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Clinical Sonography & Telecytology
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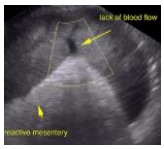
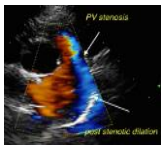
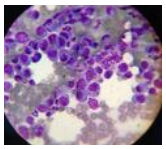
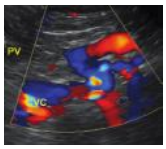

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Maya Gordon

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
7yr

WEIGHT
10.8lb

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

IMAGING PERFORMED BY
Dr. Sharkaway

HOSPITAL NAME
Kew Gardens Animal Hospital

REFERRING VET
Dr. Sharkaway

INVOICE
11633ag

DATE
09/13/2022

PRESENTING CLINICAL SIGNS

DRAMATIC WEIGHT LOSS FROM 15 TO 10LBS ICTERIC LETHARGY ANOREXIA

Abnormal PE/Chem/CBC/UA Results: CRANIAL ABDOMINAL MASS ELEVATED ALT, ALPK, GGT , BILIRUBIN -6.6, ANEMIA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild nondependent particulate 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 was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with normal increased echogenicity and corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.8 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.

Liver

The liver presented increased in size. 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. 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 in size with primarily anechoic luminal content and mild echogenic luminal debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction measuring 0.25 cm in diameter.

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 in width.

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 duodenum measured 0.22 cm in width. The jejunum measured 0.20 cm in width.

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

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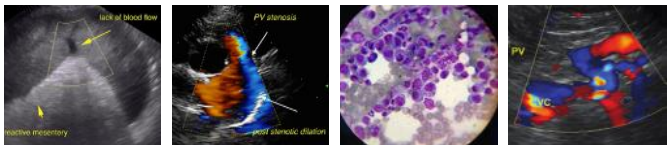

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Pancreas

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

Intermittent small pocket of perihepatic free fluid was present. No overt omental masses or lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy exhibiting generalized parenchyma hyperechogenicity
- Mild gallbladder debris
- Proximal non-obstructive proximal CBD dilation
- Overtly normal GI tract
- Mild heterogeneous pancreas
- Scant perihepatic free fluid

Secondary

- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was nonspecific but may indicate vacuolar hepatopathy, chronic hepatitis/cholangiohepatitis, lipidosis, or fibrosis while round cell hepatic neoplasia cannot be excluded. Assuming normal coagulation parameters, ultrasound guided FNA of the liver using a 25-gauge needle would be warranted for cytology, primarily to assess for evidence of inflammatory cells and to rule out round cell neoplasia such as lymphoma. Triad disease may be a possibility in this patient.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Empirically pending diagnostics, therapy for cholangeohepatitis with as needed GI support would be reasonable.

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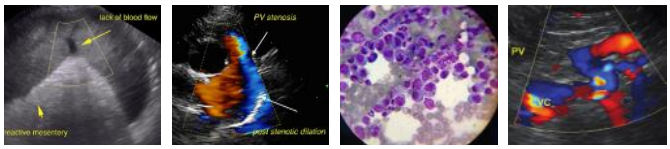

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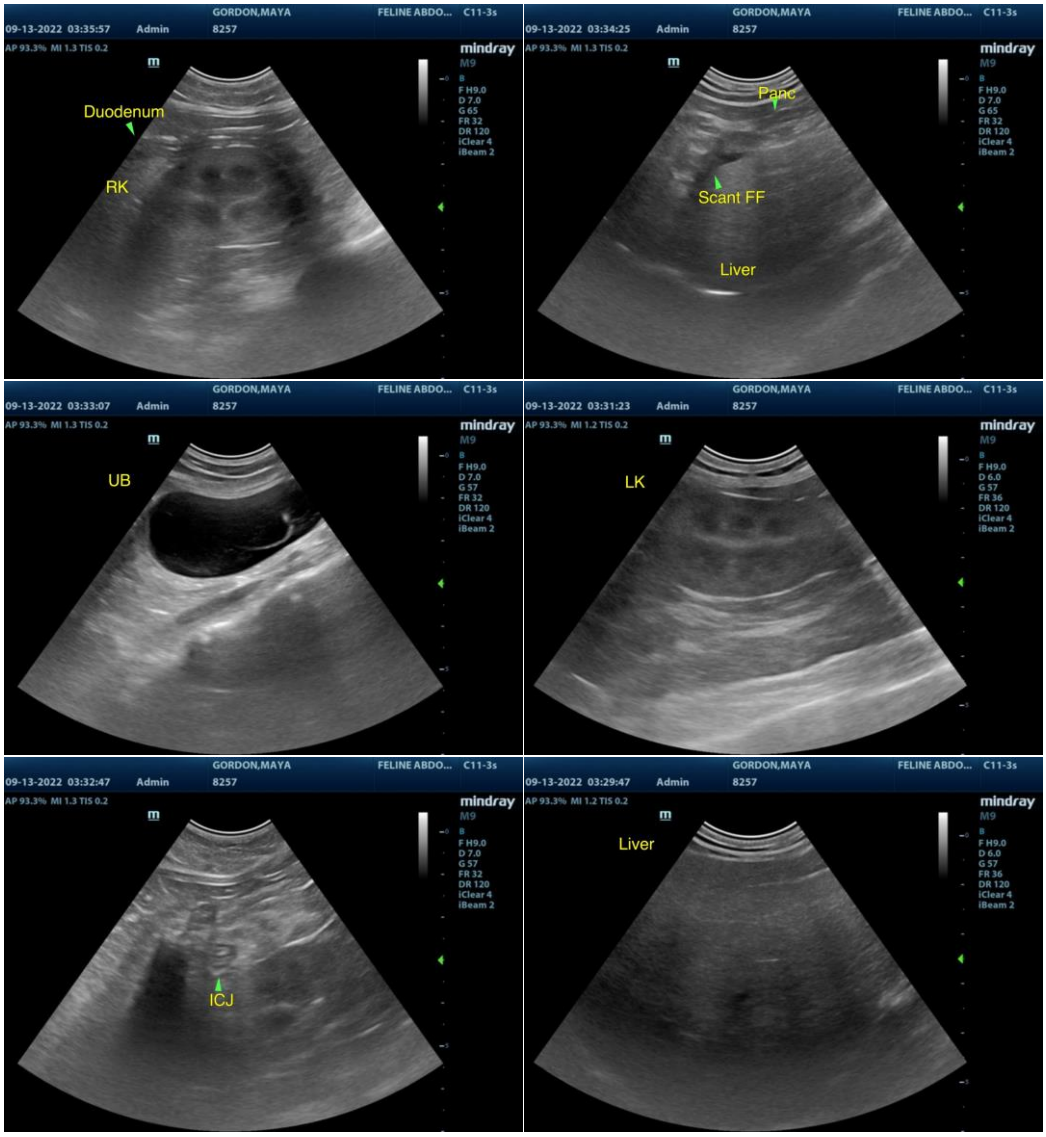

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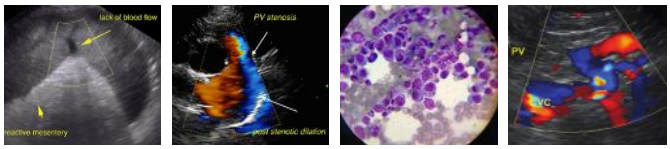

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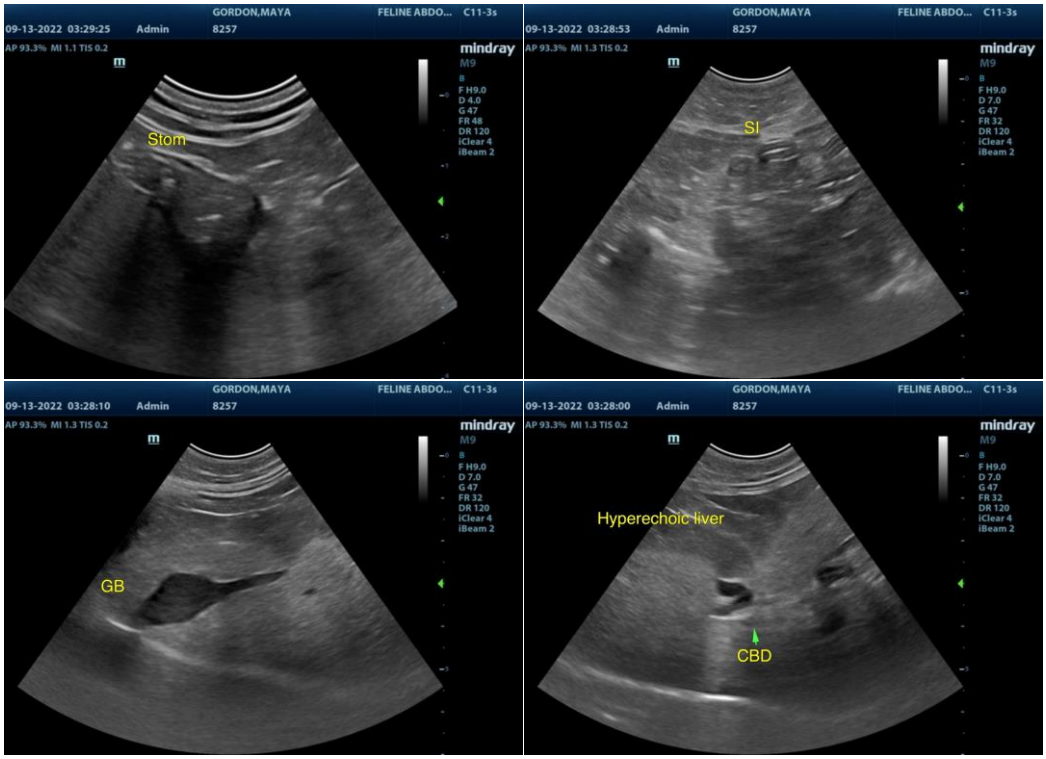

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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