



PATIENT

Olive Clark

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

5.5 Yrs.

WEIGHT

9.2 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Zhang

INVOICE

14540

DATE

2/1/2023

PRESENTING CLINICAL SIGNS

History: Seen initially for constipation 2 weeks ago. Current weight was 9.2lb and was 10.55lb in March. O reports occasional vomiting which is not new for her. today pet has decreased appetite, moderate dehydration, occasional vomiting, still having constipation issues.

Abnormal PE/Chem/CBC/UA Results: BW 2 weeks ago was normal with exception that ALT was 556 and AST 124, ALP normal at 51.

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. A small amount of suspended echogenic debris is observed within the lumen. 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 (3.46 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Several small non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.30 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Mild pyelectasia is present (0.21 cm in the longitudinal plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.90 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 isoechoic relative to the spleen and homogeneous in appearance. Numerous small intrahepatic biliary stones are visualized. Hepatic vasculature is of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is mildly thickened (up to 0.25 cm) and mildly hyperechoic. Luminal contents are mostly anechoic. The cystic and common bile ducts are visible/tortuous but and borderline dilated. The common bile duct measures 0.30 cm in diameter distally. There is no obvious evidence of an intraluminal obstruction.

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 is normal to mildly thickened (up to 0.30 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. What is thought to be pancreatic duct (in right limb) is severely dilated (up to 1.05 cm in diameter). There is a suspected stone within the pancreatic duct near the duodenal papilla, measuring 0.57 cm in diameter.

Free Abdomen

There is no obvious evidence of free fluid. A 0.62 cm lymph node is observed in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The gallbladder and cystic/common bile duct changes are most consistent with cholecystitis/cholangitis.
- The hepatic parenchymal changes could be consistent with inflammatory disease (i.e., lymphoplasmacytic hepatitis, bacterial cholangiohepatitis), emerging hepatic lipidosis, infiltrative neoplasia (less likely), other hepatopathy.
- The pancreatic changes are suggestive of chronic pancreatitis. There is a suspected stone in the right pancreatic duct.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

Secondary Findings:

- Bilateral, non-obstructive nephrocalcinosis.
- The prominent lymph node in the cranial abdomen is likely reactive.

*Given the sonographic changes, "triaditis" is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history and sonographic changes, consider the following:
- A fecal evaluation for ova/Giardia
- GI panel including serum cobalamin, folate, TLI and PLI



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- Consider hepatic tissue sampling (i.e., FNA or biopsy), if clotting status is appropriate. Alternatively, empirical treatment for bacterial cholangiohepatitis (i.e., broad spectrum antibiotics, hepatic antioxidants) can be considered. If the patient's liver values do not begin to decrease within 7-10 days of initiating therapy, antibiotics should be discontinued and hepatic tissue sampling reconsidered. GI biopsies may also be warranted in the future.

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- Given the bowel changes, also consider a 6-week limited antigen or hydrolyzed protein diet trial (when the patient is eating normally).

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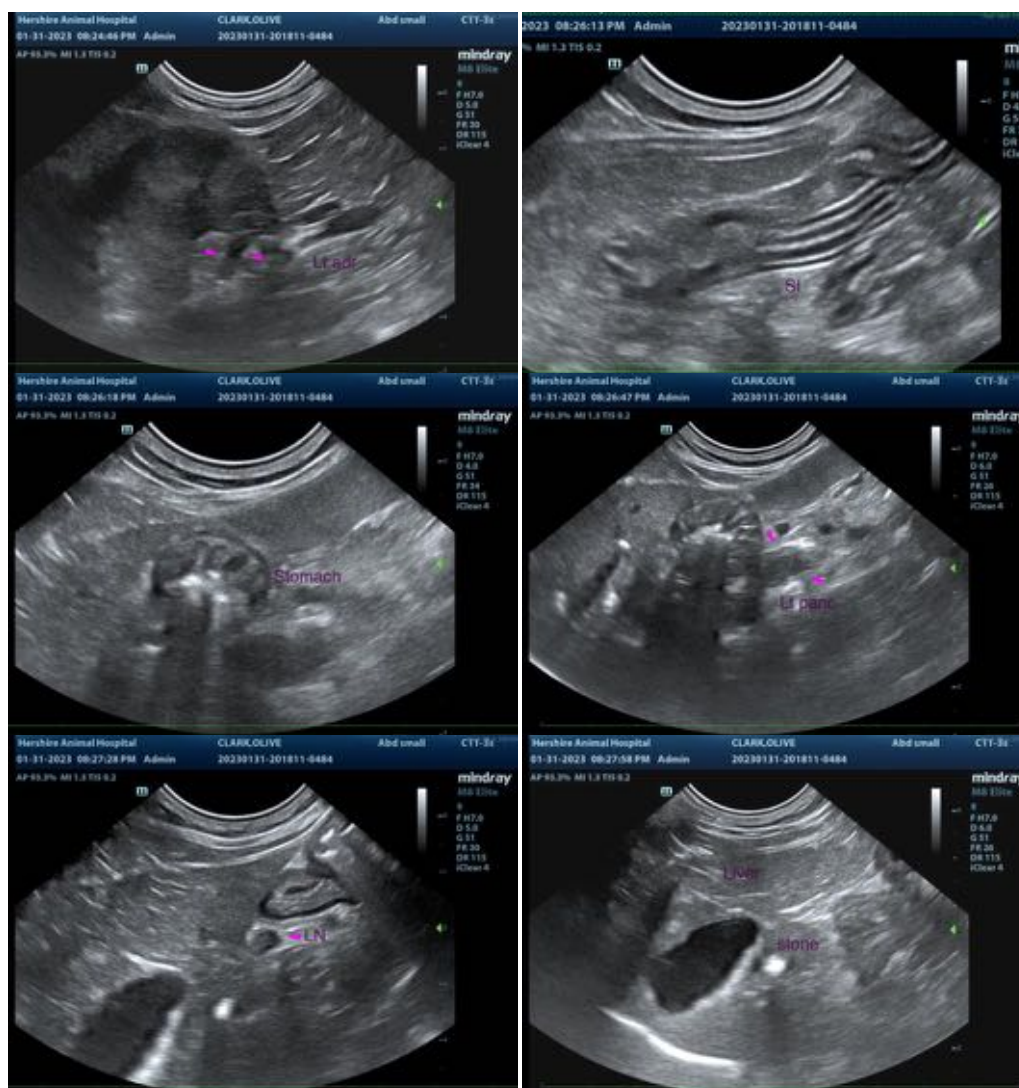
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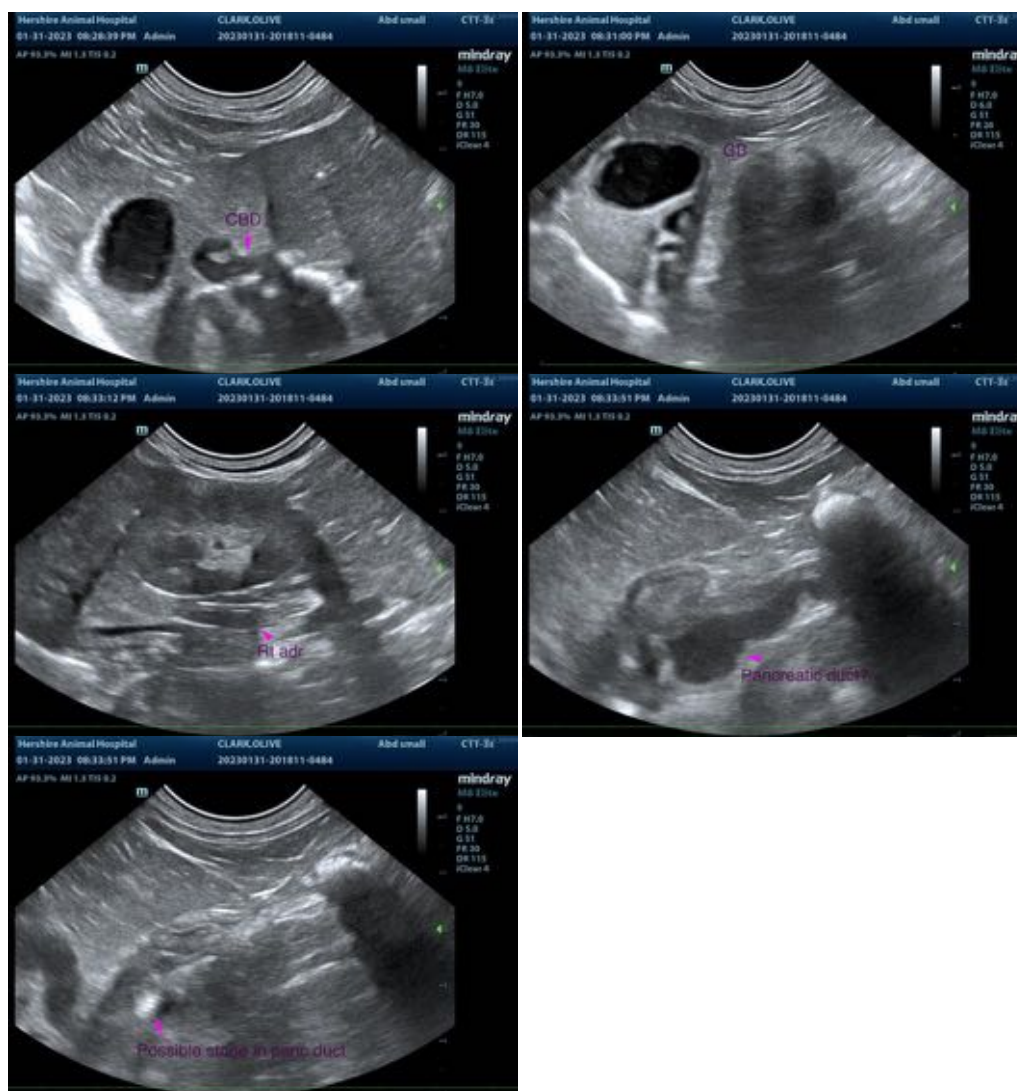
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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