

PATIENT

Kitty Berezo

SPECIES

Feline

BREED

DMH

SEX

Female Spayed

AGE

10

WEIGHT

3.62

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

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Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

BluePearl MP ER

REFERRING VET

Dr Bizzarro

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DATE

2-26-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Kitty is a 10Y FS DMH presenting as a DT for elevated liver enzymes and anorexia. O states that pt started to show less interest in food and not want to eat as much about 3 weeks ago. O says that over the last week, pt has worsened and is eating very little. O did move houses over the last week. O says that pt has been anorexic for 48 hours now. O says that he took pt rDVM and pt had bloodwork that showed elevated liver values. O was referred here. UTD on vaccines and flea prevention, not utd on hw prevention, no current RXs, indoor only, no prior medical hxper O

Diagnostics:

- CBC: MCV- 31.6 (35.9-53.1); MCHC- 37.3 (28.11-35.8); RDW- 35.1 (15-27); rest WNL
- Chem: BUN- 14 (16-36); ALT- 220 (12-130); ALP- 409 (14-111); T. bili- 6.9 (0-0.9); rest WITHIN NORMAL LIMITS

Radiographic Findings:

Unremarkable hepatic silhouette. Please note this does not exclude the possibility of significant liver pathology. Ultrasound may assist with further evaluation

Small accumulations of gastrointestinal material that could represent normal ingesta, foreign material, or both. No definitive evidence of a gastrointestinal mechanical obstruction is present at this time. The possibility of a concurrent non-specific gastroenteritis is not excluded. Abdominal ultrasound may assist in further evaluating these findings. Depending on the clinical status of the patient, repeat 3 view abdominal radiographs or abdominal ultrasound could be considered after 8-12 hours of strict fasting and IV fluid therapy to monitor for passage of material/interval changes as clinically indicated. Abdominal ultrasound should be considered sooner if the patient deteriorates clinically.

Unremarkable thorax

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (3.57 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.71 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

left adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen



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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.

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Liver

The liver is normal to prominent-in-size with smooth peripheral contours. The parenchyma is isoechoic- to hyperechoic 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 portal vein to caudal vena cava ratio is approximately 1: 1.

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The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal. The duodenal papilla is normal-in-size 0.31 cm in width).

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Gastrointestinal

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 0.29 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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Pancreas

The base and limbs of the pancreas are normal-in-size, with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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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Lymph Nodes

A few prominent mesenteric lymph nodes are visualized (one measuring 1.52 x 0.31 cm). Surrounding mesentery is mildly hyperechoic.

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Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Hepatic changes are nonspecific and could be consistent with hepatic lipidosis, inflammatory/infectious disease (i.e., cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia, or other hepatopathy.

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- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.

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- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

Secondary Findings



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- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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- Bilateral nonspecific age-related renal changes

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

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Hepatic tissue sampling (i.e., aspirates or biopsies) would be helpful in obtaining a definitive diagnosis. Aerobic and anaerobic bile cultures would also be beneficial.

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- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, +/-metronidazole, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 3-4 weeks and 1 week beyond normalization of the liver values.

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- Also consider a GI panel including serum cobalamin and folate, TLI and PLI.

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- Nutritional support is also recommended as needed to help prevent/treat hepatic lipidosis.

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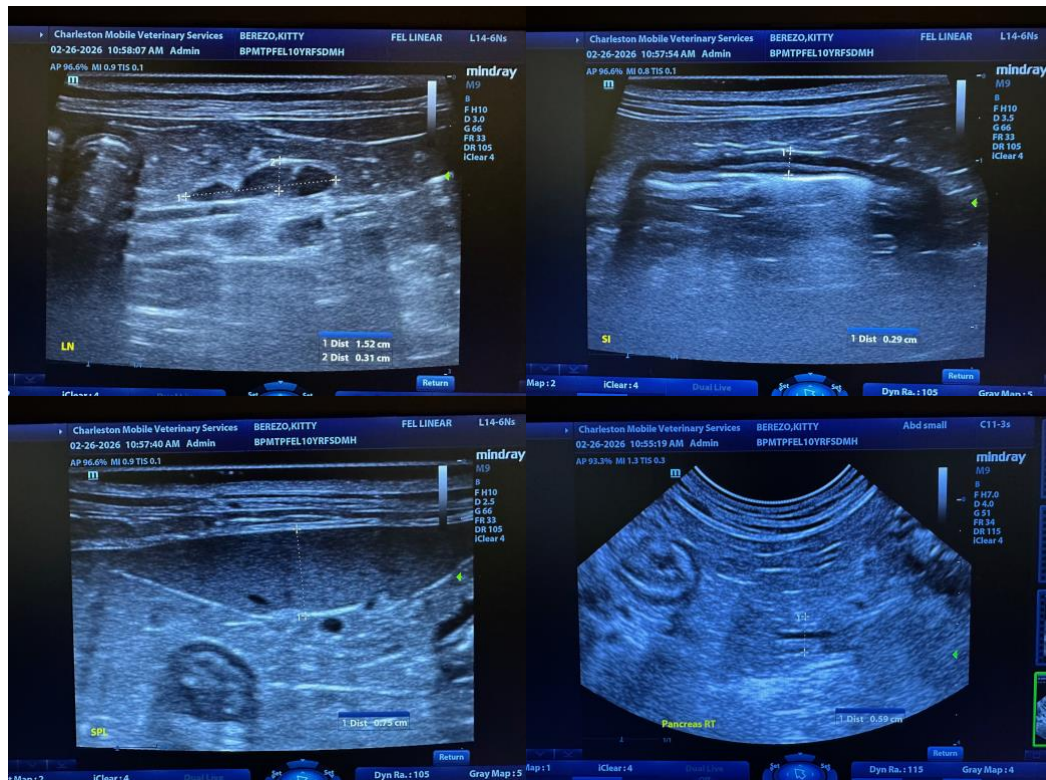
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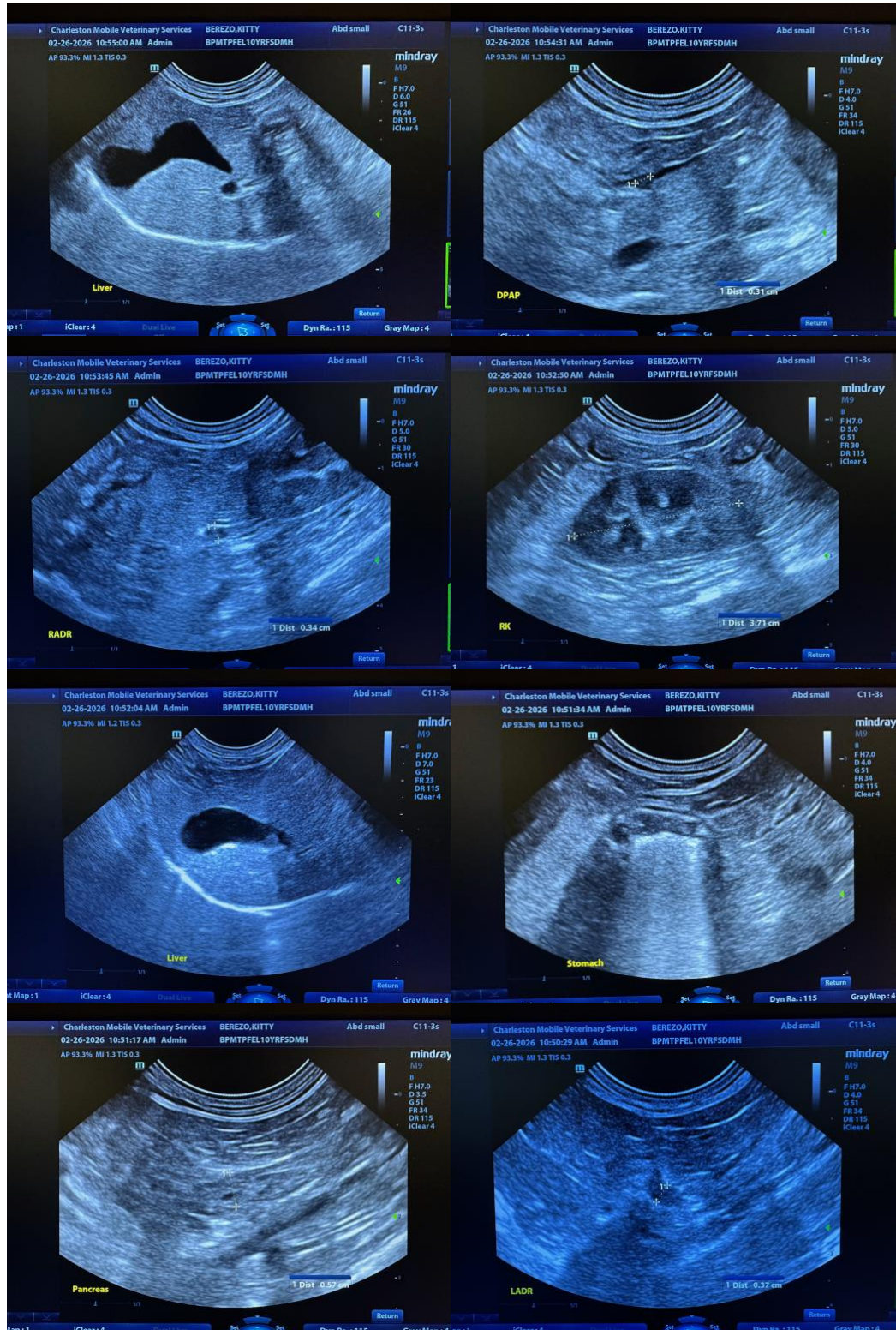
Dr Bizzarro

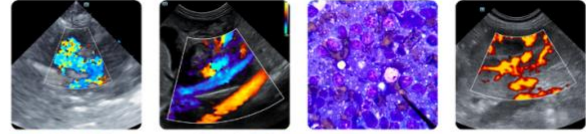
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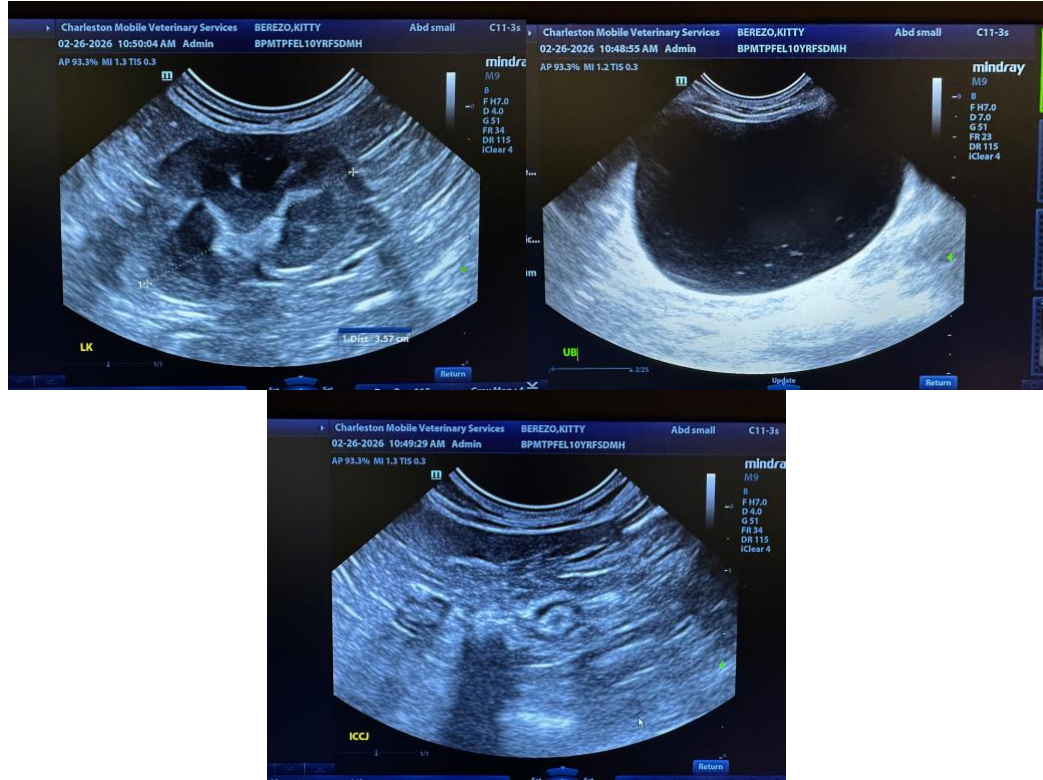
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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