



PATIENT PRESENTING CLINICAL SIGNS

Aurora Lynch History: V+, anorexia, lethargy, jaundice x few days. Current meds: IVF, Cerenia, Ampicillin, Metronidazole, Denamarin, Mirtazapine.

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 191, ALP 407, GGT 32, Tbili 13.3, K+3

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *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 with anechoic urine. 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.

DSH

SEX

The left kidney is normal size (3.03 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Spayed Female

AGE

The right kidney is normal size (3.20 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

1 Year 3 Months

WEIGHT

Adrenal Glands

The left adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

4.9 Lbs.

INTERPRETED BY

The right adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

Spleen

The spleen is contracted (0.38 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

IMAGING PERFORMED BY

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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Chun

The gall bladder lumen is moderately distended. The wall is normal in thickness. A bi-lobed conformation is suspected. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

INVOICE

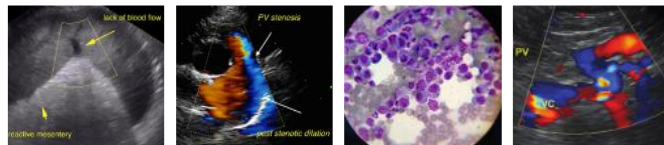
Gastrointestinal

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 normal with a normal layering pattern and appropriate mural detail. Discrete masses are not identified. The colonic wall is normal. No obstructive disease is noted.

10109

DATE

1/6/22



PATIENT

Aurora Lynch

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

SPECIES

Feline

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

BREED

DSH

Other

An area of hyperechoic, slightly cystic subcutaneous tissue is observed just ventral to the region of the liver.

SEX

Spayed Female

Primary Findings

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Suspected bi-lobed gall bladder, incidental
- The splenic contraction is likely secondary to dehydration.

AGE

1 Year 3 Months

Secondary Findings

- The significance of the irregular subcutaneous tissue is unclear. It may represent inflamed tissue/cellulitis, lipoma or other neoplasia, other.

WEIGHT

4.9 Lbs.

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Internal Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine-needle aspirate of the liver is recommended if clotting status is appropriate. A 25-gauge needle should be used. If cytology is inconclusive, and an aggressive approach is desired, consider a surgical liver biopsy with aerobic and anaerobic bile cultures. In the meantime, supportive care for cholangiohepatitis/hepatic lipidosis is recommended, including fluid therapy, broad-spectrum antibiotics, gastric protectants, antiemetics and nutritional support (i.e., via temporary feeding tube).
- Consider fine-needle aspiration of the irregular subcutaneous tissue.
- Three-view thoracic radiographs are recommended prior to any anesthetic event.

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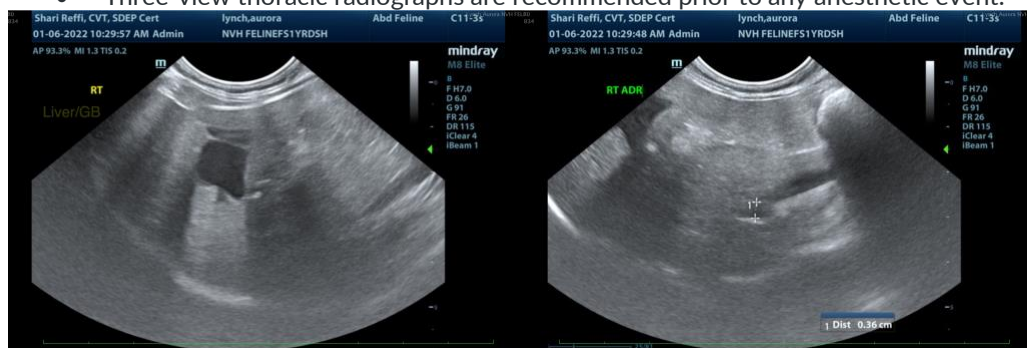
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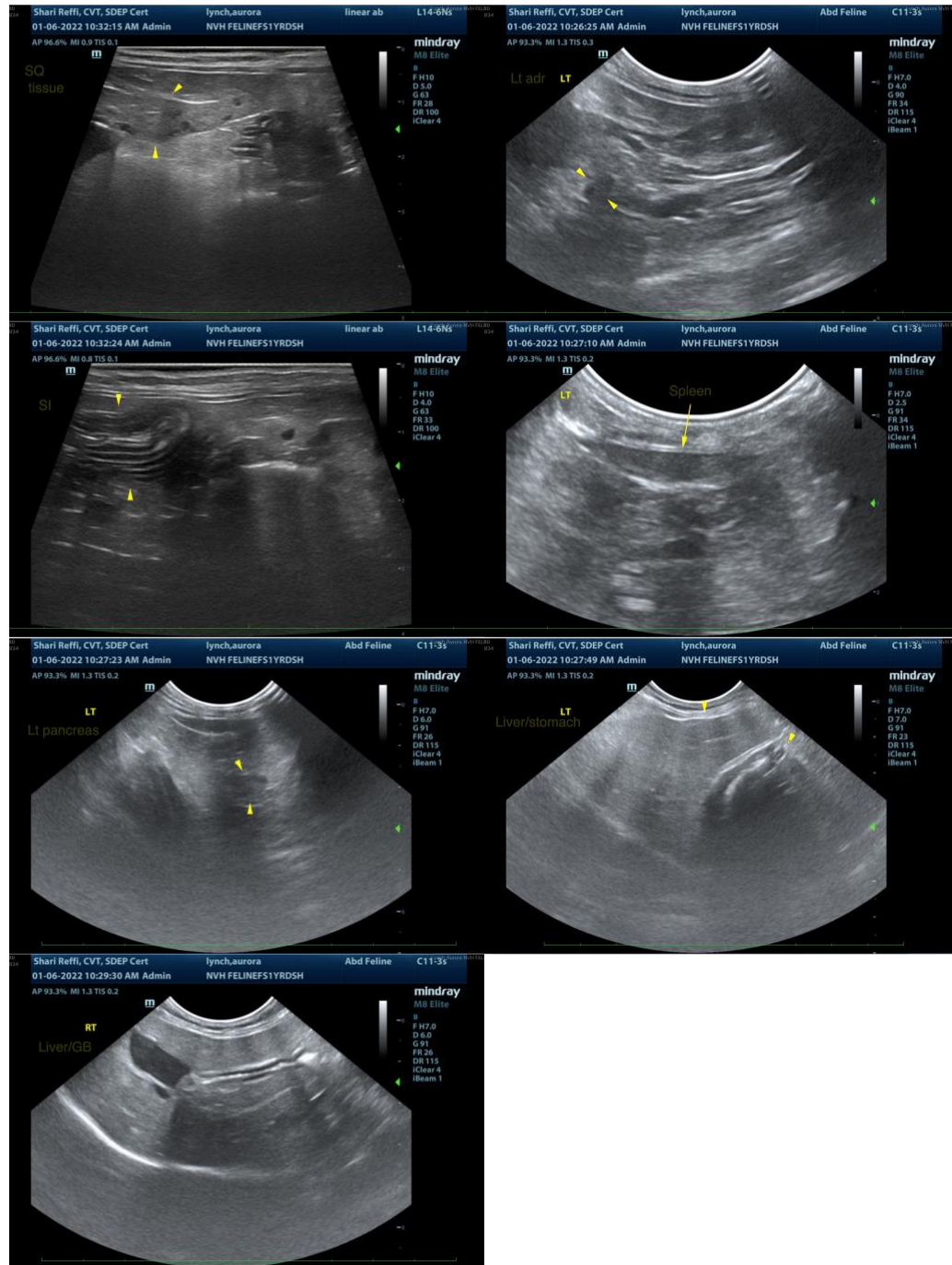
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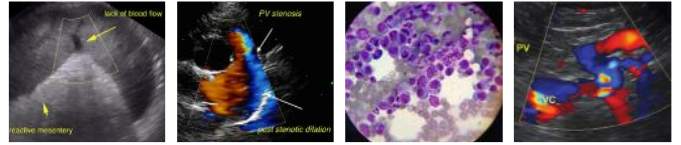
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

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