealed a severe elevation of her ALT (liver value). Abnormal PE/Chem/CBC/UA Results: Elevated ALT

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.

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. 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 4.1 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The area of the left and right adrenal glands was free of overt pathology.

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/ Gallbladder

The liver was normal in size and contour. The liver presented mild generalized Increased hepatic parenchyma echogenicity compared to the falciform fat exhibiting moderate coarse echotexture and normal hepatic vascular volume. No masses or nodules are noted. 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 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. The jejunum wall measured 0.26 cm width. The ileocolic wall measured 0.30 cm width. The duodenum wall measured 0.25 cm width.

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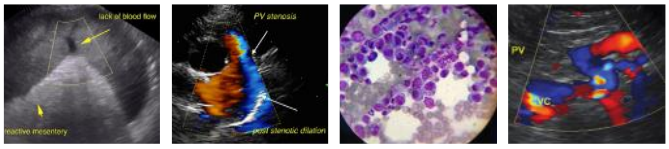

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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 were evident.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy - nonspecific, inflammatory / infectious disease i.e., hepatitis / cholangiohepatitis, given the significant ALT elevation, suspected
- Sonographically unremarkable gallbladder and common bile duct - no evidence of post hepatic obstructive criteria
- Overtly normal gastrointestinal tract

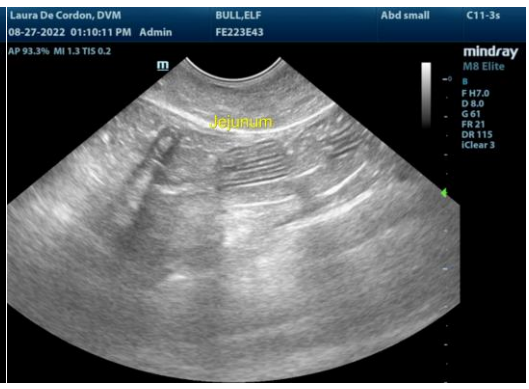
Secondary Findings

- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, screening hepatic FNA cytology is recommended primarily to assess for or possibly identify inflammatory cell type if present. A minor potential for occult hepatic neoplasia cannot be definitively excluded yet is thought less likely.

Empirically, hepato-gastrointestinal support with potential therapy for hepatitis / cholangiohepatitis and monitoring of ALT elevations and hepatic response would be reasonable. If evidence of weight loss or continued gastrointestinal signs, a panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for occult intestinal or pancreatic disease or possible Triad Disease.



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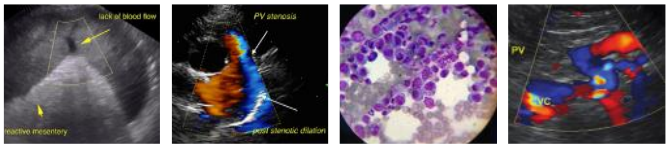

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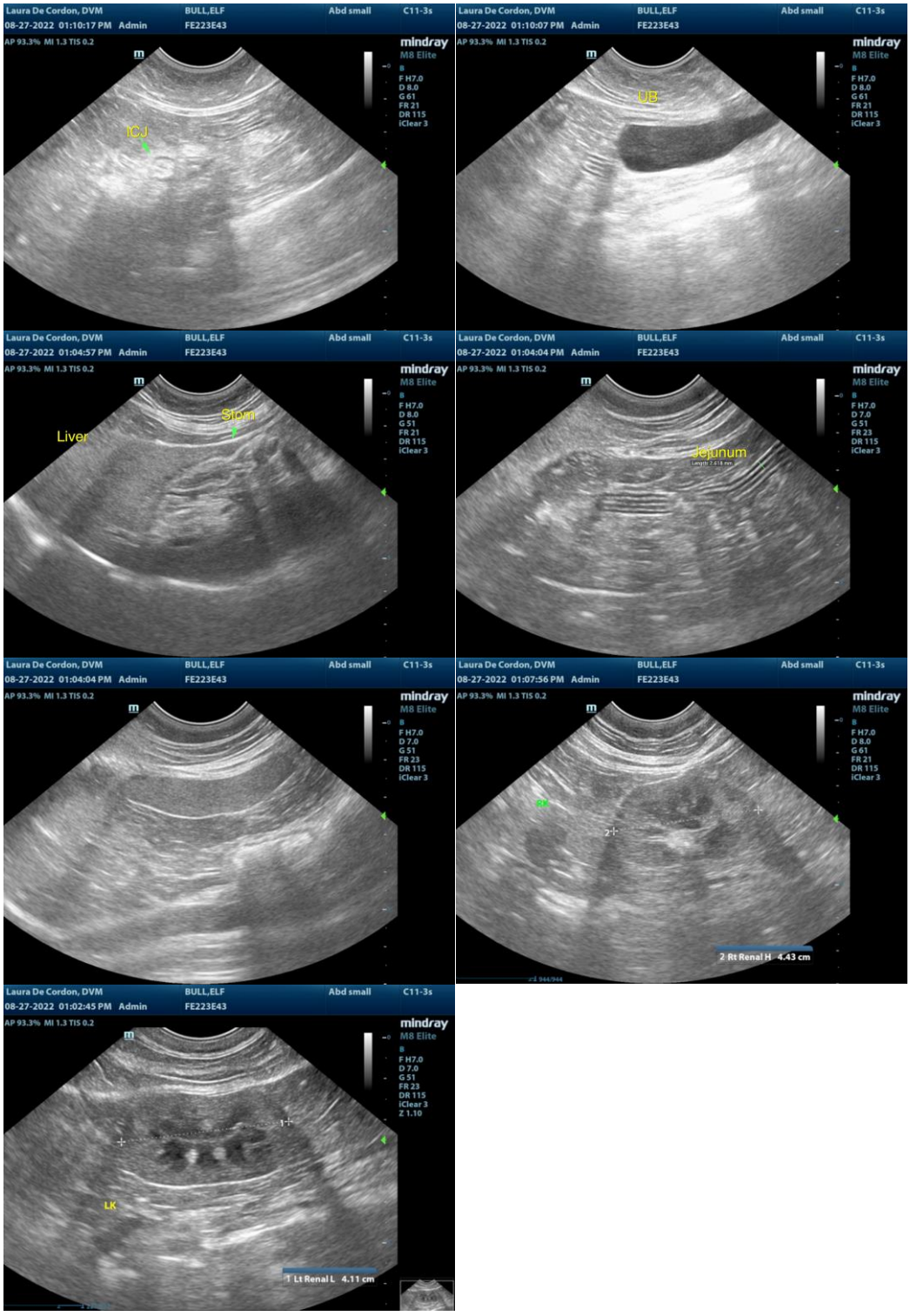

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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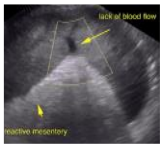

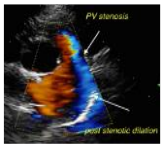

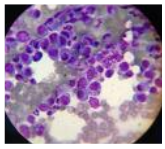
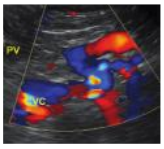

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com