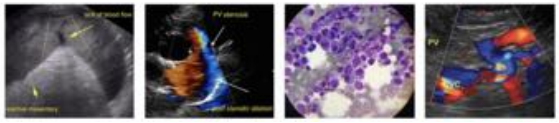

PATIENT

Cece Harley

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 years

WEIGHT

6.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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HOSPITAL NAME

Cats Only Mt Pleasant

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INVOICE

11796

DATE

10/10/22

PRESENTING CLINICAL SIGNS

History of weight loss, diarrhea, hyporexia, not grooming. Hematocrit of 22%. Not regenerative. Chemistry panel is unremarkable. T4 normal. Feline leukemia, FIV, heartworm negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly 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.

The **left kidney** is normal size (4.35 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is hyperechoic in appearance. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (4.03 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is hyperechoic in appearance. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.51 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 normal in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

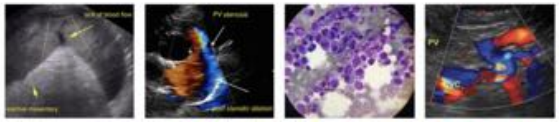
The **gall bladder** is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is moderately distended with ingesta. 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 diffusely distended with chyme (moderate). The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The **pancreas** is diffusely visible/prominent in size with minimal deviation from the normal peripheral



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contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

A small amount of anechoic free fluid is present. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are suggestive of chronic pancreatitis. However, normal variation cannot be completely excluded.
- The liver changes are concerning for developing hepatic lipidosis. Other considerations include inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis) and infiltrative neoplasia (i.e., lymphoma).
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.
- The trace ascites may be secondary to increased hydrostatic pressure, increased vascular permeability or low oncotic pressure.

Secondary Findings

- Bilateral chronic age-related renal changes

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

Secondary Findings

- Bilateral chronic age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fecal evaluation for ova and Giardia is recommended.

A malabsorption panel including serum cobalamin and folate, TLI and PLI (send to Texas A&M) is also recommended.

Consider transitioning to a hydrolyzed protein or limited antigen diet if the patient will eat it. However, nutritional support is of utmost importance, particularly given the sonographic changes in the liver and concern for the development of hepatic lipidosis.

Ultimately, GI +/- hepatic biopsies may be necessary to get a definitive diagnosis.

Regarding the anemia, consider the following:

1. Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
2. Bone marrow aspirate. If pursued, an immunofluorescence assay for feline leukemia should be performed on the marrow sample.

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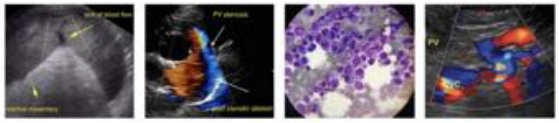

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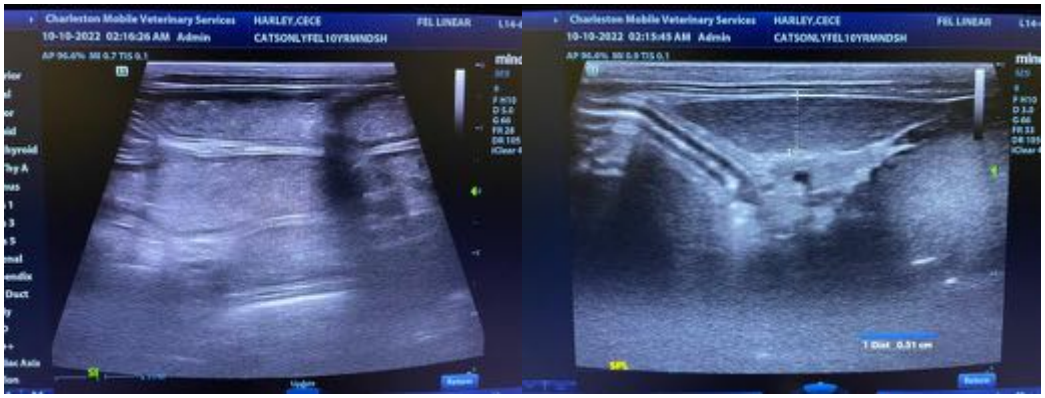

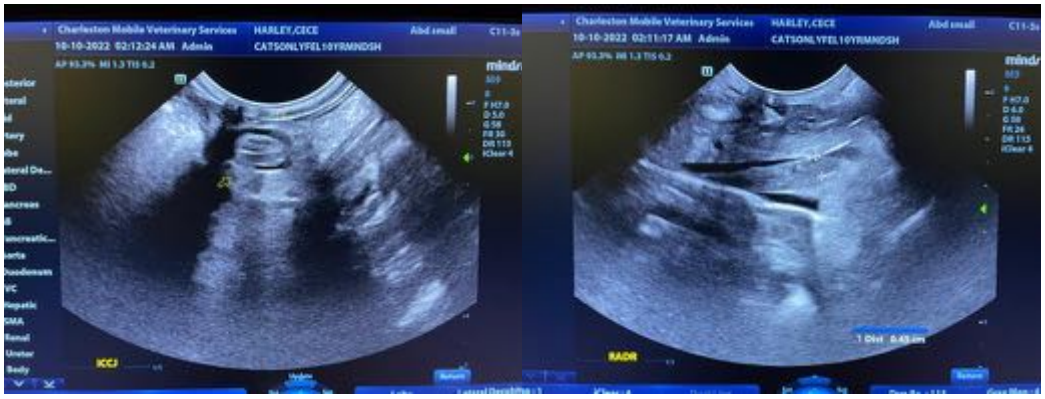

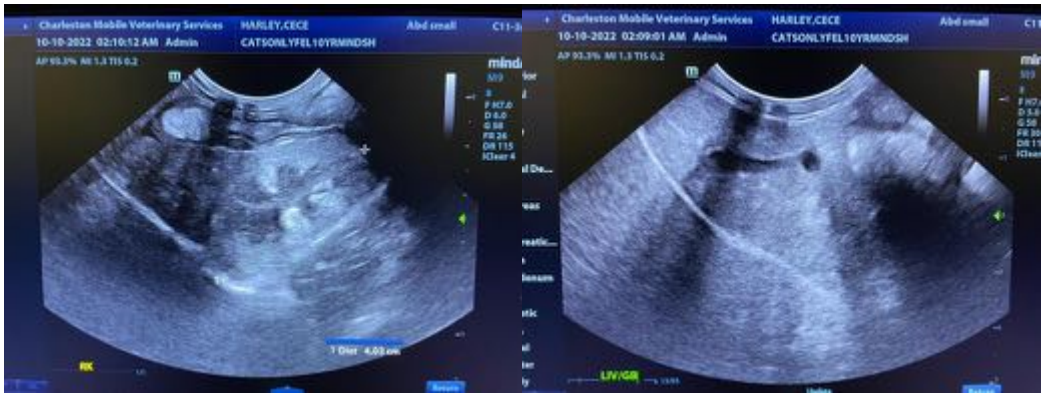

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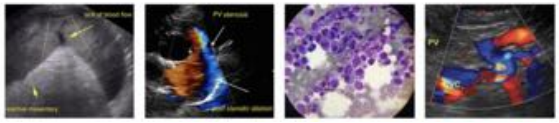

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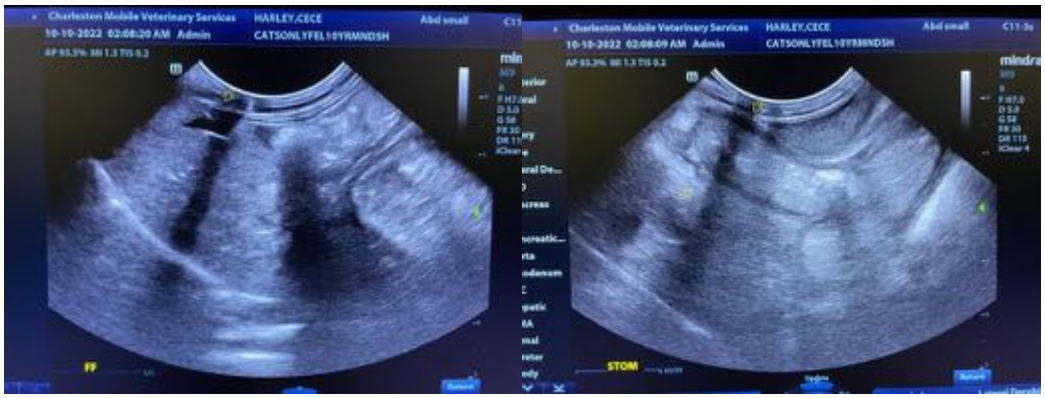

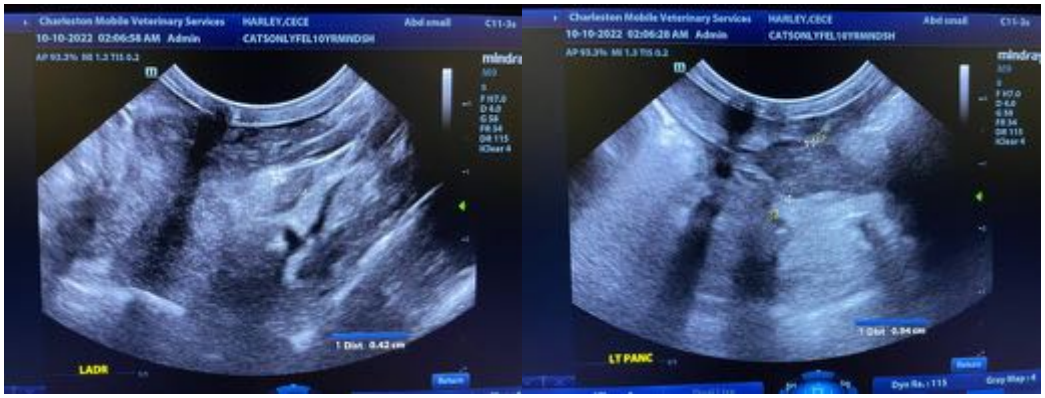

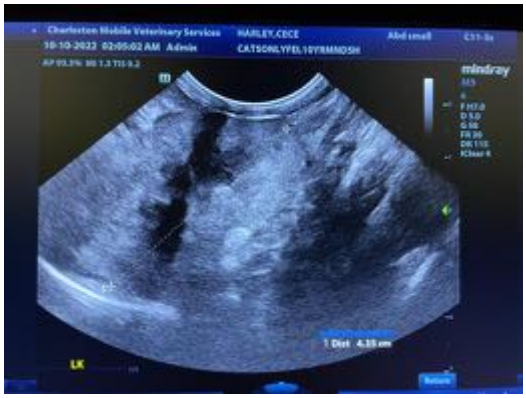

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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