



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Stella Hall
History:
Hepatic Lipidosis and Bartonella still not eating on own/ lack of appetite for over 2 weeks
Abnormal PE/Chem/CBC/UA Results

SPECIES ALT: 142
ALP: 170
GGT-17
Cholesterol- 224

BREED BUN 10.6
Total Bilirubin- 11

DMH Lymphopenia, microcytosis
Lactate 8.39

SEX Thirty-seven still images and 15 video clips are available for interpretation.

Intact Female ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

WEIGHT The left kidney is normal in size (3.68 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. There is no evidence of pyelectasia, infarcts or hydronephrosis.

INTERPRETED BY

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

Four still images are available for interpretation. The right kidney is normal in size (3.98 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. There is no evidence of pyelectasia, infarcts or hydronephrosis.

IMAGING PERFORMED BY

Dr. Arias

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

HOSPITAL NAME

Animal EH Deland

Spleen

The spleen is normal in size (0.63 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. Arias

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is 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.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are visible but not overtly dilated. There is no obvious evidence of intraluminal obstruction.

DATE

2.28.23

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



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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.

SPECIES

Feline

Pancreas

The right limb of the pancreas is visible 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.

BREED

DMH

Free Abdomen

There is questionable trace ascites. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

SEX

Intact Female

Primary Findings

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Questionable trace ascites

AGE

8.5 years

WEIGHT

4.65 kg

Secondary Findings

- Minor bilateral chronic renal changes with dystrophic mineralization

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider hepatic tissue sampling (i.e., fine-needle aspirate or biopsies (i.e., laparoscopic, or surgical)), if clotting status is appropriate. If biopsies are pursued, aerobic and anaerobic bile cultures should also be obtained.
- Also consider a GI panel including serum cobalamin and folate, TLI and PLI to assess for concurrent maldigestion/malabsorption.
- Thoracic radiographs should also be considered to assess cardiopulmonary status.
- While awaiting test results, empirical treatment for bacterial cholangiohepatitis/hepatic lipidosis is recommended, including broad-spectrum antibiotics, hepatic antioxidants, nutritional support (i.e., via temporary feeding tube), along with other symptomatic measures.

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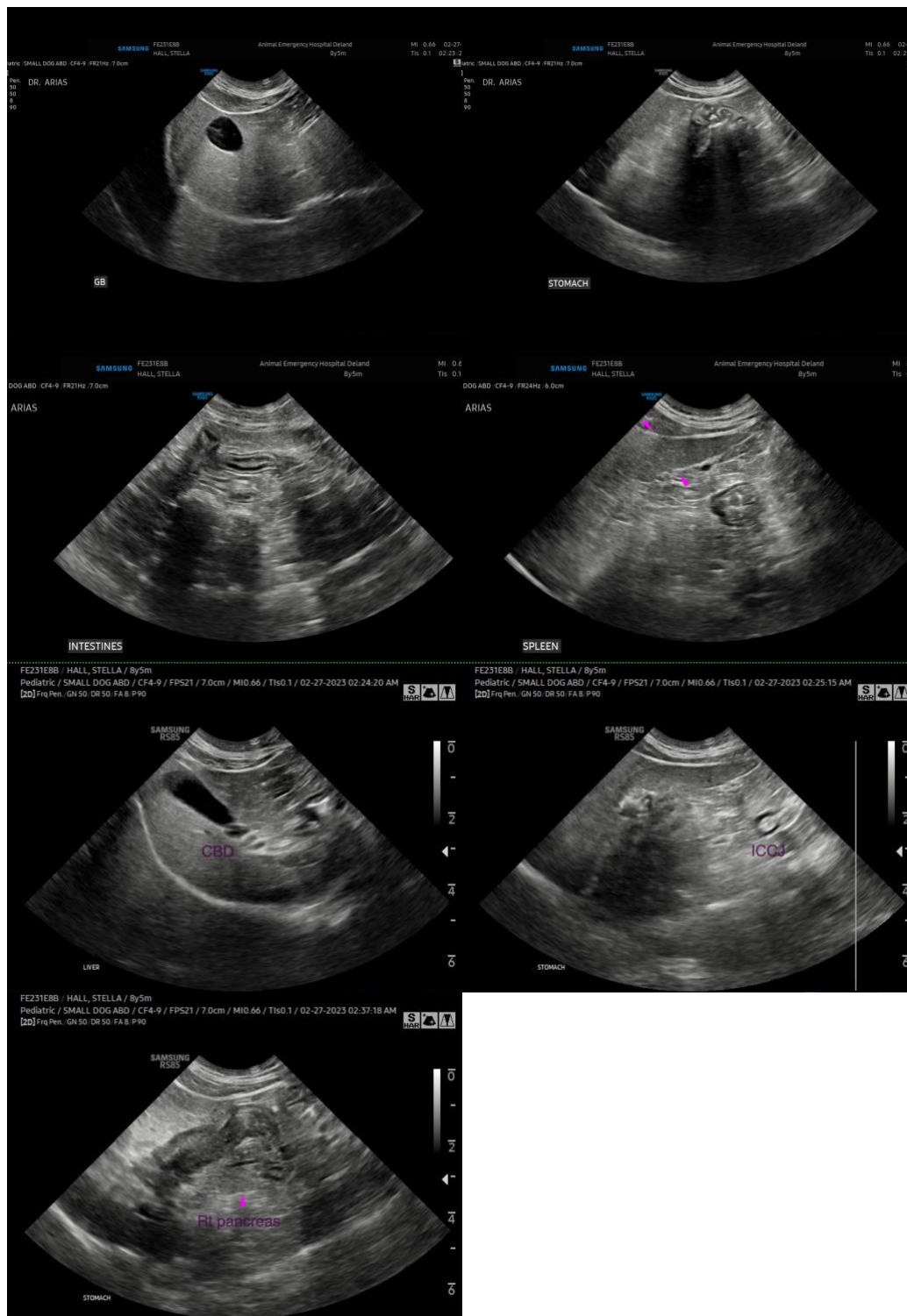
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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

info@SonoPath.com

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