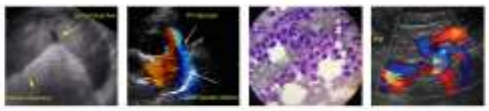
PAUS
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bonnie Nicholas

SPECIES

Feline

BREED

Maine Coon

SEX

Spayed Female

AGE

13 years

WEIGHT

10.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor Animal Hospital

REFERRING VET

Elsa Yeung, DVM

INVOICE

12176

DATE

9/2/21

PRESENTING CLINICAL SIGNS

Underweight; jaundice. r/o CKD vs parasites vs neoplasia. r/o hepatic lipidosis secondary to anorexia vs neoplasia vs other liver issue

Abnormal PE/Chem/CBC/UA Results: ALT 428; AST 187; ALP 358; bilirubin 2.7

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Very minor particulate sediment was present. 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 4.2 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width.

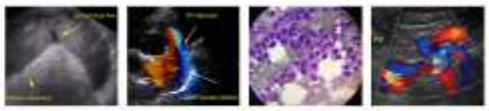
Spleen

The spleen exhibited generalized enlargement with 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 1.7 -1.8 cm in width.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Multiple non-expansive cystic nodules were present. An example of a nodule measured 1.3 cm in diameter. The gallbladder exhibited mild subjective distention containing mild to moderate, nondependent yet nonorganized, luminal debris extending into the mildly dilated cystic bile duct. Potential for generalized mild common bile duct dilation to the level of the duodenal papilla is possible. No overt evidence of obstructive duodenal papilla pathology was present.

PAUS
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bonnie Nicholas

SPECIES

Feline

BREED

Maine Coon

SEX

Spayed Female

AGE

13 years

WEIGHT

10.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor Animal Hospital

REFERRING VET

Elsa Yeung, DVM

INVOICE

12176

DATE

9/2/21

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 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 Ileocolic wall measured 0.3 cm width. The duodenum all measured 0.26 cm width.

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

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 reactivity / inflammation. No overt evidence of neoplasia. Variable yet generalized pancreatic duct dilation was present. The widest portion of dilated pancreatic duct appeared to be in the area of the pancreas base caudal to the stomach measuring 0.66 cm In width.

Free Abdomen

Several mildly prominent to mildly hypoechoic colic lymph nodes were present adjacent to the ileocolic junction. An example measured 0.29 cm in diameter.

No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy with parenchymal remodeling and multiple cystic parenchymal nodules
- Mild to moderate gallbladder debris with mild cystic biliary duct and possible nonobstructive common bile duct dilation
- Splenomegaly
- Chronic to chronic active pancreatitis with generalized variable pancreatic duct dilation

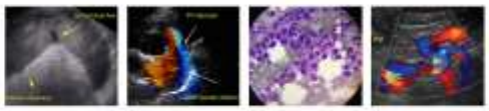
Secondary Findings

- Bilateral moderate chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential acute on chronic hepatopathy, as the liver exhibited both acute and chronic characteristics, is possible. Hepatic parenchymal or hepatobiliary inflammatory process i.e., cholangiohepatitis, cholestasis, vacuolar hepatic changes with parenchymal remodeling are possible. Hepatic neoplasia Is considered a less likely differential diagnosis. The cystic nodules, although nonspecific, may indicate benign biliary cystic adenomas or multichambered hepatic cysts. No overt evidence of post hepatic obstruction, which Is considered unlikely. However, continued monitoring for increasing cholestasis is recommended.

PAUS
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bonnie Nicholas

SPECIES

Feline

BREED

Maine Coon

SEX

Spayed Female

AGE

13 years

WEIGHT

10.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor Animal Hospital

REFERRING VET

Elsa Yeung, DVM

INVOICE

12176

DATE

9/2/21

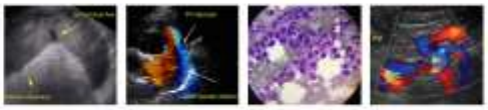
Splenic hyperplasia, hematopoiesis, patient variant, incidental splenitis, or neoplasia, given the body condition of the patient, is possible.

Assuming normal clotting status, hepatosplenic FNA using a 25-gauge needle is warranted for further clarification.

The potential for chronic triad disease may be possible in this patient, although no overt evidence of structural gastrointestinal pathology was noted. Empirically, some or all of the following protocol may be considered.

Part or all of this protocol may be considered based on your clinical impression of the patient: Recommend pain management when anorexic with **Buprenorphine** (0.01-0.02 mg/kg IM or SC), clinical trial of **Zithromax** (50 mg sid/cat x 10 days, 3 weeks if bartonella +), **Prednisolone** (0.5-2 mg/kg tapering over 1 week to minimal effective dose), and **B12 injections** if weight loss (Cyanobalamine 250 mcg sub-q once-weekly x six weeks, then every other week for six weeks and then once-monthly, long-term if necessary), **novel-protein or hydrolyzed diet (***Hydrolyzed diets have been shown to be more effective in dietary intolerance case management compared to hypoallergenic diets***)** or the **magical Purina DM** (changing protein source is crucial and may need rotation every 6 months if clinical signs recur) Diet trials is a whatever works phenomenon. If vomiting becomes a persistent issue then endoscopy would be warranted and/or recheck sonogram to assess more emerging disease. One diet does not work for all patients so different trials may be necessary or protein source rotation every 6 months as new sensitivities develop.

PAUS
Pet Animal Ultrasound Service



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bonnie Nicholas

SPECIES

Feline

BREED

Maine Coon

SEX

Spayed Female

AGE

13 years

WEIGHT

10.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor Animal Hospital

REFERRING VET

Elsa Yeung, DVM

INVOICE

12176

DATE

9/2/21

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