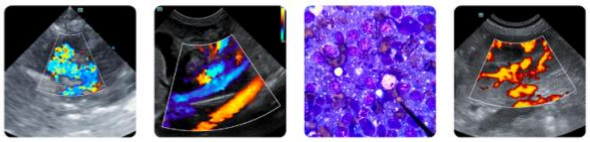


PATIENT

Sidney Harrington

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

11

WEIGHT

11.1

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Camille Petrizzo

HOSPITAL NAME

Greater Staten Island VS

REFERRING VET

Dr. Camille Petrizzo

INVOICE

22427

DATE

1-22-26

PRESENTING CLINICAL SIGNS

- Went to rDVM yesterday for 6-7 days of hyporexia
- no vomiting or diarrhea, no known FB ingestion
- treated with SQF and anti, nausea medication
- Sent here for further workup

Abnormal PE/Chem/CBC/UA Results: NEU 11.83 (1.84-11.01) HCT 23.0 (30.3-49.7) HGB 7.5 (10.5-16.9) GLU 389 (70-130) ALT 130 (0-100) ALP 599 (0-90) GGT 30 (0-10) T Bili. 10.2 (0.0-0.5) Na 144 (147-156) T4 1.3 (0.8-4.7) Radiographs: enlarged liver, normal caudal thorax PCV 23%/7.2 icteric serum

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small-to-moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.11 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is upper limits of normal size (4.50 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. The perirenal fat is hyperechoic.

Adrenal Glands

The left adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (0.83 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

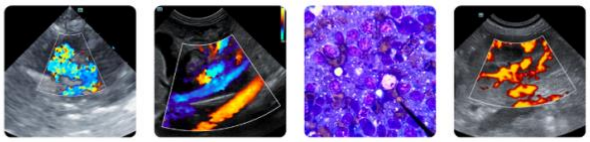
Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is moderately distended. The wall is mildly-thickened (up to 0.17 cm). A small amount of echogenic debris is observed within the lumen. The cystic and common bile duct lumen is normal-to-borderline-dilated (up to 0.30 cm). The walls are mildly thickened. There is no obvious evidence of an intraluminal obstruction. The duodenal papilla is normal-in-size (0.25 cm in width).

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is



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normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely visible/prominent, with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat, and mottled in appearance. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface of the left limb is mildly hyperechoic.

Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 1.96 x 0.48 cm).

Free Abdomen

Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy.
- The gallbladder and cystic/common bile duct wall changes are most consistent with cholecystitis and cholangiohepatitis, respectively. There is no obvious evidence of a mechanical common bile duct obstruction.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient. Correlation with the patient's long-term clinical history is recommended.
- The pancreatic changes are suggestive of chronic active pancreatitis with parenchymal remodeling.
- Bilateral nonspecific age-related renal changes with mild right renomegaly and concurrent right cranial retroperitonitis. These changes involving the right kidney may be secondary interstitial nephritis, pyelonephritis, emerging neoplasia (less likely), other.

Secondary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Urinary bladder debris

*Given the sonographic changes, "triaditis" is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Hepatic tissue sampling (i.e., aspirates or biopsies) along with aerobic and anaerobic bile cultures would be necessary to get a definitive diagnosis.

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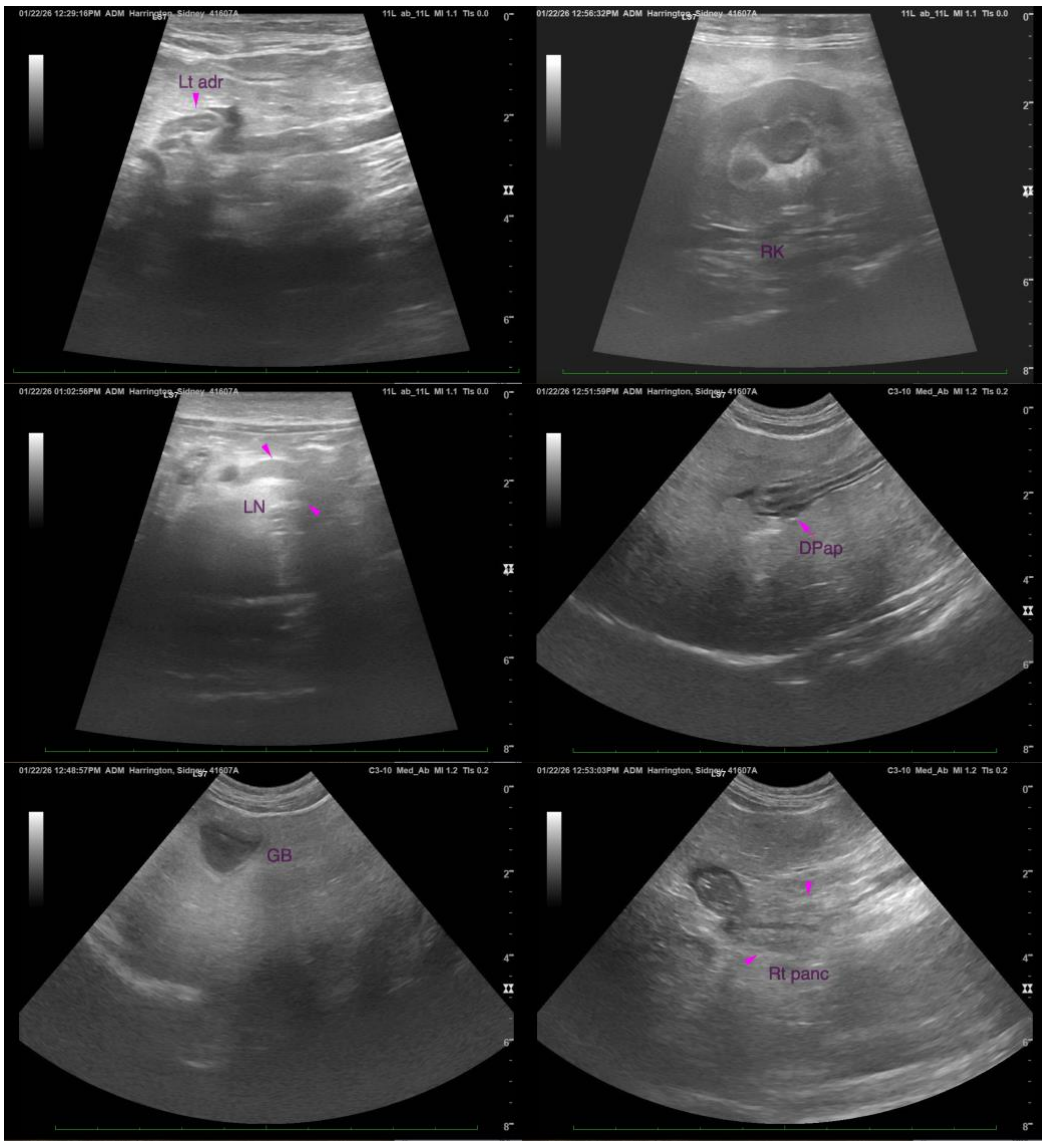
- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 3-4 weeks and 1 week beyond normalization of the liver values.

- Other diagnostics considerations include the following:

1. GI panel including serum cobalamin and folate, TLI and PLI
2. Feline infectious disease testing (i.e., feline leukemia, FIV and FIP)
3. Three-view thoracic radiographs to assess cardiopulmonary status
4. Urinalysis with culture and sensitivity



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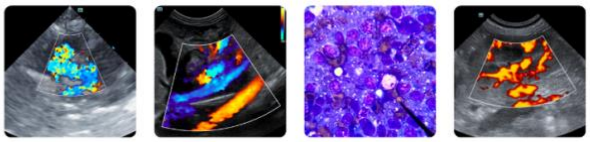

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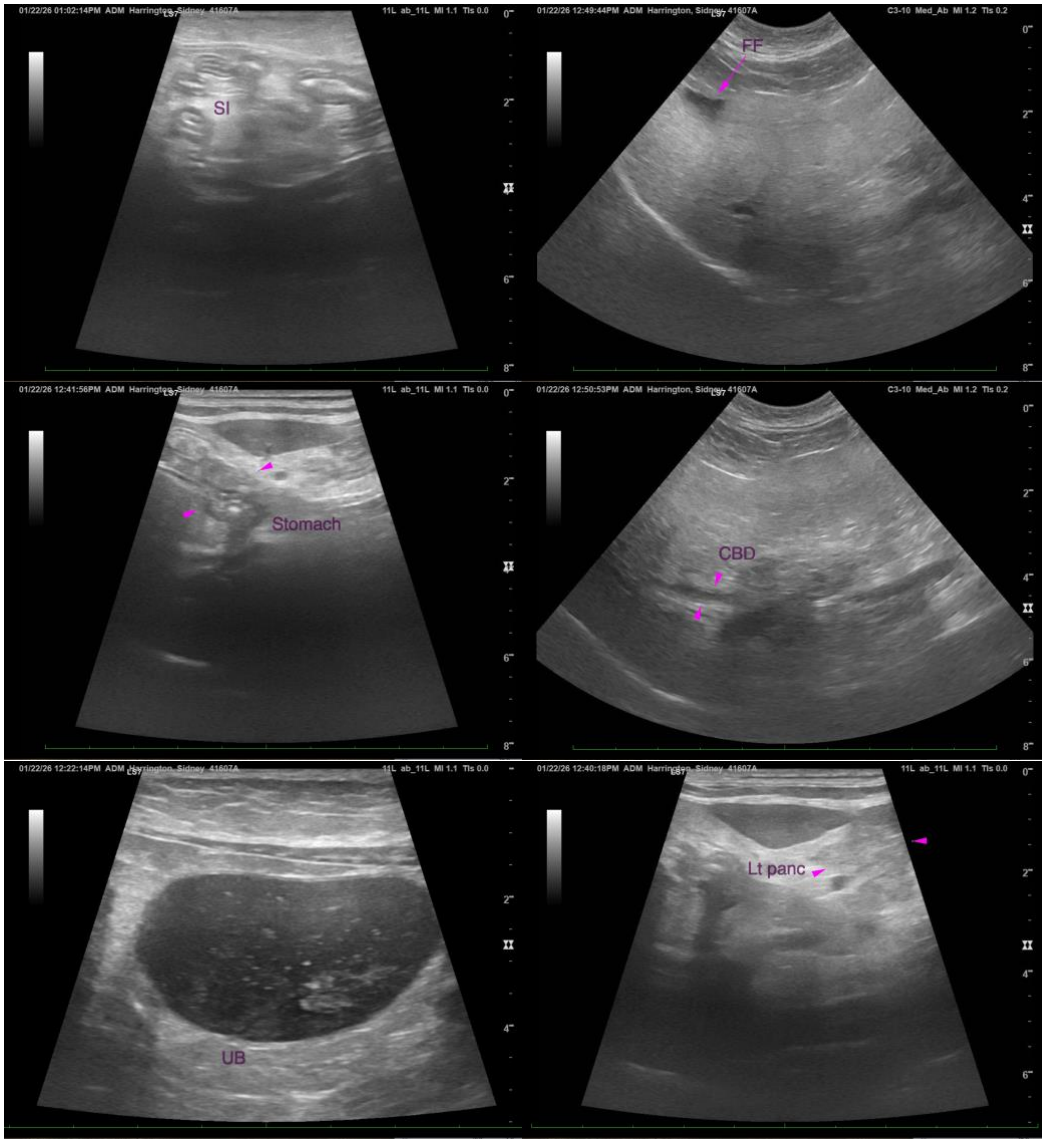

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com