



**PATIENT PRESENTING CLINICAL SIGNS**

Victoria Bow

History: She has always been a thin, small cat. No S/C/V/D. Has a good appetite. Pet presented about 3 weeks ago and was hunched over straining, not sure if it was straining to urinate or defecate. Radiographs of the abdomen were insignificant. Pet is no longer straining but now she is urinating inappropriately. Pet has gained a little weight since her last visit.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Bloodwork was normal including T4 other than high ALT 330, high AST 82, high GGT 9. There were leukocytes and RBCs in urine (no bacteria seen), owner declined culture and did course of amoxicillin.

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed Female

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.

**AGE**

13 years

The **left kidney** is normal size (3.70 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Questionable trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

6.6 lbs

The **right kidney** is normal size (3.83 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. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The **left adrenal gland** is normal size (0.28 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.

**IMAGING PERFORMED BY**

Dr. Sheldon

**Spleen**

The **spleen** is normal in size (0.77 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.

**HOSPITAL NAME**

Adv PC of Oakland

**Liver**

The **liver** is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**REFERRING VET**

Dr. Sheldon

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.

**INVOICE**

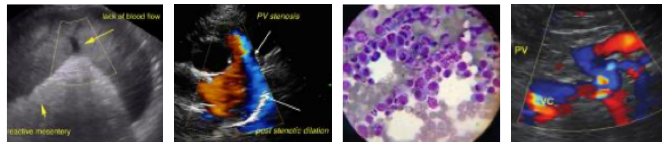
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**Gastrointestinal**

The **gastric lumen** is moderately distended with liquid-appearing ingesta. The gastric is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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.

**DATE**

10.27.22



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**Pancreas**

The left limb is enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. One to two hypoechoic to slightly heterogenous nodules are visualized, the largest measuring 0.53 cm in diameter. The pancreatic duct is visible but not overtly dilated (0.16 cm in diameter).

**Free Abdomen**

Trace free fluid is suspected near the urinary bladder. The abdominal **lymph nodes** are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- An obvious cause for the patient's urinary tract signs is not identified in this study. Top differentials include urinary tract infection and feline idiopathic cystitis.

**Secondary Findings**

- Mild, bilateral, chronic, age-related renal changes
- The pancreatic changes are most consistent with chronic pancreatitis with benign nodular hyperplasia. Emerging neoplasia is also possible but considered less likely. Correlation with the patient's clinical history is recommended

\*An obvious cause for the elevated ALT is not identified in this study. Differentials include inflammatory history (i.e., lymphoplasmacytic hepatitis, bacterial cholangiohepatitis), reactive hepatopathy, emerging hepatic lipidosis, infiltrative neoplasia (less likely), other hepatopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the patient's clinical signs persist despite the use of amoxicillin, a urine culture and sensitivity should be considered (preferably 5-7 days after the last dose of antibiotics). If an infection is not found, empirical treatment for feline idiopathic cystitis should be considered.

Regarding the elevated ALT, consider the following:

1. Pre-and postprandial serum bile acids
2. Toxoplasmosis testing, particularly in light of the pancreatic changes
3. Hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy). If surgical biopsies are pursued, aerobic and anaerobic bile cultures should also be obtained. Alternatively, consider rechecking the ALT after the course of amoxicillin. If still elevated, then consider hepatic tissue sampling.



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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.

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