

**DATE PRESENTING CLINICAL SIGNS**

1/24/2022

History: P presented for pre-surgical bloodwork for a dental and has elevated ALT and AST. P is acting normal at home but will sometimes eat string. P had previous surgery for luxating patellas - we do not have that paperwork.

PATIENT

Cooper Bright

Lab Results: 1/16/22 - ALT 426 (27-158), AST 95 (16-67), Cholesterol 357 (91-305), CK 57 (64-440), Neutrophils 1.59 (2.62-15.17), Platelets - falsely decreased due to clots.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

BREED

Domestic shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Male, neutered

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

11/23/2013

The left kidney is normal size (4.72 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

16.4 lbs.

The right kidney is normal size (4.92 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
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Adrenal Glands

The left adrenal gland is normal in size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Warm & Fuzzy VC

Spleen

The spleen is subjectively normal in size (0.56 cm in width at the level of the hilus) with an undulating medial contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Weber

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic to slightly hyperechoic relative to the spleen and is diffusely homogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

INVOICE

12901

Gastrointestinal

The gastric lumen is moderately distended with fluid and ingesta and gas. 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 normal with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 0.50 cm colic lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The diffuse hepatic parenchymal changes are non-specific and could be secondary to hepatic lipidosis, inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, FIP), infiltrative neoplasia (i.e., lymphoma) or other hepatopathy. Neoplasia is considered less likely in a given that the patient is asymptomatic.
- The gastric luminal contents could suggest focal ileus or recent meal/water ingestion. Correlation with the patient's history is recommended.

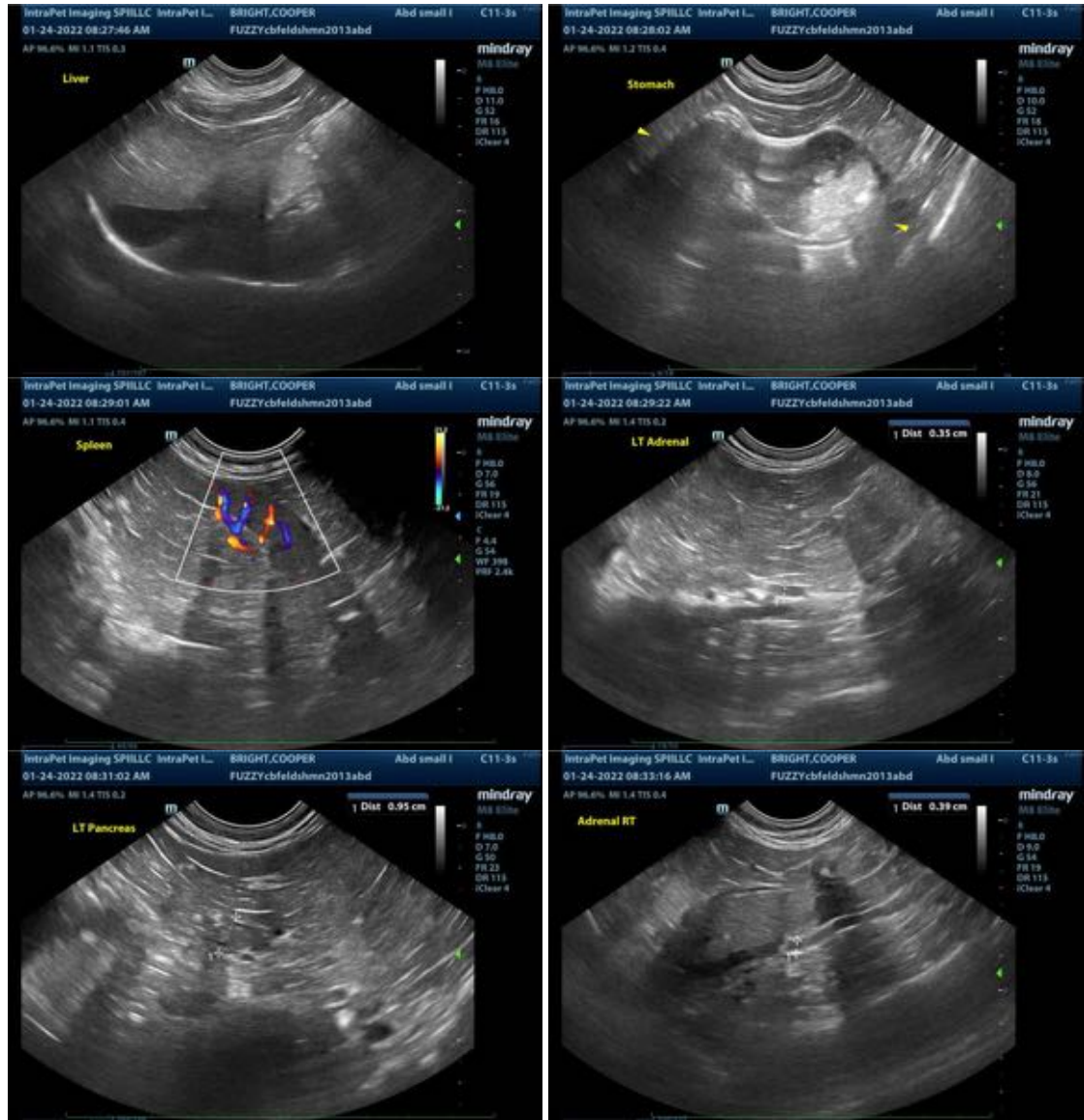
Secondary Findings:

- Bilateral mild to moderate degenerative renal changes.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Small intestinal wall changes suggestive of inflammatory bowel disease. However, correlation with clinical findings is recommended.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine needle aspirate of the liver can be considered (if clotting status is appropriate). If cytology results are inconclusive and an aggressive approach is desired, a surgical liver biopsy with aerobic and anaerobic bile cultures can be considered.

- If a more conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis with broad spectrum antibiotics. If no improvement in the liver values is seen within 7-10 days of initiation of therapy, antibiotics should be discontinued and tissue sampling revisited.





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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