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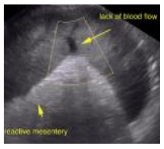
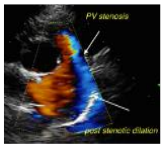
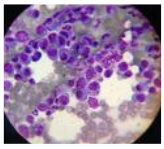
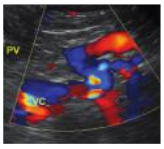

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Roo Advocat

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

8 months

WEIGHT

1.9

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

17489

DATE

9-29-22

PRESENTING CLINICAL SIGNS

Stunted growth
Abnormal PE/Chem/CBC/UA Results: BILE ACIDS TEST -PRE127.8, POST 92.1 BW- ELEVATED AST,ALT,ALPK, CHOLESTEROL THYROID PROFILE - PENDING

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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 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 3.0 cm in length. The right kidney measured 2.9 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/ Gallbladder

The liver exhibited subjective adequate size, maintained symmetrical capsule contour and adequate vascular volume. The visualized portal vein exhibited subjective normal volume compared to the aorta with subjective evidence of normal cranial portal vein branching. No obvious evidence of turbulent caudal vena cava blood flow on doppler assessment.

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 contained mild to moderate nonshadowing ingesta/chyme.

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.

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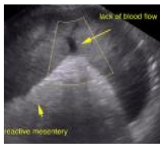
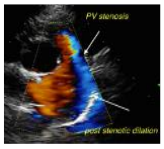
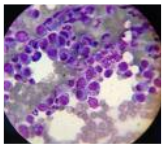
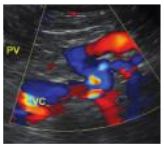

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Pancreas

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

Intermittent mid abdominal enlarged mesenteric lymph nodes were present, which may be consistent with incidental hyperplasia or immunologic immaturity given the young age of the patient. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

A small pocket of scant free fluid was noted in the caudal abdomen around the urinary bladder, this is likely physiologic and incidental. No omental masses noted.

ULTRASONOGRAPHIC FINDINGS

- Subjective adequate hepatic vascular volume
- Subjective normal portal vein volume, exhibiting evidence of cranial branching
- Sonographically unremarkable gastrointestinal tract with nonshadowing gastric ingesta/chyme
- Intermittent benign/reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious macroscopic portosystemic shunt was not overtly evident in this study. Primary hepatic parenchyma disease with potential for microvascular dysplasia could be possible, however, given the reported stunted growth in this patient combined with elevated pre- and postprandial bile acids, the possibility of a nonvisualized portosystemic shunt cannot be definitively excluded.

Further assessment may include Protein C level, as well as screening hepatic FNA cytology to assess for or possibly identify inflammatory cells present. Ideally, advanced imaging, specifically, gold standard CT with contrast is recommended for a definitive assessment if possible.

Empirically, hepatosupportive medications, including hepatic diet +/- lactulose or Zinc supplementation could be considered.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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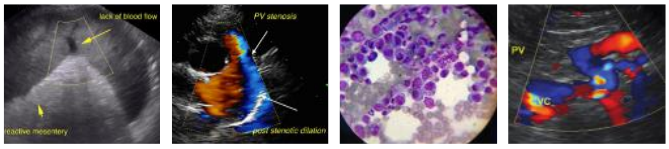

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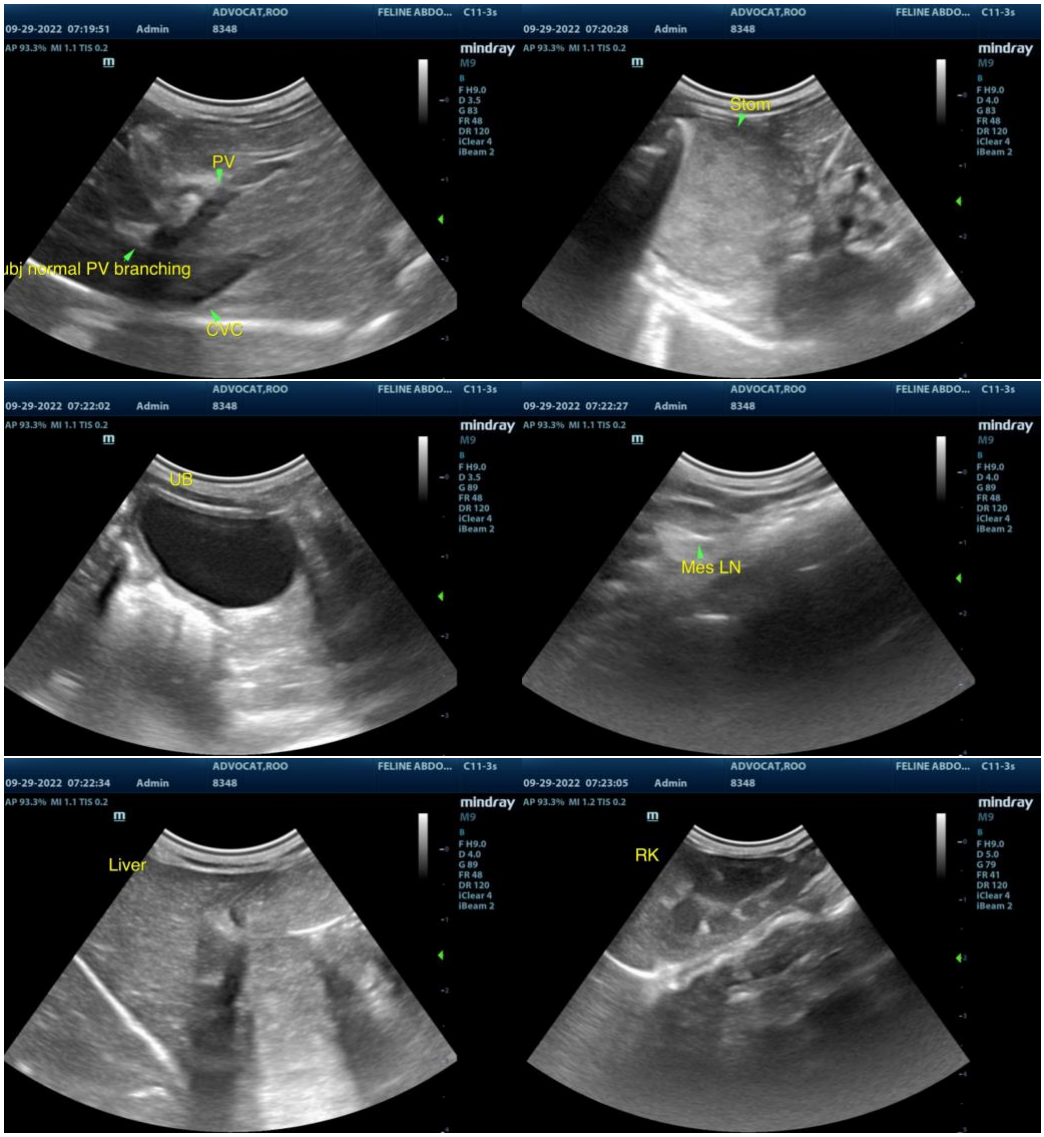

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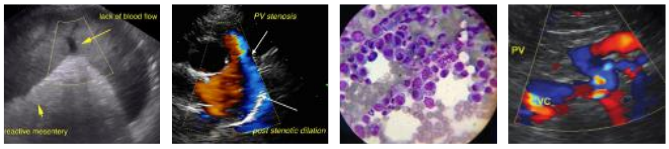

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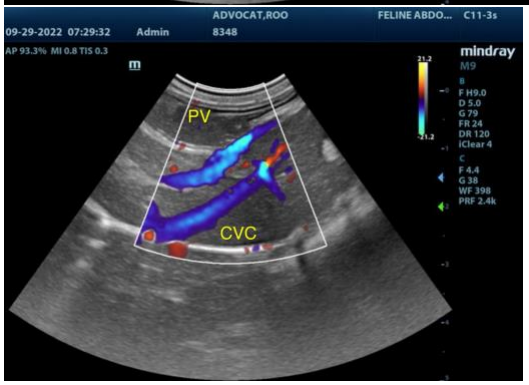

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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