

PATIENT

Gizmo Bierek

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 years

WEIGHT

7 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr Remcho

INVOICE

11922

DATE

10.28.22

PRESENTING CLINICAL SIGNS

History: Presentation and clinical exam findings: Up to 72 hours of anorexia. P was outdoors for short periods and did have something on fur that P could have ingested prior to becoming ill. Tender abdomen, normal temperature, 7% dehydrated upon exam. Started IV fluids and assisted feeding. Recheck lab work pending and placed feeding tube today. Current Medications Current Medications: Cerenia, Mirtaz and IV fluid therapy

Radiographic Findings: Seven images of the thorax and abdomen dated 10/26/22 are available for interpretation. Thorax: The cardiovascular structures and pulmonary parenchyma are within normal limits. No thoracic lymphadenopathy or pleural effusion are identified. The trachea, esophagus, and diaphragm are within normal limits. The musculoskeletal structures are unremarkable. Abdomen: There is adequate serosal margin detail in the peritoneal space. No abnormalities of the liver, spleen, kidneys, or urinary bladder are identified. The stomach is small/collapsed. No pathologic small intestinal dilation is identified. Formed fecal material is present within the colon. The musculoskeletal structures are unremarkable. Assessment: 1. Normal thorax and abdomen. Primary Question/Differential to Be Answered in This Exam Primary question to be answered: overall assessment for sx vs. medical management, TDX hepatic lipidosis vs. cholangiohepatitis (unknown cause at this time) Abnormal PE

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is minimally distended. The wall is of appropriate thickness for the level of repletion. A small amount of suspended, echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The **left kidney** is normal size (4.04 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.

The **right kidney** is normal size (4.10 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.

Adrenal Glands

The **left adrenal gland** is upper limits of normal size (0.52 cm width) with a slightly rounded shape. Glandular echogenicity is normal. Surrounding vasculature appears normal.

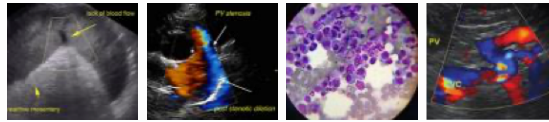
The **right adrenal gland** is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.75 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or



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regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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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 visible but not overtly dilated. The walls are slightly thickened. There is no evidence of luminal obstruction. The duodenal papilla is normal in size (0.28 cm in width).

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Gastrointestinal

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly 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 not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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Pancreas

The **pancreas** is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

There is no evidence of free fluid. A few mesenteric **lymph nodes** are visualized, the largest measuring 2.04 cm in length.

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ULTRASONOGRAPHIC FINDINGS

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Andrea Nicastro,
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Internal Medicine)

Primary Findings

- The subjective cystic/common bile duct wall thickening could be consistent with cholangitis or may be a normal variant for this patient.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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*Given the clinical history, differentials for the elevated liver values include hepatotoxicity, inflammatory disease (i.e., bacterial cholangiohepatitis/cholangitis), emerging hepatic lipidosis or other hepatopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy) if clotting status is appropriate.

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If a more conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis and hepatic lipidosis (i.e., broad-spectrum antibiotics, hepatic antioxidants, nutritional support). If liver values do not continue to improve within 3-5 days of initiation of therapy, hepatic tissue sampling should be revisited.

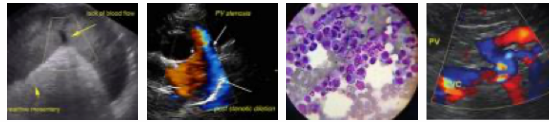
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Also consider toxoplasmosis testing (i.e., IgM, IgG)

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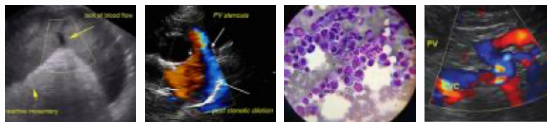
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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