



PATIENT

Kylie Suszynski

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

11Yrs. 6 months

WEIGHT

11.9 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi CVT

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Earl

INVOICE

13049

DATE

2/28/22

PRESENTING CLINICAL SIGNS

History: Weight loss, increased liver enzymes. Current meds: Denamarin 225 1/3 tab sid (just started)

Abnormal PE/Chem/CBC/UA Results: ALT 326, AST 110, ALP 120, T4 2.3 ("gray zone"), FT4 1.9 (n), usg 1.047

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended. A scant amount of echogenic debris is suspended within the lumen. 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.

The left kidney is normal size (3.69 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.03 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is prominent in size (1.15 cm in width at the level of the hilus) with normal curvilinear peripheral contours. 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 contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas



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The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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Other

A few dilated/tortuous vessels are observed just caudal to the left kidney.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- An obvious cause for the patient's elevated liver enzymes is not identified in this study. Considerations include inflammatory hepatopathy (i.e., lymphoplasmacytic hepatitis, bacterial cholangiohepatitis), early hepatic lipodosis, infiltrative neoplasia (i.e., lymphoma- less likely), portosystemic shunt, other.
- The dilated/tortuous vessels caudal to the left kidney may represent acquired shunts or may be a normal variant for this patient.

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Secondary Findings:

- Minor age-related changes.
- The mild splenomegaly may be a normal variant for this patient or may be secondary to lymphoid hyperplasia, extramedullary hematopoiesis or less likely, infiltrative neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Pre and post prandial serum bile acids to assess hepatic function.
- In order to get a definitive diagnosis, hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy) would be necessary to get a definitive diagnosis. A surgical biopsy would be ideal as it would be more representative of global organ pathology. If surgery is pursued, aerobic and anaerobic bile cultures are also recommended.
- If hepatic tissue sampling is not to be performed at this time, empirical treatment for bacterial cholangiohepatitis (i.e., Amoxicillin- Clavulanic acid +/- Metronidazole, Denamarin) is recommended. If liver values do not improve within 5-7 days of initiating therapy, antibiotics should be discontinued and hepatic tissue sampling revisited.
- Three-view thoracic radiographs are recommended prior to any anesthetic event.

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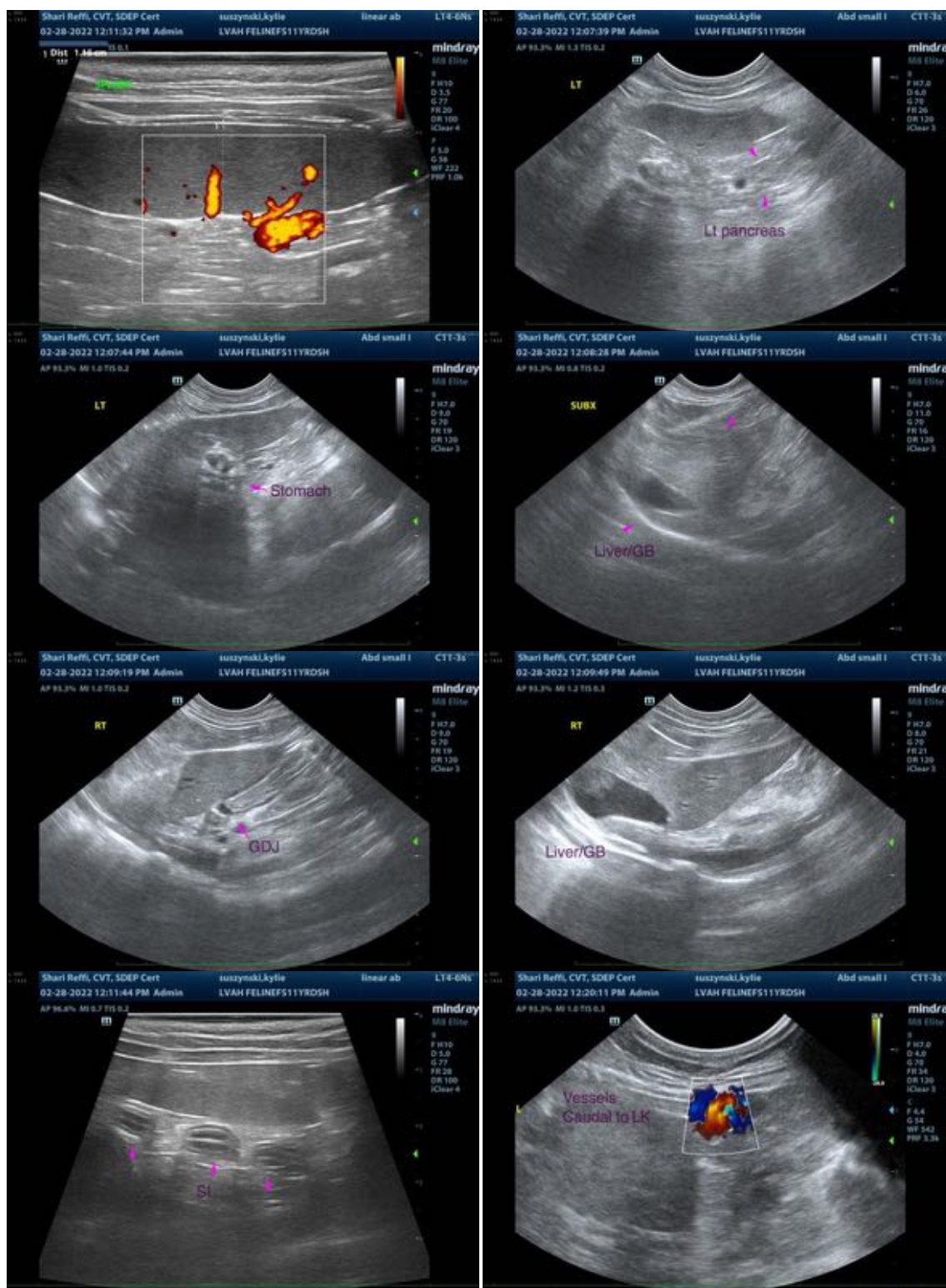
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible



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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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Andrea.nicastro@sonopath.com

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