



**PATIENT**

Shayna Gesualdi

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Female, spayed

**AGE**

15 Yrs.

**WEIGHT**

7.9 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Animal General on  
Hudson

**REFERRING VET**

Dr. William Freedman

**INVOICE**

12295

**DATE**

10/6/21

**PRESENTING CLINICAL SIGNS**

History: Patient presents for high liver enzymes, high BUN, elevated PSL, high amylase, occasional vomiting and decreased appetite.

Abnormal PE/Chem/CBC/UA Results: ALT 1233, AST 439, Alk. Phos. 143, BUN 41, T. Bili 2.7, amylase 1435, PSL 49, neuts. 2770.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*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.

The left kidney is normal size (3.09 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.

The right kidney is normal size (3.46 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.

*Adrenal Glands*

The left adrenal gland is normal in size (0.72 cm length; 0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.66 cm length; 0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is normal in size (0.89 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 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. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal. The common bile duct can be followed to the level of the duodenal papilla and is normal in diameter (0.18 cm).



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***Gastrointestinal***

The gastric lumen is 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 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. No obstructive disease is noted.

***Pancreas***

A portion of the pancreas is obscured by the gastric distention. In the visualized portion, the pancreas appears normal in size with normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat. The pancreatic duct is not overtly dilated. No focal lesions are observed. There is no evidence of peripancreatic 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:**

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

**Secondary Findings:**

- Non-specific bilateral age-related renal changes.

**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 results are inconclusive, a surgical liver biopsy with aerobic and anaerobic bile cultures can be considered.
- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid +/- Metronidazole, Denamarin Advanced). 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 strongly recommended to help prevent/treat hepatic lipidosis.
- Three-view thoracic radiographs are also recommended to evaluate cardiopulmonary status.



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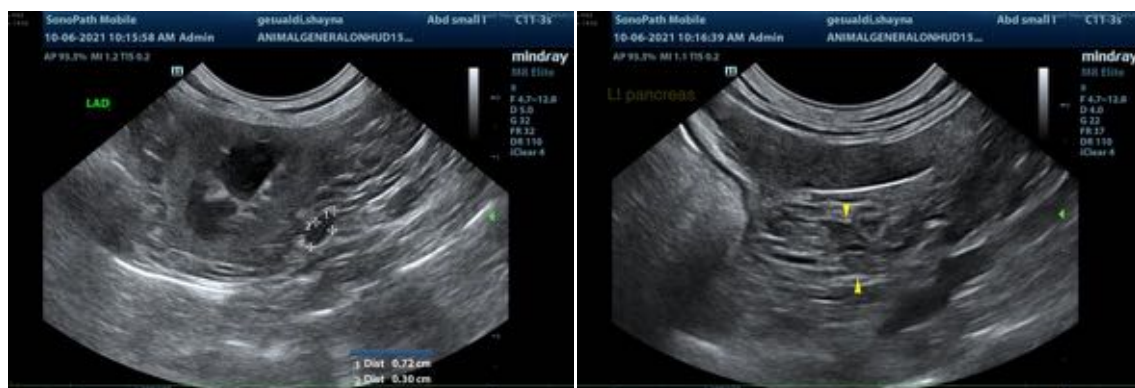
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Andrea.nicastro@sonopath.com

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