



PATIENT

PRESENTING CLINICAL SIGNS

Fluffy Russo

History: Elevated liver enzymes
Abnormal PE/Chem/CBC/UA Results: ALT 142

SPECIES

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

Domestic shorthair

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended. A small amount of echogenic debris is observed within the lumen. 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.

SEX

Male, neutered

The left kidney is normal size (4.13 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. A few nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

11 Yrs.

The right kidney is normal in size (4.12 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

17 lbs.

Adrenal Glands

The left adrenal gland is normal in size (0.92 cm length; 0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

The right adrenal gland is normal in size (1.02 cm length; 0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.56 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.

IMAGING PERFORMED BY

Jessica Miller

Liver

HOSPITAL NAME

Summit Dog and Cat

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 portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

REFERRING VET

Dr. Levitan

Gastrointestinal

INVOICE

12475

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not 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

DATE

11/3/21



PATIENT

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.

Fluffy Russo

Pancreas

SPECIES

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.

Feline

BREED

Free Abdomen

Domestic shorthair

There is no evidence of free fluid. A prominent gastric lymph node is visualized (0.71 cm in length). A few prominent mid-abdominal lymph nodes are also seen. Surrounding mesentery is hyperechoic.

SEX

ULTRASONOGRAPHIC FINDINGS

Male, neutered

Primary Findings:

AGE

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

11 Yrs.

Secondary Findings:

WEIGHT

- Bilateral age-related nephropathy with dystrophic mineralization and left non-obstructive nephrolithiasis.

17 lbs.

*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) should be considered.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

- If a conservative approach is desired, consider initiation of Denamarin with recheck bloodwork in 2-3 weeks.
- If a more aggressive approach is desired, hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy with aerobic and anaerobic bile cultures) can be considered if clotting status is appropriate.
- A thorough oral examination is recommended to assess for the presence of dental disease, which can occasionally cause a reactive hepatopathy.

IMAGING PERFORMED BY

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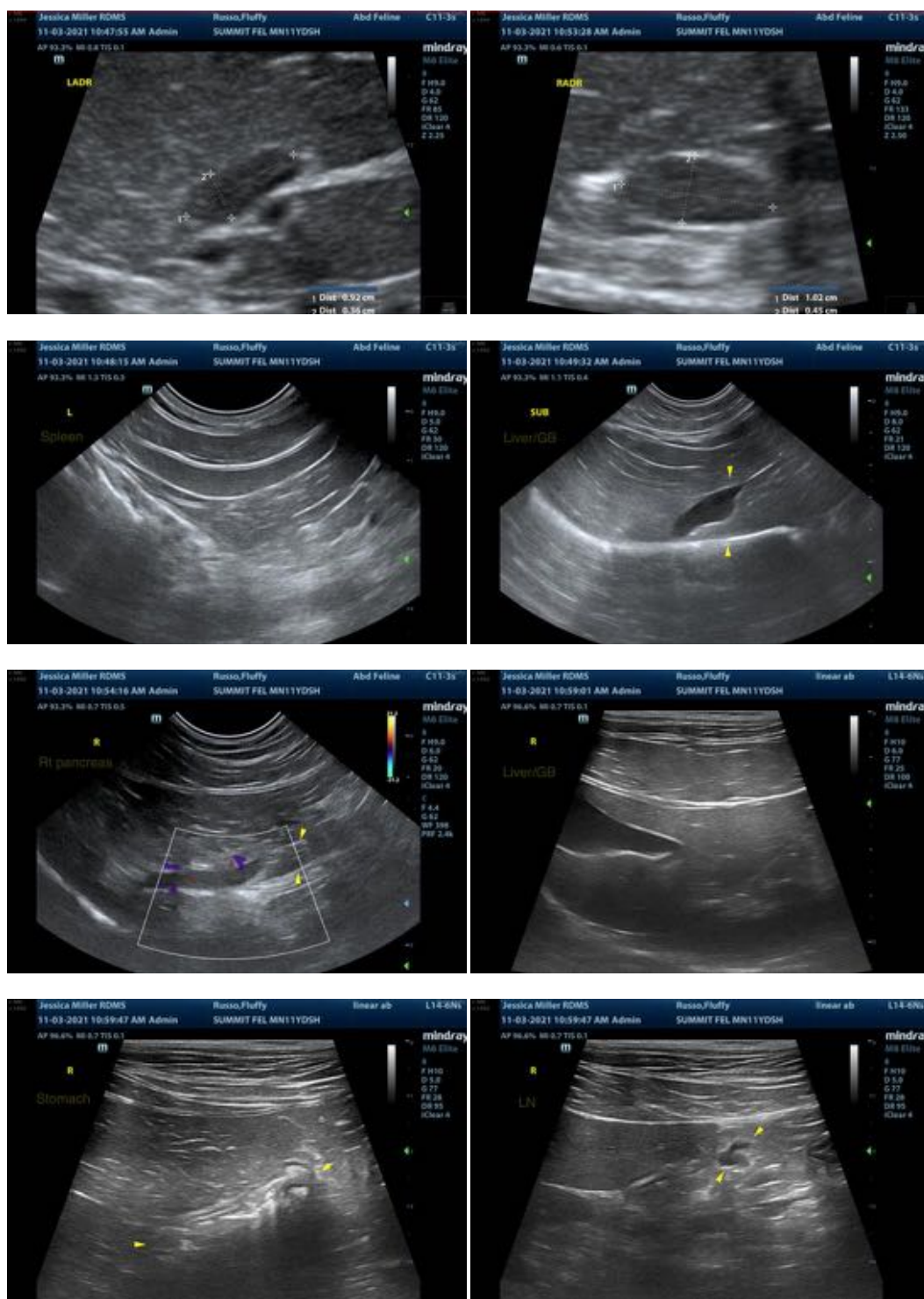
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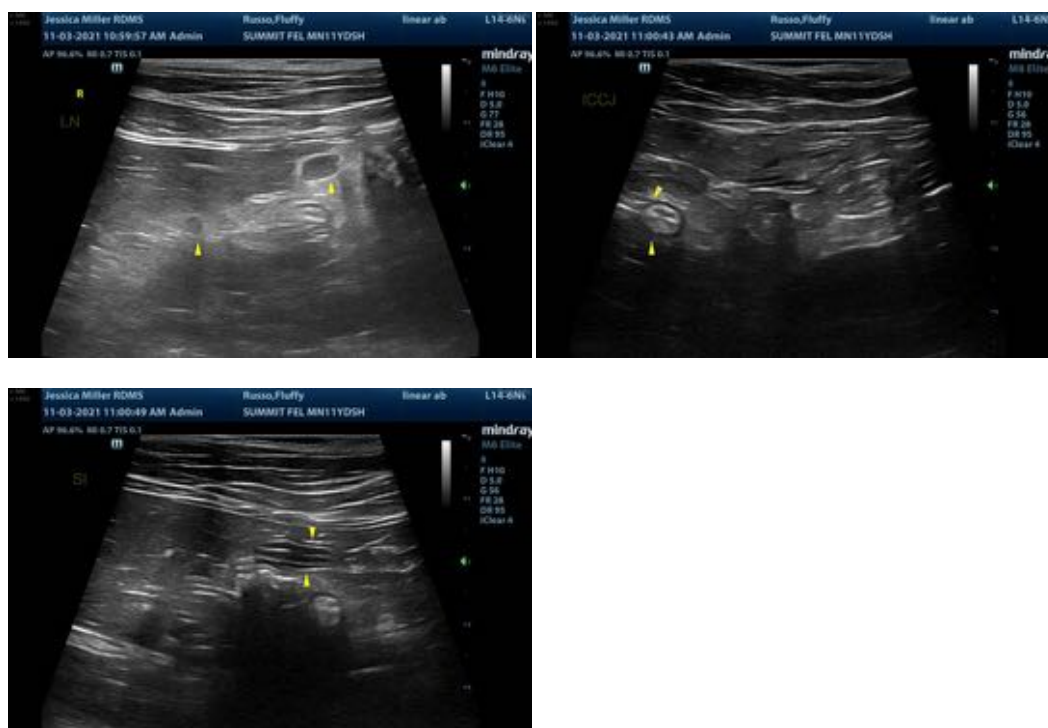
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com