**PATIENT PRESENTING CLINICAL SIGNS**

Seti Keith History: 2-3-week history of not eating

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: significantly elevated liver values (in December 2022) which were normal previously (July 2022)

**Presented today icteric (new) and a total bili of 9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Siamese

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

SEX

Neutered Male

The left kidney is normal size (3.31 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is hyperechoic. Mild pyelectasia is present (0.29 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

AGE

18.5 years

The right kidney is normal size (3.18 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is hyperechoic. Mild pyelectasia is present (0.31 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

WEIGHT

6.8 lbs

Adrenal Glands

The left adrenal gland is normal size (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 size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Amy Mayhew LVT

Spleen

The spleen is normal in size (0.75 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.

HOSPITAL NAME

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Liver

The liver is prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen, with a few small, ill-defined, hypoechoic nodules/areas. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

DePorre VH

The gall bladder is moderately distended. The wall is normal to mildly thickened (up to 0.21 cm). A 0.90 x 0.73 cm irregular echogenic structure is adhered to the luminal surface. In addition, a small amount of gravity dependent debris is observed within the lumen. The common bile duct is borderline dilated (up to 0.38 cm in diameter). There is no obvious evidence of an intraluminal obstruction.

INVOICE

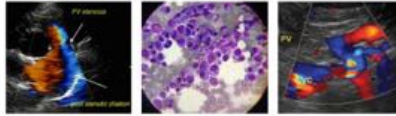
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Gastrointestinal

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. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

DATE

12.27.22

**PATIENT**

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Pancreas

The base and limbs of the pancreas are visible/prominent with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. The pancreatic duct is visible but not overtly dilated (0.18 cm in diameter).

Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. Trace free fluid is observed. Several enlarged, irregular hypoechoic to slightly heterogenous lymph nodes are observed in the midabdominal region (the largest measuring 3.30 cm in length).

ULTRASONOGRAPHIC FINDINGS**Primary Findings**

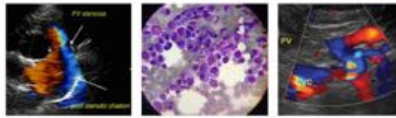
- The abdominal lymphadenopathy is concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of severe lymphadenitis (i.e., pyogranulomatous).
- Nonspecific diffuse hepatopathy. Differentials include inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), infiltrative neoplasia (i.e., lymphoma, hepatic lipidosis, other hepatopathy).
- The gall bladder wall changes are most consistent with cholecystitis. The echogenic lesion adhered to the luminal surface may represent an aggregation of sludge, a tumor, polypoid lesion, other.
- The pancreatic changes could be consistent with mild chronic pancreatitis.
- Cranial abdominal peritonitis, likely secondary to hepatic and/or lymph node pathology.

Secondary Findings

- Urinary bladder debris
- Bilateral chronic age-related renal changes with pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Fine needle aspirates of the enlarged abdominal lymph nodes and liver are recommended (if clotting status is normal). Twenty-five gauge-needles should be used.
- While awaiting test results, symptomatic care is recommended, including fluid therapy, broad-spectrum antibiotics, hepatic antioxidants and nutritional support.
- If cytology results are inconclusive, and/or if the patient does not respond to supportive measures, an abdominal exploratory with excisional lymph node biopsies and hepatic tissue sampling for histopathology, along with aerobic and anaerobic bile cultures may be necessary to get a definitive diagnosis.
- Thoracic radiographs should be performed prior to any anesthetic event.



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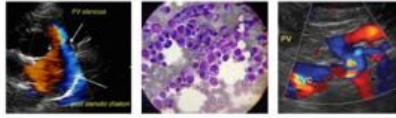
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com