



PATIENT

Grogu Otero Lopez

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

5 Months

WEIGHT

6.3 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Vega

INVOICE

14200

DATE

11/9/22

PRESENTING CLINICAL SIGNS

History: The patient is referred for an abdominal ultrasound due to vomiting and possible seizures. Patient is currently on Denamarin and Ursodiol. History of hepatopathy.

Abnormal PE/Chem/CBC/UA Results: The following abnormal results were provided: ALT 953, GGT 25, TBIL 1.6, CHOL 201, AMYL 1796, LIPA 612.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.42 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 hydroureter.

The right kidney is normal size (3.10 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 hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.92 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 hypoechoic relative to the spleen and relatively homogeneous in appearance. No distinct focal lesions are observed. There is an increase in portal markings. Vascular is of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is slightly thickened (up to 0.13 cm) and hyperechoic. The cystic and common bile duct walls are subjectively thickened. The cystic and bile duct lumens are diffusely dilated (up to 0.37 cm). The common bile duct can be followed to the duodenal papilla, which is normal in size (0.26 cm) and width. There is no obvious evidence of an intraluminal obstruction.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.



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Pancreas

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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.

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Free Abdomen

Trace free fluid is observed. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.27 cm in length. The medial iliac lymph nodes are also seen. All nodes are normal in shape and echogenicity. The mesentery surrounding the mesenteric nodes is mildly hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

- The hepatic changes are most consistent with an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis).
- The gallbladder and cystic/common bile duct changes are most consistent with cholecystitis and cholangitis, respectively. There is no obvious evidence of a common bile duct obstruction.
- The small intestinal wall changes are most consistent with inflammatory bowel disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's young age and biliary changes, consider Toxoplasmosis testing (IgM and IgG).
- Also consider hepatic tissue sampling (i.e., fine needle aspirate or biopsy (laparoscopic or surgical)).
- If a more conservative approach is desired, consider empirical treatment for cholangiohepatitis/cholecystitis/cholangitis with broad spectrum antibiotic therapy and hepatic antioxidants. If no improvement in the liver values is seen within 10-14 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling re-visited.
- Given the small intestinal wall changes, consider a malabsorption panel including serum cobalamin, folate, TLI and PLI.

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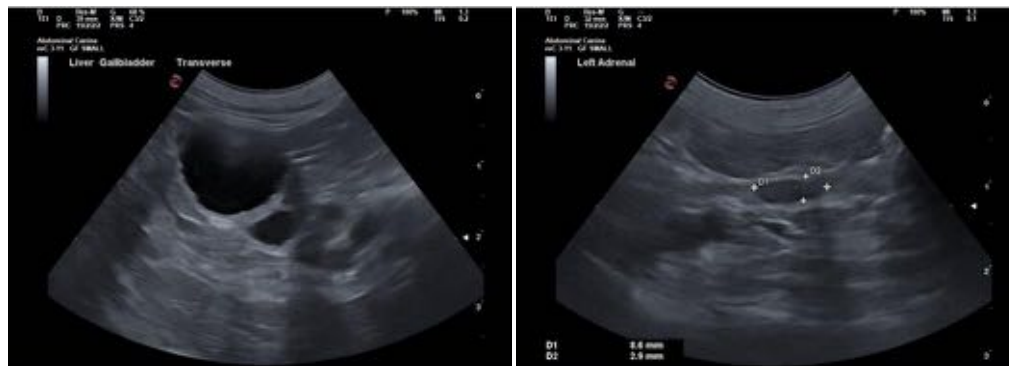
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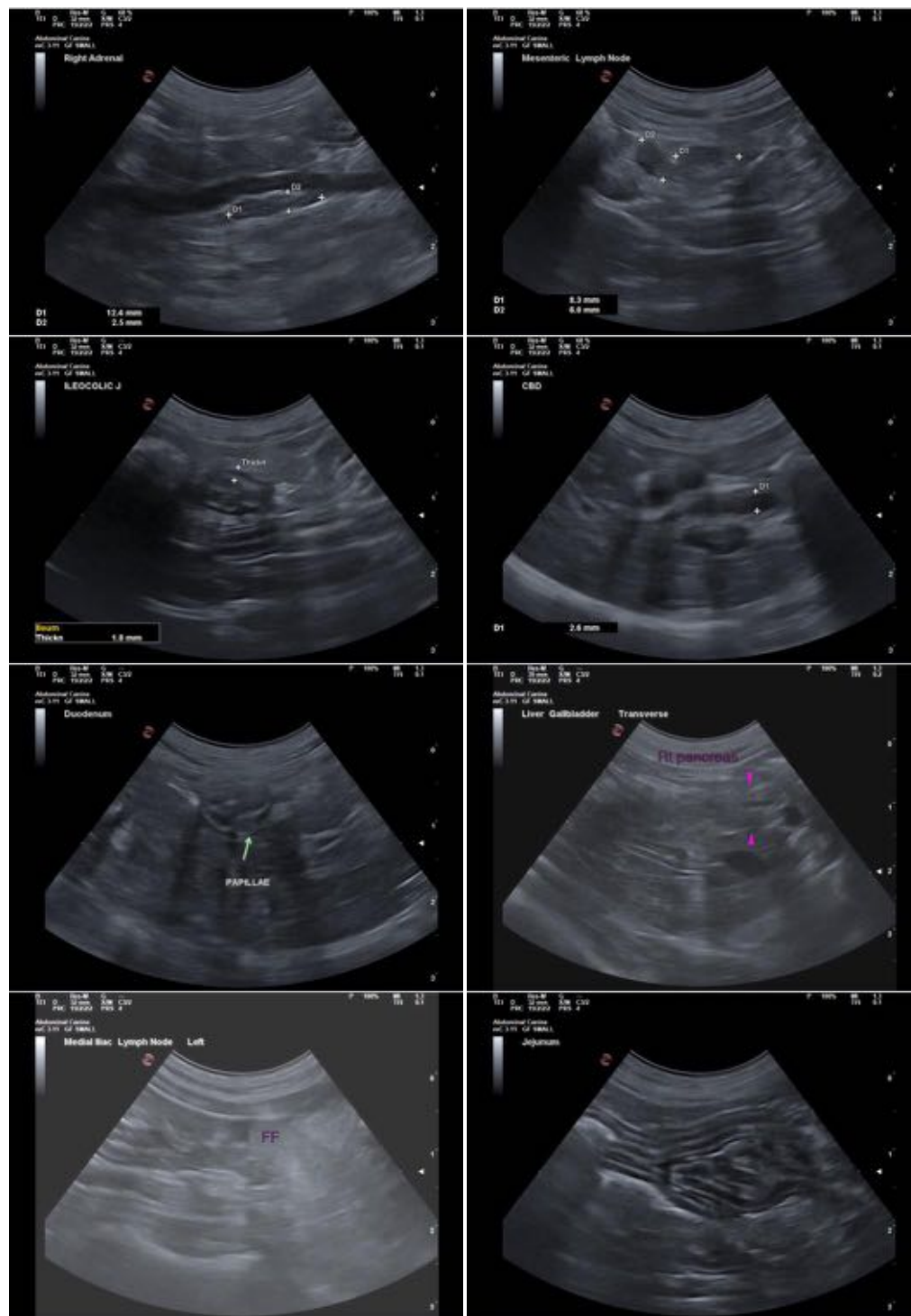
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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