



PATIENT

Chester Baumgarth

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

9.8 Lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Jo Goodman

HOSPITAL NAME

Evandale-Blue Ash PH

REFERRING VET

Dr. Jo Goodman

INVOICE

13268

DATE

12/31/21

PRESENTING CLINICAL SIGNS

History: Chester is asymptomatic but came in for his annual preventative care. He dropped 1 pound in a year gradually. Liver enzymes were elevated in ALT, ALP, AST all elevated 11/10/21. Performed an u/s 11/18, started ursodiol and he had a surgical consult in December. Cholecystotomy is scheduled for Jan 19, but owners are undecided due to age and cost. We are rechecking u/s to see if ursodiol helped. Abnormal PE/Chem/CBC/UA Results: Weight drop again from 9.9 to 9.8 in a month. He remains asymptomatic. We have repeat bloodwork pending to Idexx.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly to moderately distended. The wall is normal in thickness with a smooth mucosal surface. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal size (4.23 cm in length); 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.42 cm in length); 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. A 0.45 cm cortical cyst is observed at the medial aspect. Several nonobstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.63 cm width) with a normal shape and smooth peripheral contours. The parenchymal is slightly heterogeneous with some loss of glandular detail. Surrounding vasculature appears normal.

The right adrenal gland is mildly enlarged (0.55 cm width) with a normal shape and smooth peripheral contours. The parenchymal is slightly heterogeneous with some loss of glandular detail. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (0.64 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 parenchyma is hypoechoic relative to the spleen with a coarse echotexture and slightly mottled parenchyma. No distinct focal lesions are observed. Numerous lobar biliary stones are observed throughout the organ. Hepatic vasculature is of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder is moderately distended. The wall is mildly thickened (up to 0.13 cm) and hyperechoic. A moderate amount of mineralized sand +/- choleliths is observed within the lumen. The



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Chester Baumgarth	cystic and common bile duct walls are mildly thickened. The cystic and common bile ducts are dilated and filled with choledocoliths. The common bile duct is dilated (up to 0.59 cm in diameter). The duodenal papilla is thickened (0.65 cm in width).
SPECIES	Gastrointestinal
Feline	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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis to mucosal ratio in most segments. In addition, there is mild thickening of the submucosal layer in some regions. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. The colonic lumen contains granular appearing fecal material. There is no obvious evidence of an obstructive pattern.
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Neutered Male	Pancreas The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.
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14 Years	Free Abdomen There is questionable trace ascites. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.86 cm in length.
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INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)	Primary Findings
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Intrahepatic gallbladder cystic and common bile duct stones are present with changes consistent with cholecystitis/cholangitis. Changes are similar to the previous sonogram. • The hepatic parenchymal changes are nonspecific and are suggestive of inflammatory/immune mediated disease. However, concurrent hepatic lipidosis could not be completely excluded. Infiltrative neoplasia is possible but considered unlikely. • The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. • Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
Dr. Jo Goodman	
HOSPITAL NAME	
Evandale-Blue Ash PH	
REFERRING VET	Secondary Findings
Dr. Jo Goodman	<ul style="list-style-type: none"> • The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. • Bilateral age-related renal changes with right nonobstructive nephrolithiasis • The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.
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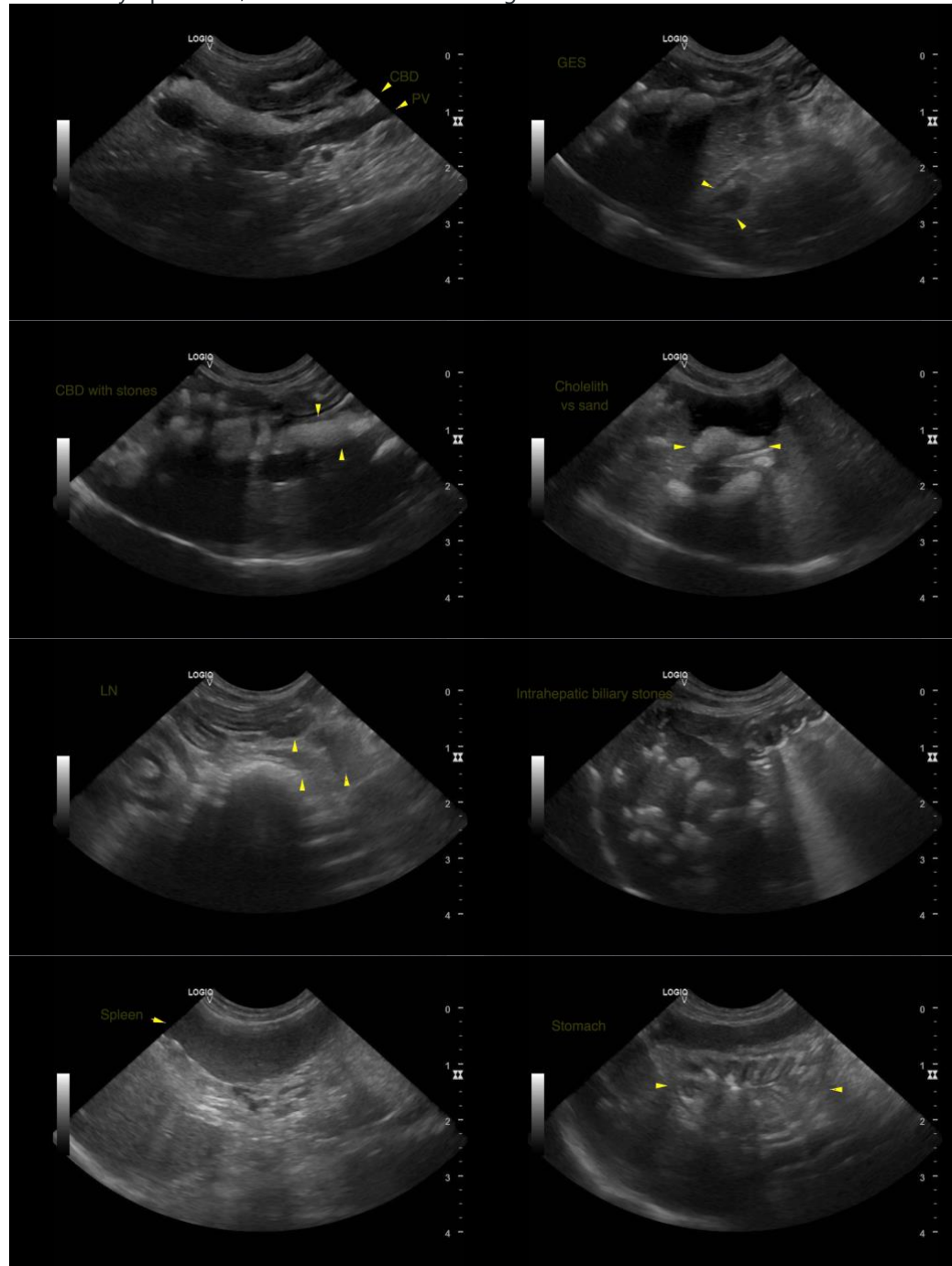
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient's liver values, particularly the total bilirubin is increasing, an abdominal exploratory with flushing of the cystic/common bile duct and liver biopsy with aerobic and anaerobic bile cultures should be considered. If the patient continues to be stable and asymptomatic, continued medical management is a consideration.





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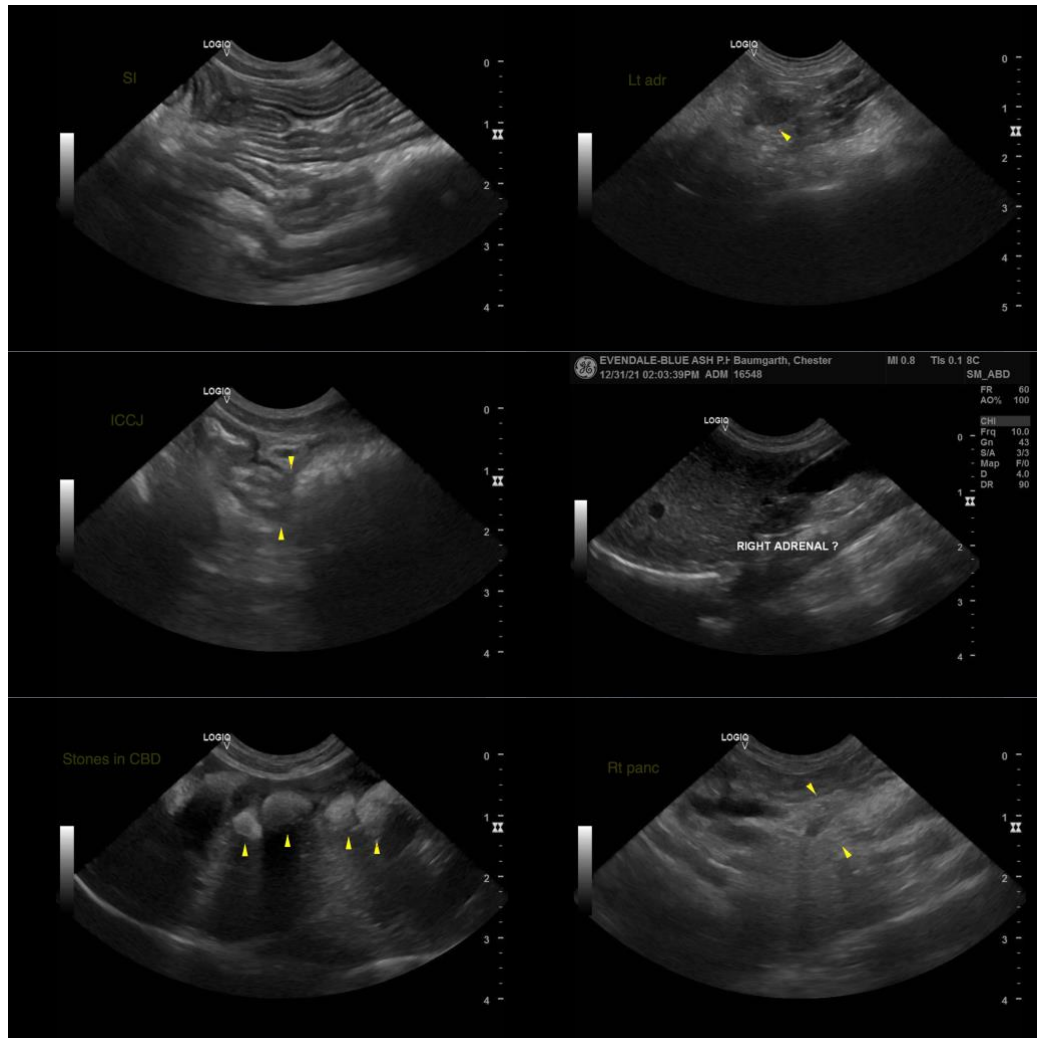
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com