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Clinical Sonography & Telecytology
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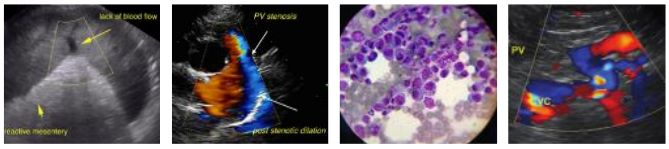


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Velvet Stillman

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

7 Years

WEIGHT

10.18 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey-Crook, SDEP Certified Clinical Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Bridget Hayes

INVOICE

17406

DATE

9/22/22

PRESENTING CLINICAL SIGNS

History: Intermittent vomiting x 2 weeks. Good appetite, normal activity. No diet change. Enlarged palpable liver, not painful. Mild loss of epaxial muscle. Prior Hx of hemobartonella and toxoplasmosis, treated in 2017. FeLV/FIV = negative, indoor cat. Other cat is OK.
Abnormal PE/Chem/CBC/UA Results: Minor decrease in K+, otherwise normal. Radiographs - enlarged liver; See attached

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. Primarily anechoic urine was present in the lumen. Mild to moderate dependent to nondependent particulate to focally hyperechoic sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.7 cm in length. The right kidney measured 4.0 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 0.88 cm in width at the level of the hilus.

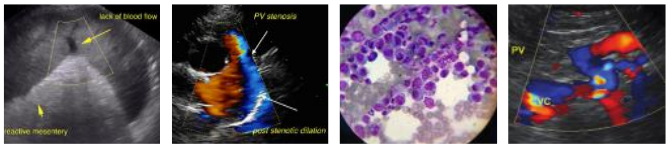
Liver

The liver exhibited marked generalized enlargement with maintained symmetrical capsular contour. Diffuse nonhomogeneous mildly hyperechoic parenchyma was present, exhibiting diffuse microcystic parenchymal changes. No overt or definitive intraparenchymal mass noted.

The gallbladder was overtly normal in size containing anechoic content with mild hyperechoic lumina debris. The gallbladder appeared to be displaced caudally owing to hepatomegaly. The cystic biliary duct and common bile duct exhibited generalized variable dilation, containing anechoic content to the level of the duodenal papilla. The proximal common bile duct measured 0.3 cm in width, while the distal common bile duct at the level of the duodenal papilla measured 0.41 cm in diameter. The duodenal papilla was definitively visualized and sonographically normal without overt evidence of obstructive pathology, i.e., mass, calculi, etc.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was nondistended, containing a mild amount of ingesta/chyme. Potential for focal small luminal hairball



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density is possible, although not definitive. The stomach appeared to be mildly displaced caudally, secondary to the hepatomegaly.

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.

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 omental masses, lymphadenopathy or evidence of peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Marked hepatomegaly, exhibiting diffuse nonhomogeneous, mildly hyperechoic to microcystic parenchyma
- Nondistended yet caudally displaced gallbladder containing mild luminal debris
- Generalized variable common bile duct dilation to the level of the duodenal papilla
- Urinary bladder sediment- cellular debris/protein crystalline debris or mucus
- Sonographically unremarkable gastrointestinal tract with subjective mild gastric displacement, potential for small gastric hairball density

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatobiliary presentation was nonspecific given the lack or reported hepatic enzyme elevations or clinical evidence of cholestasis/icterus. Inflammatory parenchymal disease, i.e., cholangitis/cholangiohepatitis with potential for diffuse large cystic biliary adenoma may be possible. Malignant neoplastic criteria is considered unlikely. Potential for emerging posthepatic 0obstruction given the short half-life of hepatic enzymes in cats cannot be definitively excluded. Further assessment may include screening hepatic FNA cytology, assuming normal clotting status, as well as close monitoring for evidence of increasing hepatic enzymes and/or post hepatic obstructive criteria.

The reported intermittent vomiting may potentially be secondary to gastric displacement. Smaller, more frequent feedings of a canned, possibly hydrolyzed diet, as needed gastroprotectants +/- hairball therapy, if clinically indicated, may prove beneficial.

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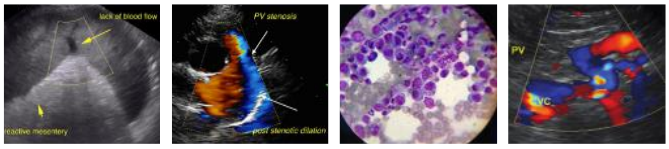

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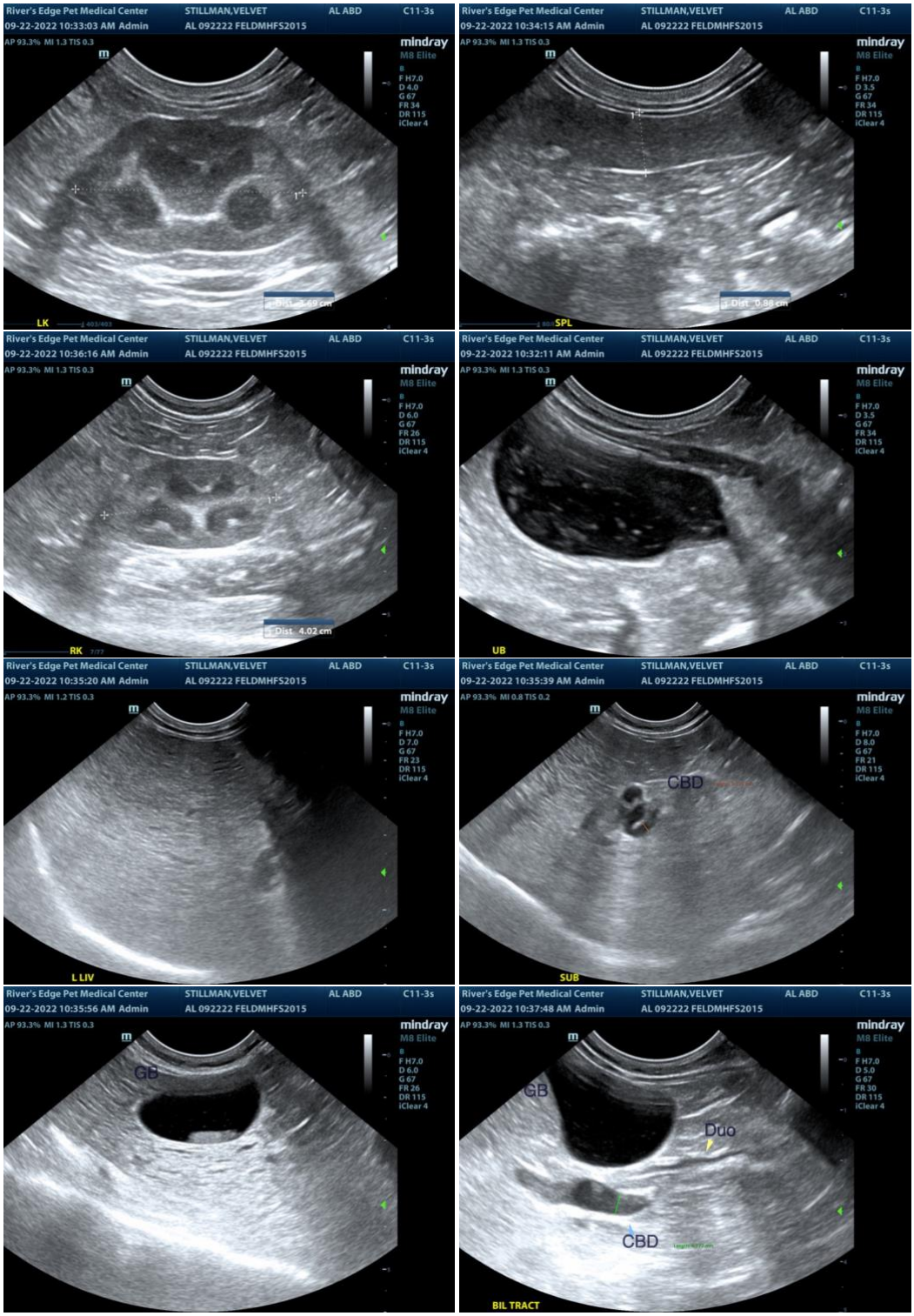

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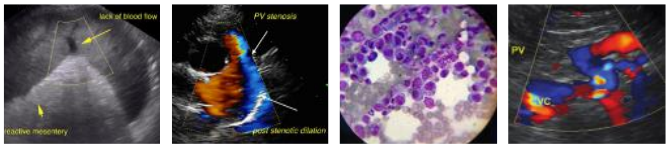

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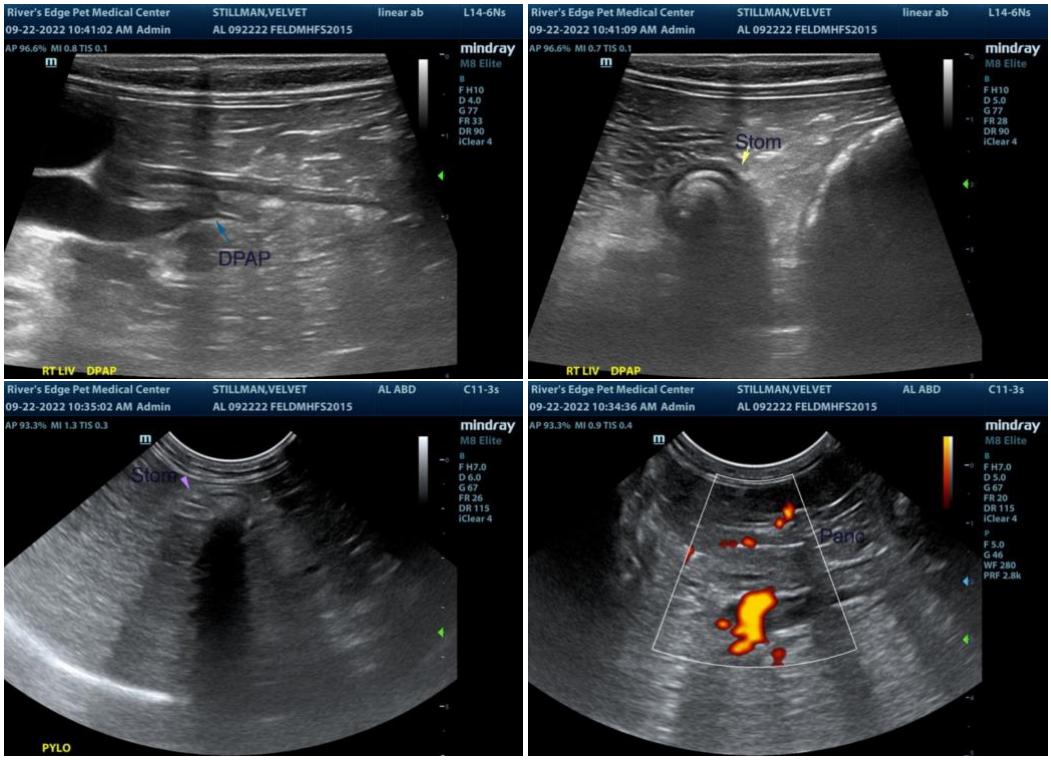

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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