



PATIENT

Silver Goodrow

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

5 Yrs

WEIGHT

5.86 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tracy Lasarge

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Graham

INVOICE

14367

DATE

12/19/22

PRESENTING CLINICAL SIGNS

History: Silver, a 5 years old FS Domestic Short Hair was presented to the MVS Emergency Service on Dec 16, 2022, at 5:40pm, as transfer for increased liver values and recommendation of hospitalized care. Constipation noticed right before Thanksgiving(decreased to no stool production) Tried giving catalax PO right after Thanksgiving but only produced small hard fecal balls. 12/5/22 saw PCDVM who gave enema, had large amount of fecal material pass. Only defecated once at home after enema Today represented at PCDVM and they took x-rays(no blockages noted, enlarged liver) and ran labwork(increased liver values). Very decreased appetite even when feeding wet food, tuna, and canned chicken for about 1 week. Decreased water intake for 1 week.
Abnormal PE/Chem/CBC/UA Results: ALP = 357 U/L H 10 - 90 AMY = 2132 U/L H 300 - 1100 TBIL = 14.3 mg/dL H 0.1 - 0.6 CRE = ICT mg/dL ? 0.3 - 2.1 TP = ICT g/dL ? 5.4 - 8.2 GLOB = ~~~ g/dL ? 1.5 - 5.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.06 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 (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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.33 cm width). 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic 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 mildly distended. The wall is normal in thickness. A small amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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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. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

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. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

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- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The trace ascites may be secondary to increased vascular permeability (i.e., secondary to vasculitis), low oncotic pressure or increased hydrostatic pressure. Correlation with the patient's clinical history is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

- Consider a fine needle aspirate of the liver (if clotting status is appropriate). A 25 gauge needle should be used. If cytology results are inconclusive, laparoscopic or surgical liver biopsies can be considered. If pursued, aerobic and anaerobic bile cultures should also be obtained.
- While awaiting test results, consider empirical treatment for bacterial cholangiohepatitis/hepatic lipidosis. Therapies could include fluid therapy, broad spectrum antibiotics, hepatic antioxidants and nutritional support (i.e., via temporary feeding tube).
- Supportive care for constipation as needed is also recommended.

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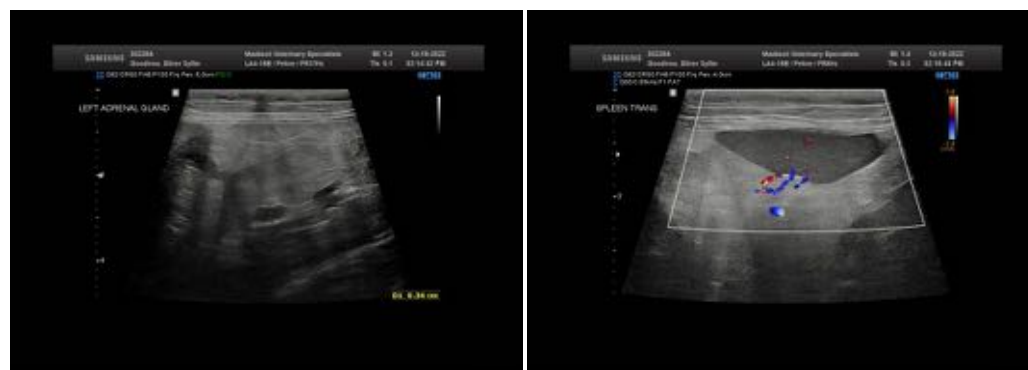
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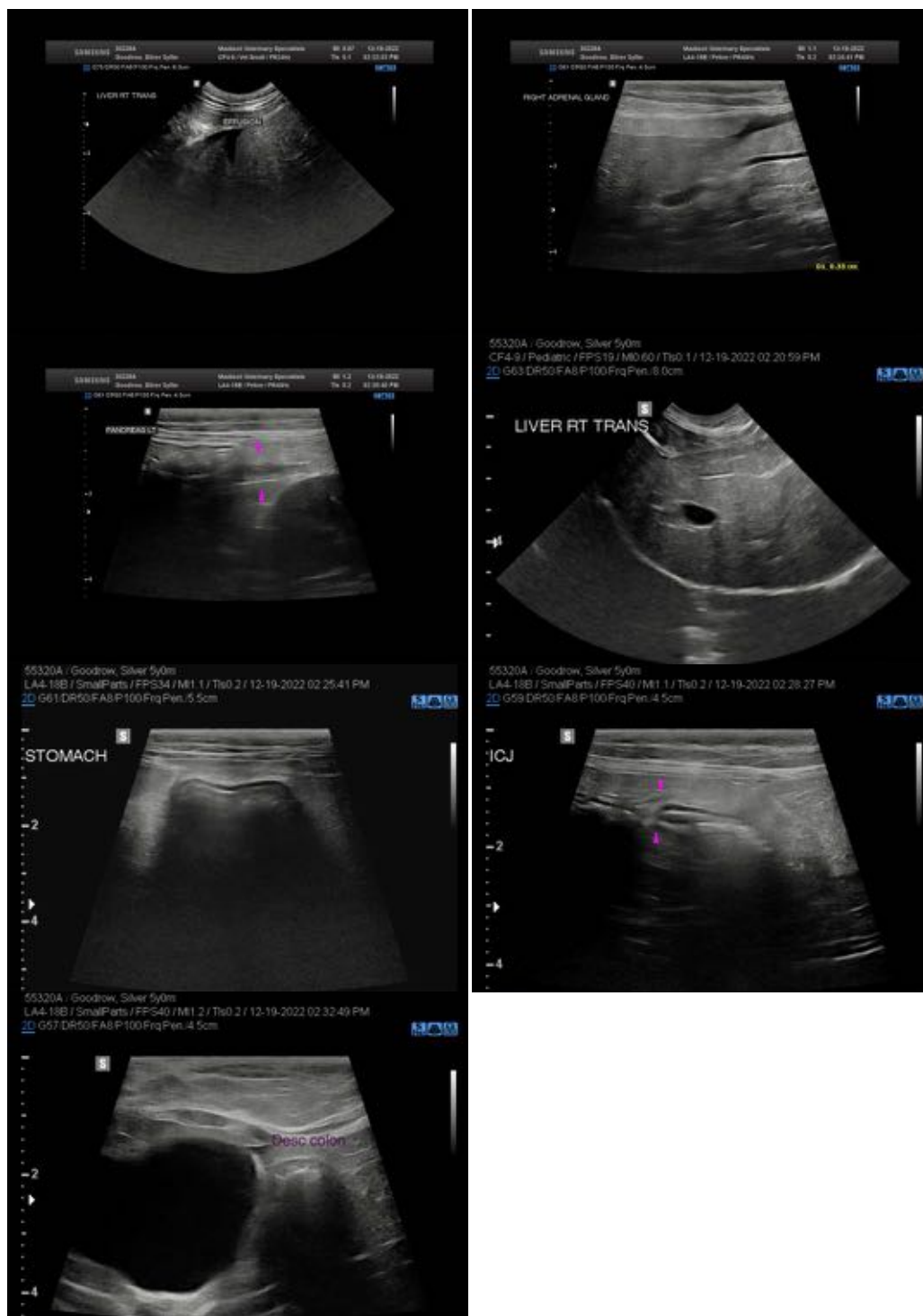
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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