

PATIENT

Torrie Harvey

SPECIES

Feline

BREED

Bengal

SEX

Spayed Female

AGE

11 Years 11 Months

WEIGHT

3.5 kg

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

**IMAGING
PERFORMED BY**

Dr. Brian Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Brian Barnes

INVOICE

13064

DATE

12/15/21

PRESENTING CLINICAL SIGNS

History: Recent blood work increased liver enzymes
Abnormal PE/Chem/CBC/UA Results: CBC: reticulocytosis 97.9 (3-50), leukocytosis 23 (2.8-17) neutrophilia 16.8 (2.3-10.2) monocytosis 0.74 (0.05-0.67) basophilia 0.38 (0.01-.26) Chemistry: low creatinine 67 (71-212) hyperglobulinem 55 (28-51)- historically elevated in May at 52 ALT 593 (12-130) was historically elevated at 165 in May TT4- wnl SDMA- wnl UA cysto, pale yellow, cloudy, USG 1.031 ph 7neg/ glu/ prot/ ket/, bld/, bili neg, urobili Normal Sedi: wbc<1/hpf, rbc <1/hpf cocci on smear- lots! no casts, crystals Urine C&S: Negative

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 (4.02 cm in length); with a 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 (4.27 cm in length); with a 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 size (1.08 cm length, 0.26 cm cranial, 0.28 cm caudal). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.25 cm cranial, 0.25 cm caudal, 1.11 length). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.84 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 prominent in size with slightly swollen peripheral contours. The parenchymal is isoechoic relative to the spleen and homogeneous in appearance. No focal lesions are observed. Intrahepatic biliary tracts are normal. Hepatic vasculature is slightly dilated, likely secondary to sedation.

The gall bladder is moderately distended. The wall is normal in thickness. A bilobed conformation is present. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are visible but not overtly dilated. There is no evidence of an intraluminal obstruction.



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Gastrointestinal

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 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. There is also a thickening of the submucosal layer in some regions. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb of the pancreas is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.12 cm in diameter).

Free Abdomen

Trace free fluid is observed. A few prominent lymph nodes are observed in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Bilobed gallbladder- incidental
- Bowel pattern most consistent with inflammatory bowel disease with lower potential for emerging lymphoma
- The pancreatic changes could be consistent with low grade pancreatitis or may be a normal variant for this patient.
- The significance of the trace ascites is unclear. It may be secondary to increased hydrostatic pressure, low oncotic pressure or increased vascular permeability. Correlation with clinical findings is recommended.

Secondary Findings

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Minor bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the elevated ALT, a fine needle aspirate of the liver is recommended if clotting status is appropriate. If cytology results are inconclusive and an aggressive approach is desired, consider a surgical liver biopsy with aerobic and anaerobic bile cultures.
- Also consider a GI panel to further assess for concurrent gastrointestinal or pancreatic disease.



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- Given the patient's age, three view thoracic radiographs are recommended to assess cardiopulmonary status.

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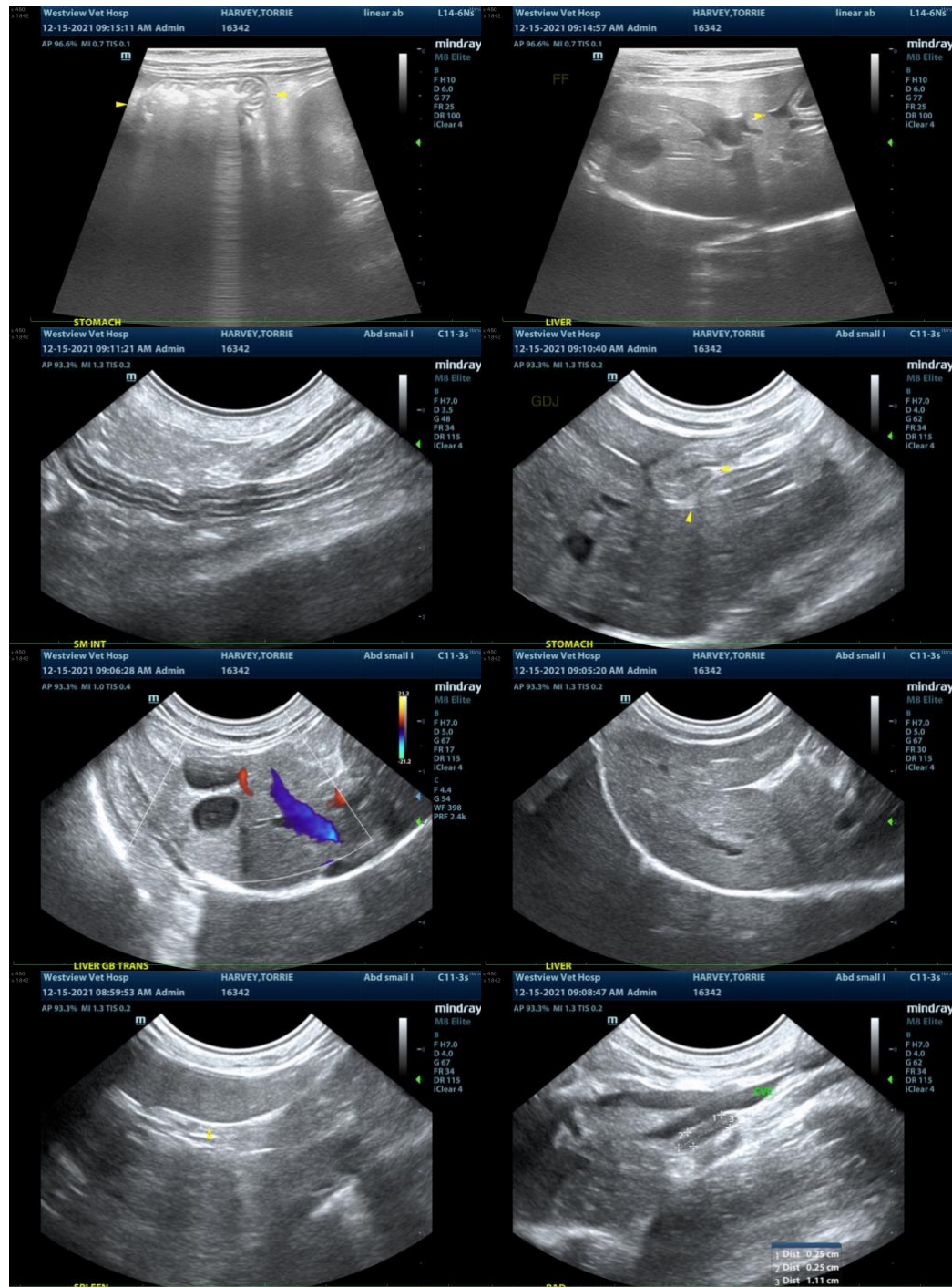
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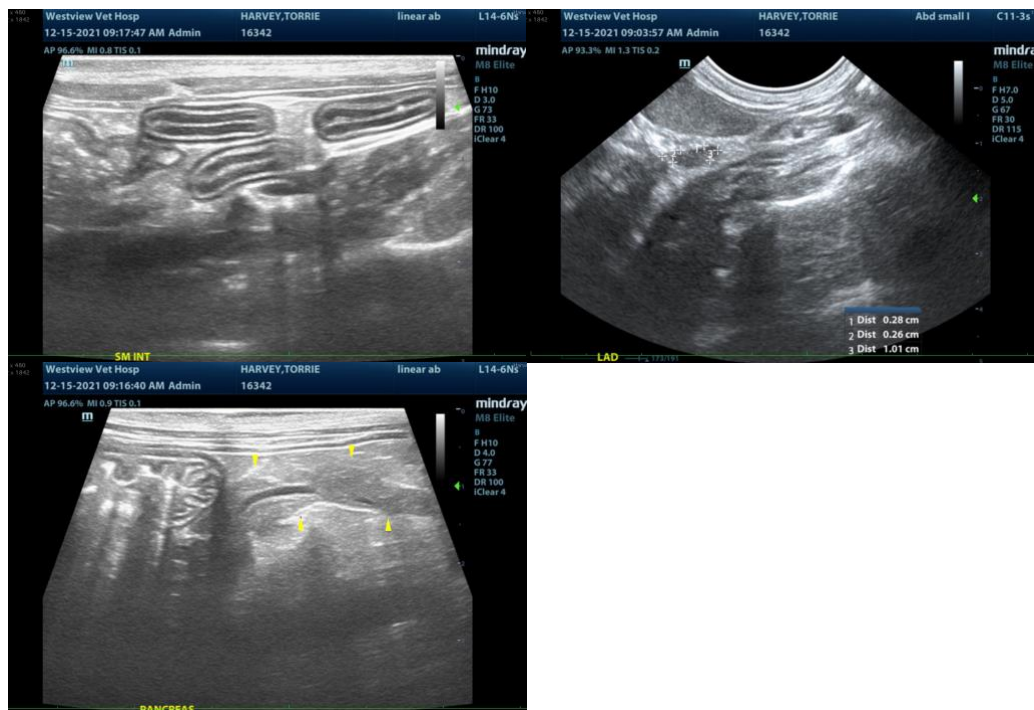
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
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