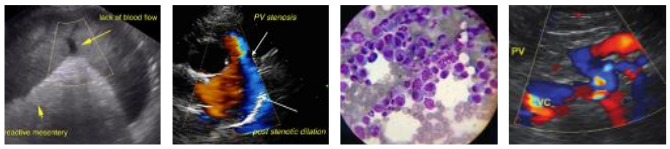
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Sir Isaac Newton Hutchens

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

8 Years

WEIGHT

13 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kristin Velasco

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Kristin Velasco

INVOICE

16947

DATE

8/21/22

PRESENTING CLINICAL SIGNS

History: History of pancreatitis 3 years ago. Not eating after Tresaderm administrator. ALT= 641 All elise with in normal limits.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A large 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 pelvic urethra was visualized to 2.0 cm.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

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 4.5 cm in length. The right kidney is 4.8 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 2.3 mm at the cranial pole and 3.1 mm at the caudal pole. The right adrenal gland height is 3.1 mm at the cranial pole and 3.0 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 8.4 mm.

Liver

The liver is diffusely hyperechoic and of appropriate size and shape with sharp borders and a mildly coarse parenchymal echotexture. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

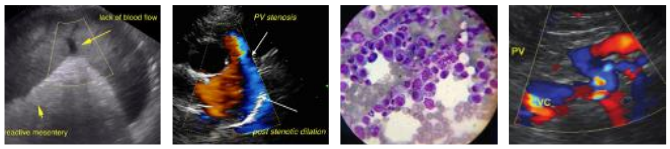
The gallbladder is minimally distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic duct is dilated to 5.1 mm, the common bile duct is normal.

Gastrointestinal

The stomach is empty. The gastric wall is 2.6 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 2.1 mm. The jejunal wall measures up to 1.9 mm. 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 is visualized.



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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

Primary Findings

- A hyperechoic liver with a mildly dilated cystic duct, consistent with cholangiohepatitis

Secondary Findings

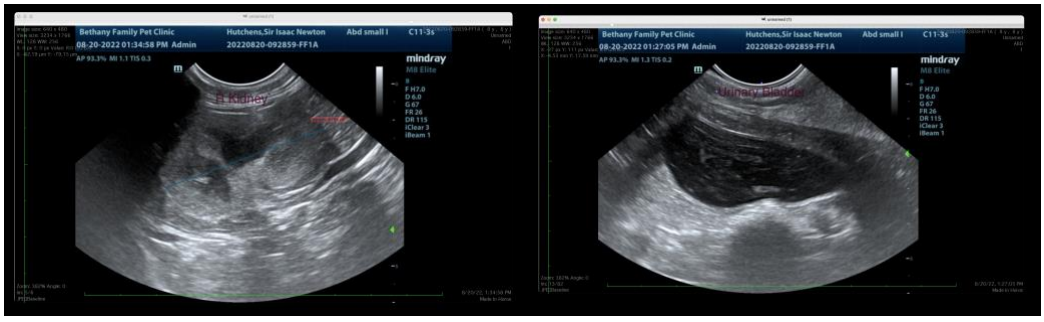
- Suspended urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the liver are consistent with cholangiohepatitis. Ultrasound-guided or laparoscopic biopsies would be needed for definitive diagnosis. Recommendations include:

- ❖ bile acid testing is recommended to further assess severity of hepatic disease
- ❖ Initiation of liver support therapies such as SAMe, Vitamin E and ursodiol
- ❖ Broad spectrum antibiotic therapy, such as a combination of amoxicillin or amoxi-clav, in combination with a fluroquinolone, is recommended. If recheck lab values in 1 week show significant improvement, then a 4-6 week total course of antibiotics is recommended.
- ❖ If there is no response to supportive and antibiotic therapy, then empiric prednisone at 2-4mg/kg / day could be considered.

The suspended sediment in the bladder may be a normal variation in a cat. Significance should be correlated with findings on a urinalysis. If there is an active urine sediment, then urine culture could be considered.



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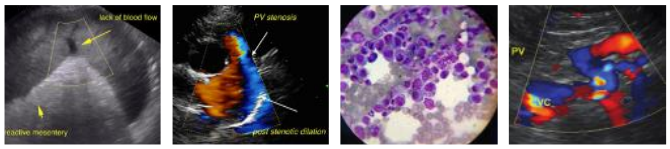

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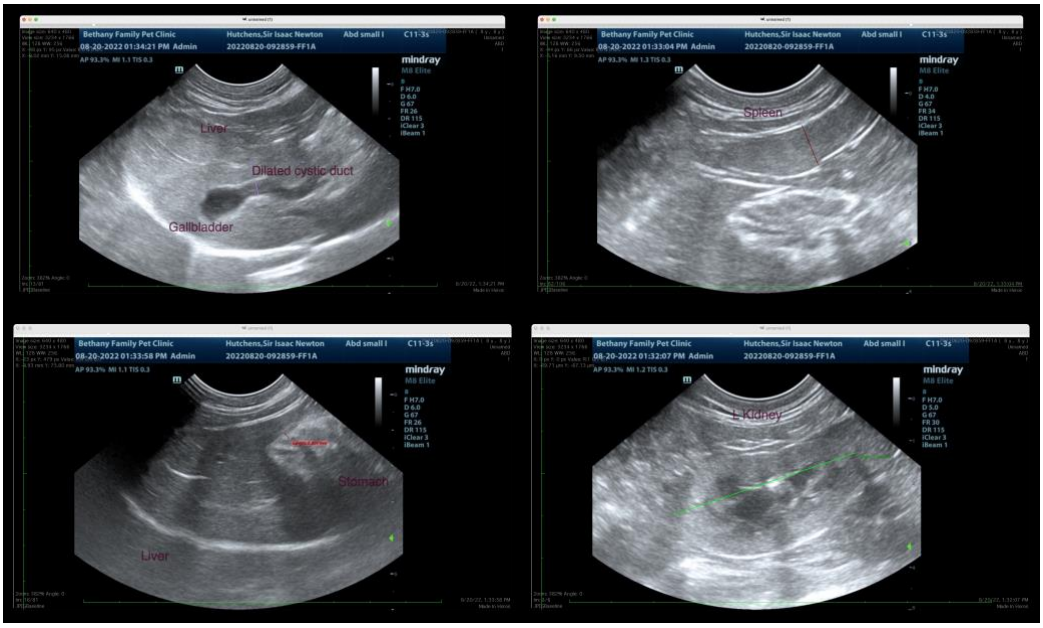

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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