

**DATE PRESENTING CLINICAL SIGNS**

2/18/2022

History: Pierre has a long history of chronically elevated liver values. He has been on many medications, and nothing has brought the liver values down. He has had a history of chronic diarrhea but that is currently under control. He has lost 1 pound since July. He also has a grade 3-4 systolic heart murmur. He has had a previous ultrasound.

PATIENT

Pierre Bieselín

Current Medications: Denamarin 90mg/day, Prednisolone 5mg, Cerenia 4mg eod, C-Ursodiol 1x day, (had been on B12, amoxi, enrofloxacin but did not help at all)

SPECIES

Feline

Lab Results: AST=117 (16-67 U/L), ALT=333 (27-158 U/L), ALKP=103 (12-59 U/L), HCT=25% non-regenerative

Date of Previous IntraPet Ultrasound: 01/18/2021

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Ragdoll

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Male Neutered

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.

AGE

10-15-2010

The left kidney is normal size (4.22 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and mildly thickened with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

6.25 Lbs.

The right kidney is normal size (3.79 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is hyperechoic and mildly thickened with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DMV,
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(Small Animal
Internal Medicine)

Adrenal Glands

The left adrenal gland is normal size (0.53 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Cat Sense Feline
Hospital

The right adrenal gland is normal size (0.55 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.80 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.

REFERRING VET

Dr. Sinclair

Liver

The liver is subjectively normal in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen and mottled in appearance. There is an increase in portal markings. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

INVOICE

10417

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

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 is normal to borderline thickened (up to 0.27 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 colonic wall is normal in thickness with thickening of the submucosal layer. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly heterogenous in appearance. No distinct focal lesions are observed. The pancreatic duct is dilated (0.41 cm in diameter).

Free Abdomen

The mesentery in the cranial abdomen is hyperechoic. No free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Non-specific diffuse hepatopathy. Differentials include lymphoplasmacytic hepatitis, bacterial cholangiohepatitis, hepatic lipidosis, or less likely, infiltrative neoplasia. Changes are similar to the previous sonogram.
- The pancreatic changes are consistent with chronic pancreatitis +/- an active component.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma. However, neoplasia is considered unlikely at this time. Changes are similar to the previous sonogram.
- Cranial abdominal peritonitis is present, likely secondary to hepatic and/or pancreatic pathology.

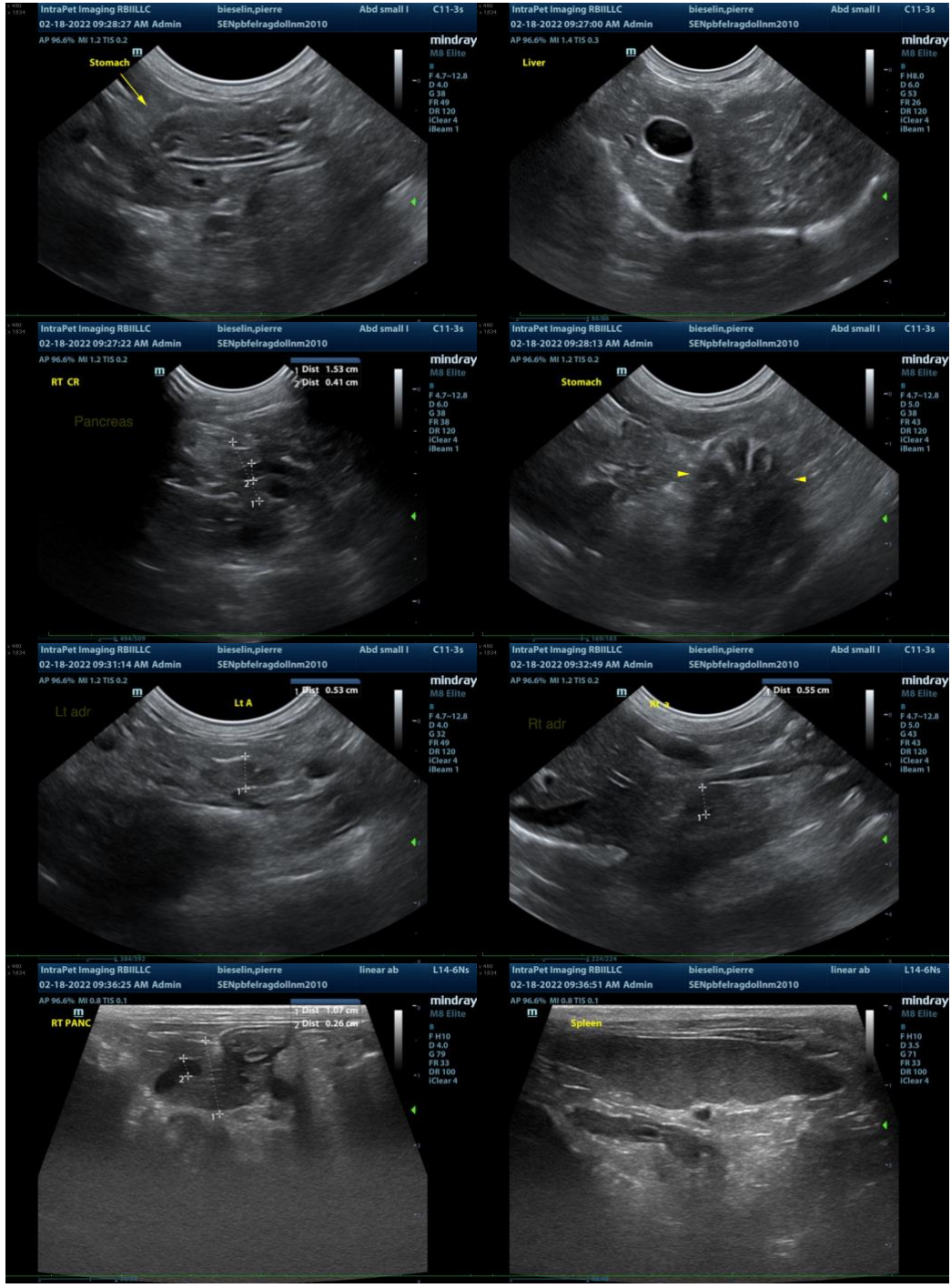
**Given the sonographic changes, "triaditis" is a consideration in this patient.

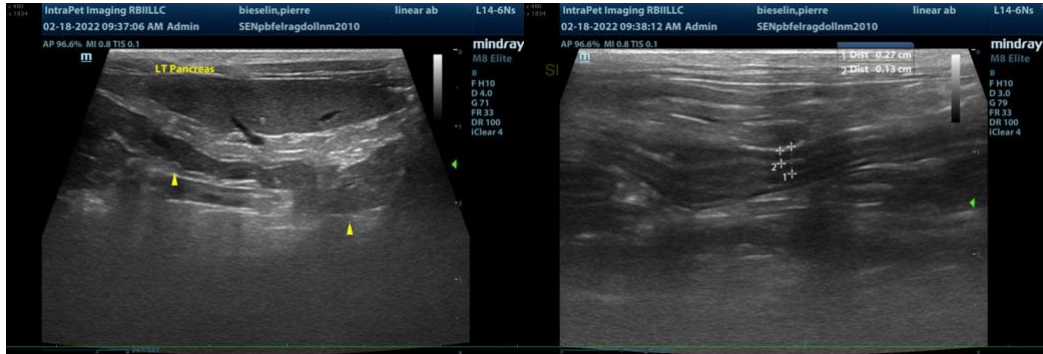
Secondary Findings

- Bilateral chronic nephropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If a definitive diagnosis is desired, a surgical liver biopsy with aerobic and anaerobic bile cultures is recommended. Gastrointestinal biopsies should also be obtained at the time of surgery.
- Three-view thoracic radiographs should be performed prior to anesthesia to assess cardiopulmonary status.





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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