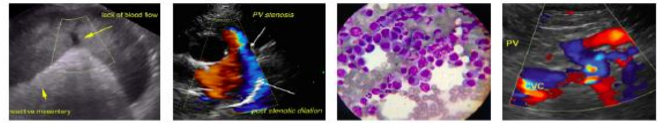
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

**PATIENT**

Callie Wilkins

**SPECIES**

Feline

**BREED**

DLH

**SEX**

FS

**AGE**

11 years

**WEIGHT**

7 kg

**INTERPRETED BY**

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

**IMAGING PERFORMED BY**

Dr Alastair Westcott, DVM

**HOSPITAL NAME**

**REFERRING VET**

Dr Alastair Westcott, DVM

**INVOICE**

302589

**DATE**

10 /7/21

## PRESENTING CLINICAL SIGNS

History: Two-day duration anorexia, regurgitation past month, weight loss.

Physical Examination: Dehydrated, possible icterus, heart murmur.

Urinalysis: Normal SG, bilirubinuria.

CBC: Monocytosis, toxic neutrophils.

Serum Biochemistry: Marked elevation in ALT activity and bilirubin, elevated ALP and GGT activity and SDMA, abnormal fPL.

Radiographic Findings: N/A.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 4.5 cm, right 4.7 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal blood flow, capsule and pelvis.

### *Adrenal Glands*

Normal shape, size, echogenic appearance, and position. Left 1.29 x 0.3/0.39 cm, right 1.13 x 0.3/0.29 cm

### *Spleen*

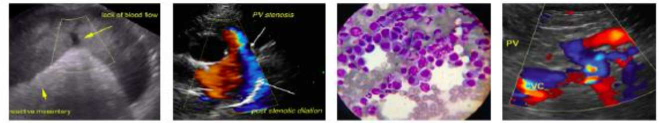
Enlarged (1.4 cm) with a mottled echogenic appearance. Focal irregular hyperechogenic area in the body of the spleen with no distension of the capsule. Smooth curvi-linear capsule and normal vasculature.

### *Liver*

Normal size with a mottled echogenic appearance, and loss of portal markings. No nodules or masses evident. Small gall bladder containing moderate amount of adherent hyperechoic sediment. Thickened and hyperechogenic appearance of the gall bladder wall. Dilated bile duct (up to 0.56 cm) with small choleliths.

### *Gastrointestinal*

Normal appearance of the pylorus, stomach, duodenum, ileo-cecal junction, and colon with normal thickness (stomach 0.26 cm, colon 0.15 cm) and layering and no distension of the lumen. Thickening of the jejunum (0.35 cm) with a prominent hypoechoic appearance of the submucosal layer but with no loss of layering, normal peristaltic activity, and no distension of the lumen.



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### *Pancreas*

Enlarged (right 0.8 cm, body 1.1 cm, left 1.6 cm) with a diffuse hypoechogenic appearance. Irregular capsule. Visible pancreatic duct (0.12 cm). Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

### *Free Abdomen*

No mesenteric lymphadenomegaly.
No ascites.

## ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Pancreatitis.
- Hepatopathy.
- Cholecystitis.
- Dilated bile duct.
- Enteropathy.
- Splenomegaly.

Secondary Findings:

- Age-related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of pancreas is typical of pancreatitis.

Etiologies for the hepatopathy would be secondary to the pancreatitis, cholangio-hepatitis complex, early lipidosis, granulomatous disease, and infiltrative neoplasia.

The appearance of the gall bladder is typical for cholecystitis. The bile duct can be attributed to previous obstruction with choleliths or secondary to the pancreatitis.

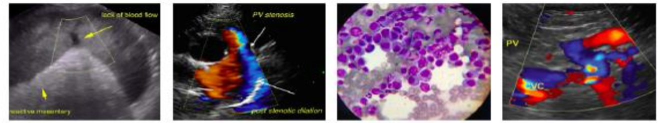
Etiologies for the enteropathy would be dietary hypersensitivity, inflammatory bowel disease, parasitic enteritis, and possibly emerging lymphoma.

Etiologies for the splenomegaly would be reactive, splenitis, and infiltrative neoplasia.

An overall encompassing diagnosis for this patient would be triaditis – cholangio-hepatitis, pancreatitis, and inflammatory bowel disease.

Further assessment would be fecal analysis, serum cobalamin assay, FNA cytology of the liver and spleen, and possibly endoscopy of the upper GI tract with biopsies.

Initial management would be fluid therapy as needed, nutritional support, anti-emetics (maropitant, metoclopramide), gastric protectants (omeprazole, sucralfate), and analgesics. Additional therapy would be a course of fenbendazole and cobalamin supplementation.



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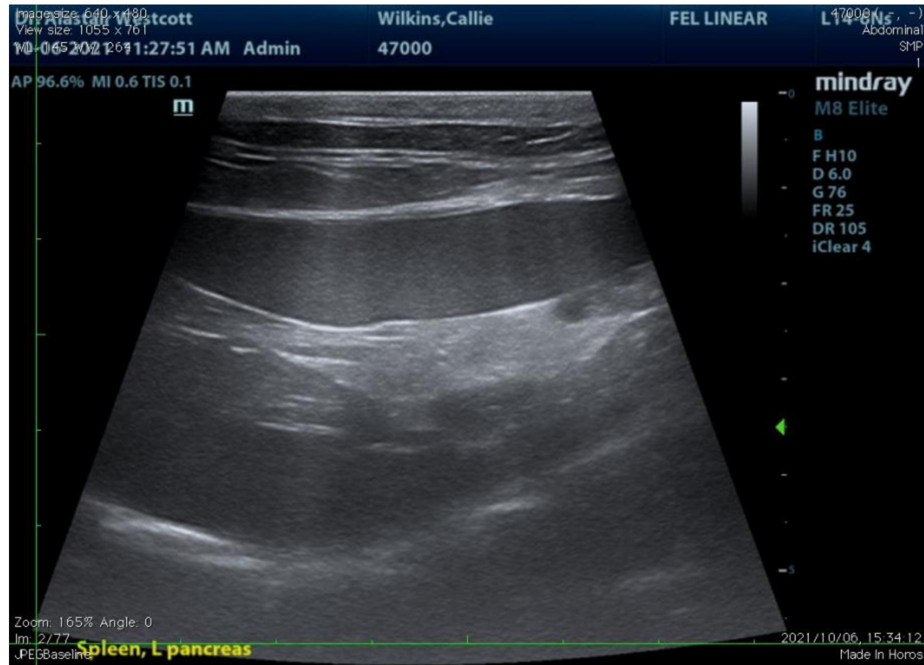
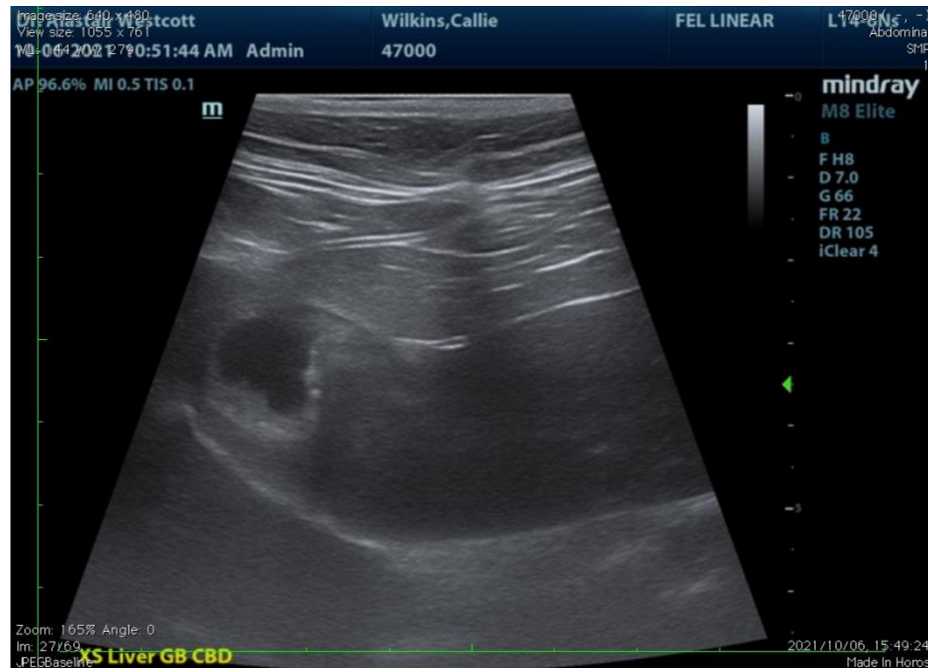
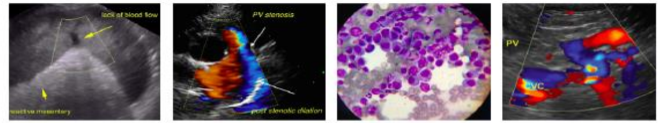
## IMAGES

### Spleen




### Liver/gall bladder





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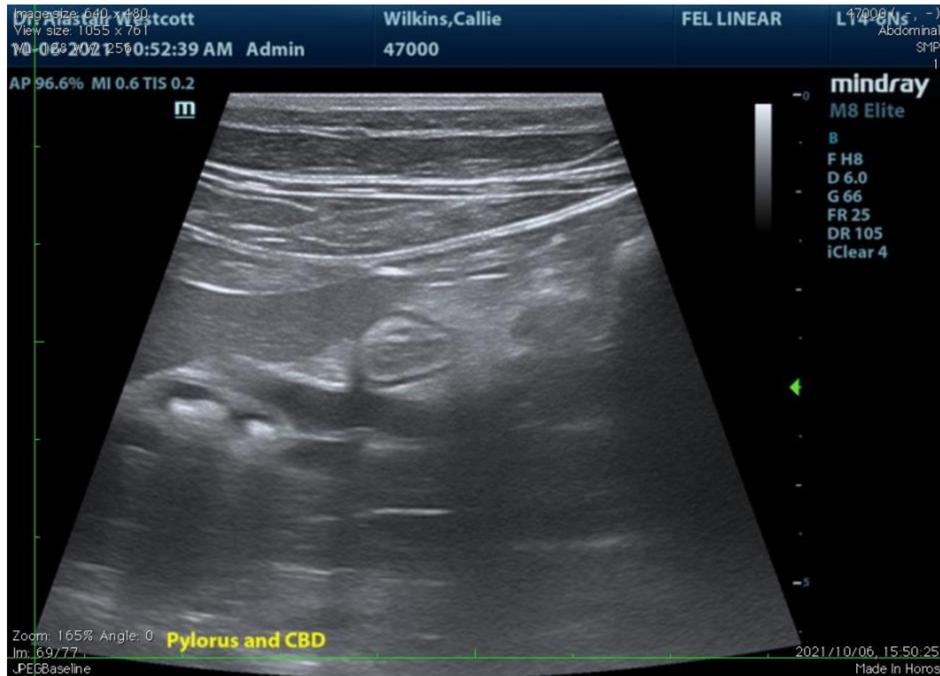
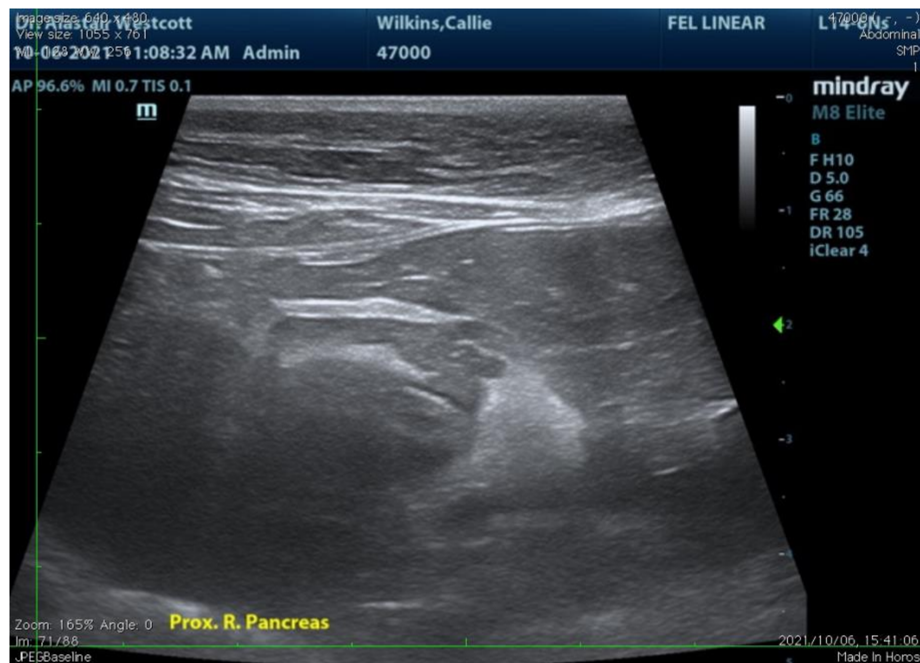
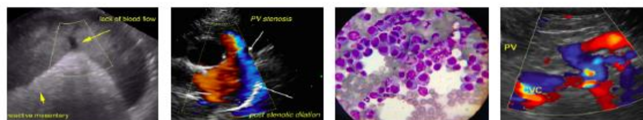
## Bile duct




## Pancreas







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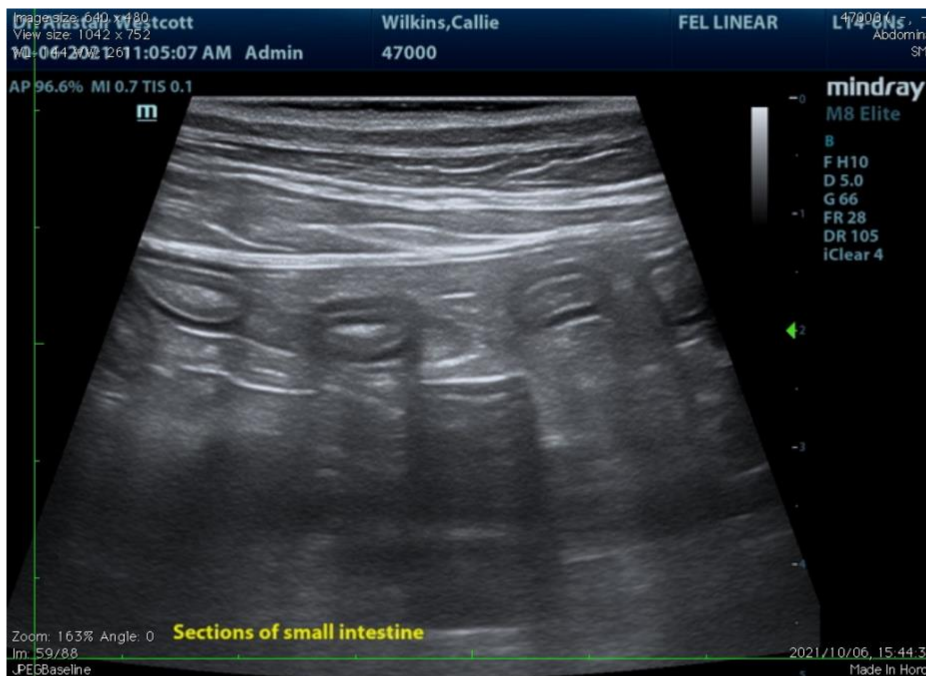
## Small intestine




**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.

**Remo Lobetti**, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za