



PATIENT PRESENTING CLINICAL SIGNS

Hugo Horton
 History: Patient presented for not doing well, lethargic, NI in food or water.
 On examination, patient was icteric and dehydrated.
 Abnormal PE/Chem/CBC/UA Results: GGT-15. Tbili-7.7. PE: P skin and serum/plasma very icteric

SPECIES

Feline

BREED

Scottish Fold

SEX

Neutered Male

AGE

6 years

WEIGHT

5.08 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

CVN

HOSPITAL NAME

Animal EH Volusia

REFERRING VET

Dr. Van Nieuwal

INVOICE

11792

DATE

10.10.22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is 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. The region of the trigone is normal.

The **left kidney** is normal size (4.63 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is upper limits of normal size (4.96 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The **left adrenal gland** is upper limits of normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is upper limits of normal size (0.53 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

(Images not provided).

Liver

The **liver** is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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/not seen.

Gastrointestinal

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is minimally fluid-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. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

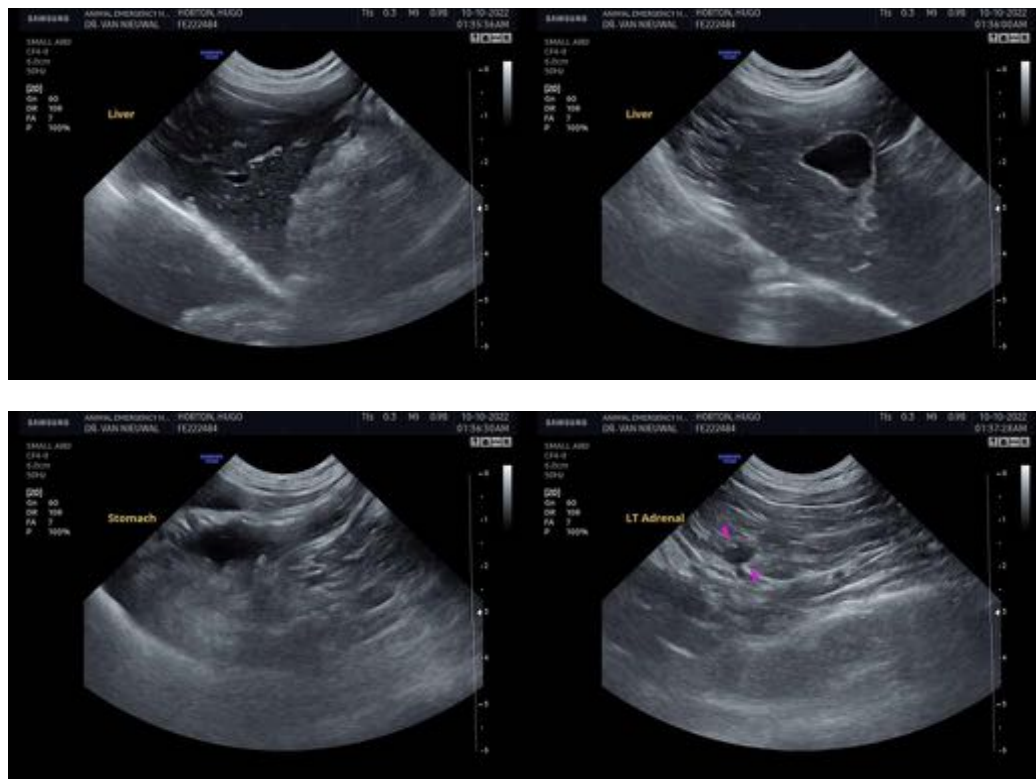
- Minor bilateral age-related renal changes
- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, hepatic lipidosis, infiltrative neoplasia (less likely)) cannot be excluded.

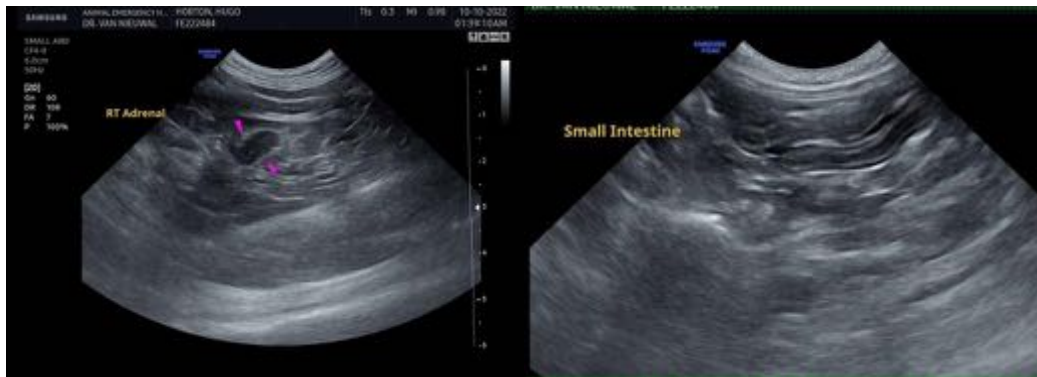
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A CBC is recommended to assess for anemia, if not already performed. If there is no evidence of anemia, further assessment for a primary hepatopathy is recommended.

Consider hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy). If biopsies are pursued, aerobic and anaerobic bile cultures should be obtained at the time of surgery. Clotting times (i.e., PT/PTT) should be performed prior to any tissue sampling.

If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, +/-metronidazole, 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 4-6 weeks and 1 week beyond normalization of the liver values. Nutritional support (i.e., via temporary feeding tube) is also recommended to help prevent/treat hepatic lipidosis.





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