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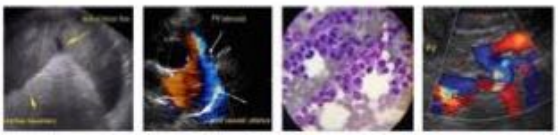


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Chloe Vukovic

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 years

WEIGHT

6.37 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie PH Burlington

REFERRING VET

Ruggieri

INVOICE

12632

DATE

4.3.23

PRESENTING CLINICAL SIGNS

History: e/d is decreased, urinated outside of litter box this morning, P had vomited yesterday, less social, energy is decreased, O' has been trying to give P wet food and still not wanting to eat. Started 2 weeks ago. BAR, CRT<2S, MM pink, yellowish tinge on lips, euhydrated Not really eating/drinking for 2 weeks. O tried switching food, no interest. Low energy Vomited once yesterday Urinated outside litterbox this morning. No diarrhea No access to toxins, lily plants Ears: Icteric skin on inner pinna Eyes: Icteric sclera Current Medications Clavaseptin 62.5mg 1.5tab PO BID 14d, Metronidazole 50mg 1tab PO BID 14d, Cerenia 16mg 1/2tab PO SID 5d, Mirtazapine 15mg 1/4tab PO EOD

Abnormal PE/Chem/CBC/UA Results: CBC: NSF Electrolytes: NSF Chem: Mod-severe elevation in liver values ALT (300), ALP (1015), GGT (13), TBIL (101). Lipase (1534)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely-movable. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 4.0 cm in length. The right kidney is 3.7 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 2.8 mm at the caudal pole. The right adrenal gland height 2.9 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 7.1 cm.

Liver

The liver is diffusely hyperechoic and subjectively enlarged with rounded borders. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

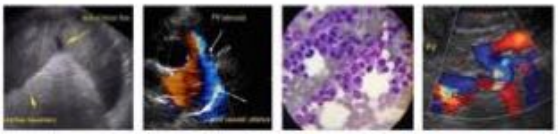
The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are normal up to 2.4 mm for duodenum and 2.4 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.2 mm, with intact wall layering. The ileocecal junction and appears normal.



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Pancreas
The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen
There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Findings

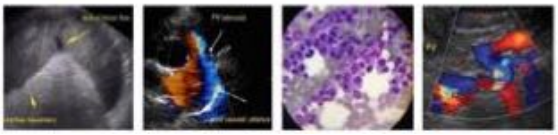
- Diffusely hyperechoic and rounded liver
- Mild thickening of the intestinal muscularis layer, suggestive of inflammatory bowel disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the liver are concerning for hepatic lipidosis. Other differentials would include a reactive hepatopathy, chronic cholangiohepatitis, or less likely, infiltrative neoplasia. Fine-needle aspirate with a 25-gauge needle is recommended for definitive diagnosis.

The changes to the small intestines are mild, and could be within normal limits for this patient, but could also indicated inflammatory bowel disease. Given the history of anorexia, a full GI panel is recommended. Additional recommendations include:

- Aggressive nutritional support with a consideration of a feeding tube, given the possibility of hepatic lipidosis
- Consideration of empirical antibiotic therapy, if cholangiohepatitis is suspected
- Consideration of Vitamin B12 supplementation, particularly if cobalamin levels will not be assessed.
- Consideration of empiric prednisolone therapy for the possibility of inflammatory bowel disease
- Intestinal biopsies may be necessary for the definitive diagnosis of inflammatory bowel disease and to differentiate benign from neoplastic disease.



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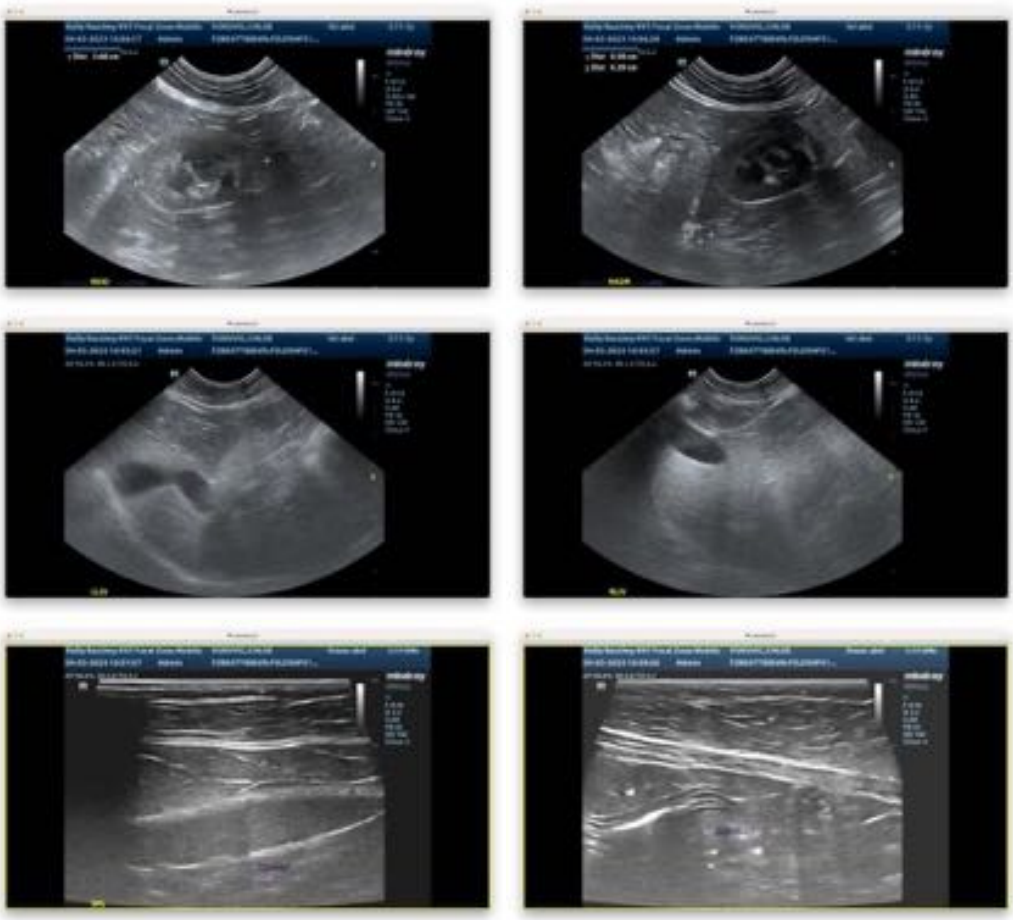

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com