



PATIENT

Roxy Gillikin

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

10 years

WEIGHT

7.5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rachel Wiley

HOSPITAL NAME

Petvacx AH

REFERRING VET

Rachel Wiley

INVOICE

10614

DATE

3/28/22

PRESENTING CLINICAL SIGNS

History: History of IMHA 4 years ago, chronic vomiting that responded well to daily 5mg prednisolone long term. 3 months ago, owner switched from oral prednisolone to transdermal prednisolone. Appetite has declined and now 3 days ago p has been NPO, vomited once. BMs Within Normal Limits. Abnormal PE/Chem/CBC/UA Results: Elevated ALT, ALKP, GGT, on today's bloodwork. Rest of CBC, CHEM, T4, UA Within Normal Limits

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 to moderately distended. A small to moderate amount of suspended echogenic debris is observed 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 (3.48 cm in length); with a normal shape and smooth peripheral contours. The cortex is variably thickened. There is minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.80 cm in length); with a normal shape and smooth peripheral contours. The cortex is variably thickened. There is minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

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

Spleen

The spleen is normal in size (0.65 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 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. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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.



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Pancreas

The right limb is visible, with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible, but not overtly dilated (0.21 cm in diameter). The mesentery effacing the serosal surface is slightly hyperechoic

Free Abdomen

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, vacuolar hepatopathy or other hepatopathy.
- The pancreatic changes could be consistent with chronic active pancreatitis.
- Trace ascites

Secondary Findings

- Minor age-related renal changes
- Urinary bladder debris

**Although a hepatopathy is suspected, it is also possible that concurrent disease (i.e., gastrointestinal, pancreatic), may be contributing to the patient's clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy) can be considered to further evaluate for a hepatopathy. If surgical biopsies are pursued, aerobic and anaerobic bile cultures are recommended, as well as gastrointestinal biopsies. In the meantime, empirical treatment for bacterial cholangiohepatitis and hepatic lipidosis is recommended, including broad-spectrum antibiotic (i.e., amoxicillin-clavulanic acid, +/- Metronidazole, Denamarin, Ursodiol), along with nutritional support (i.e., via temporary feeding tube), should be considered.

A malabsorption panel, including serum cobalamin and folate, TLI and PLI, is also recommended.

Given the patient's age, three-view thoracic radiographs are recommended to evaluate cardiopulmonary status.



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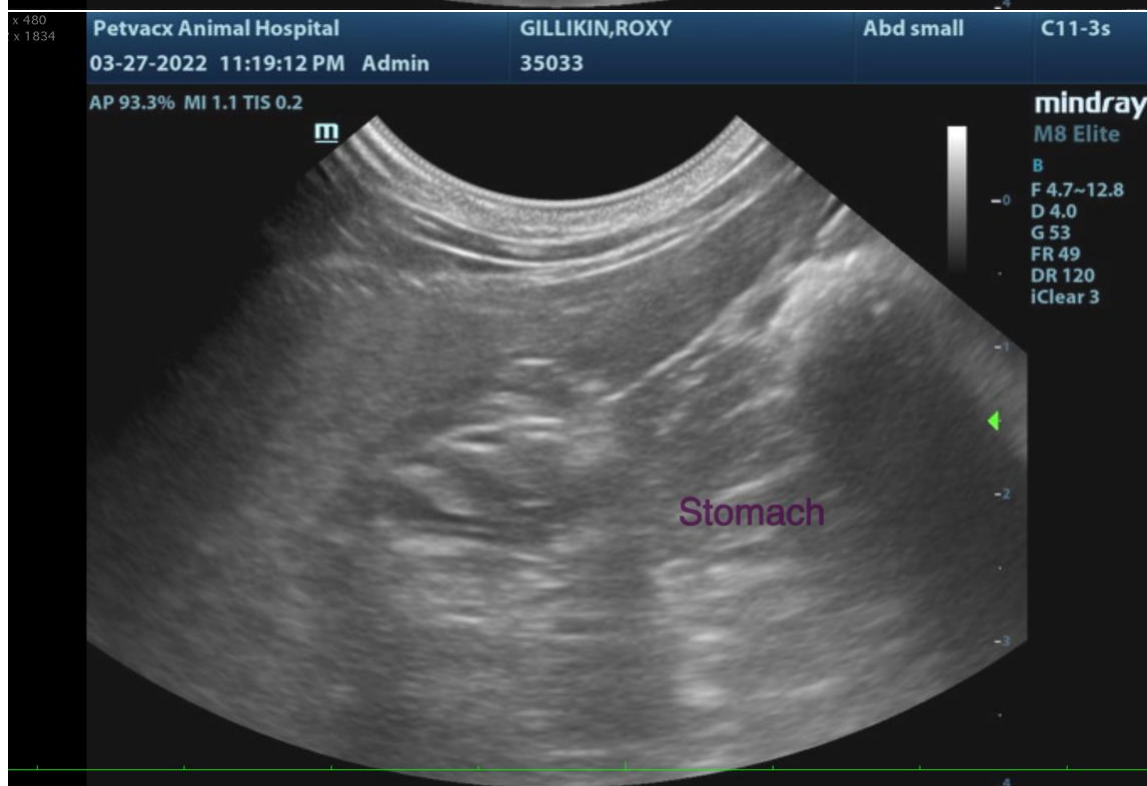
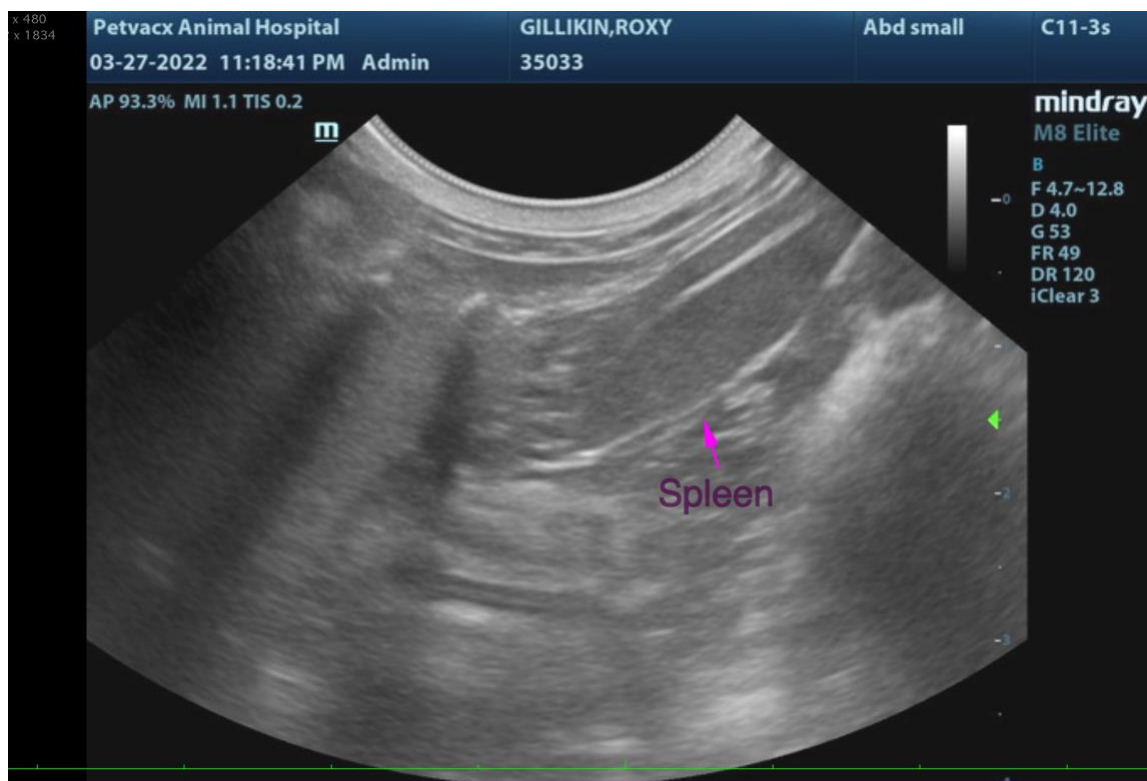
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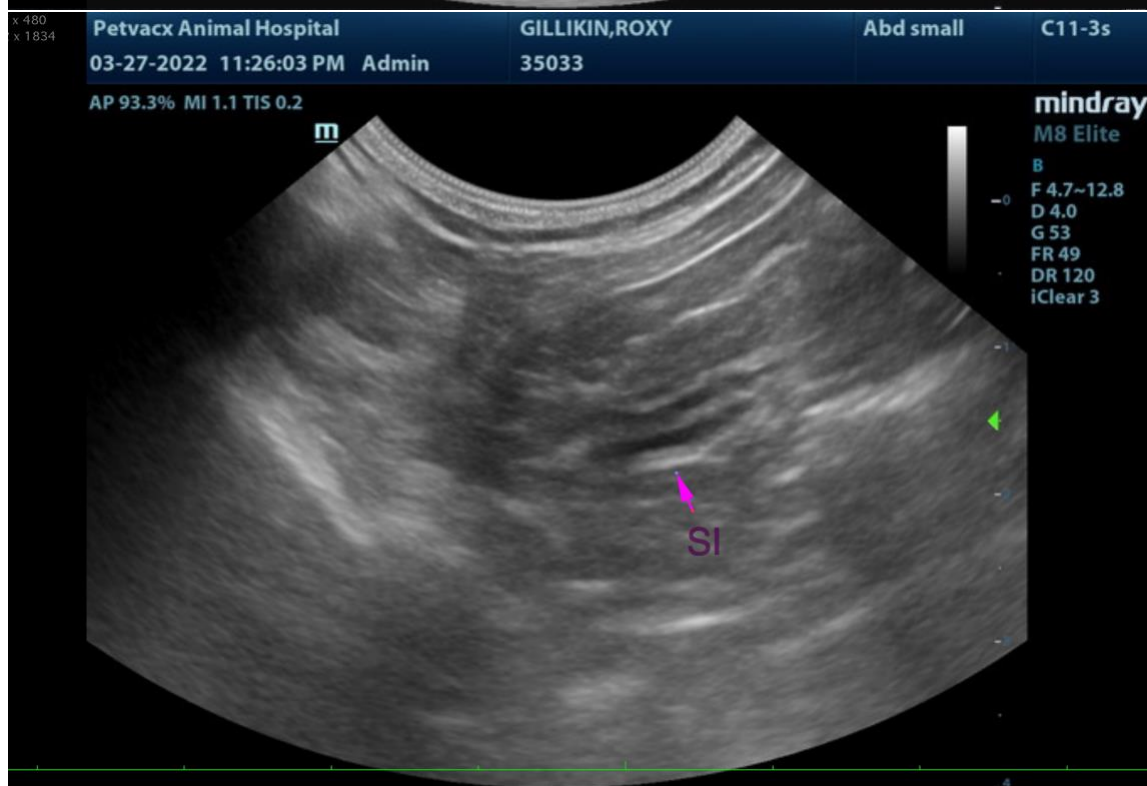
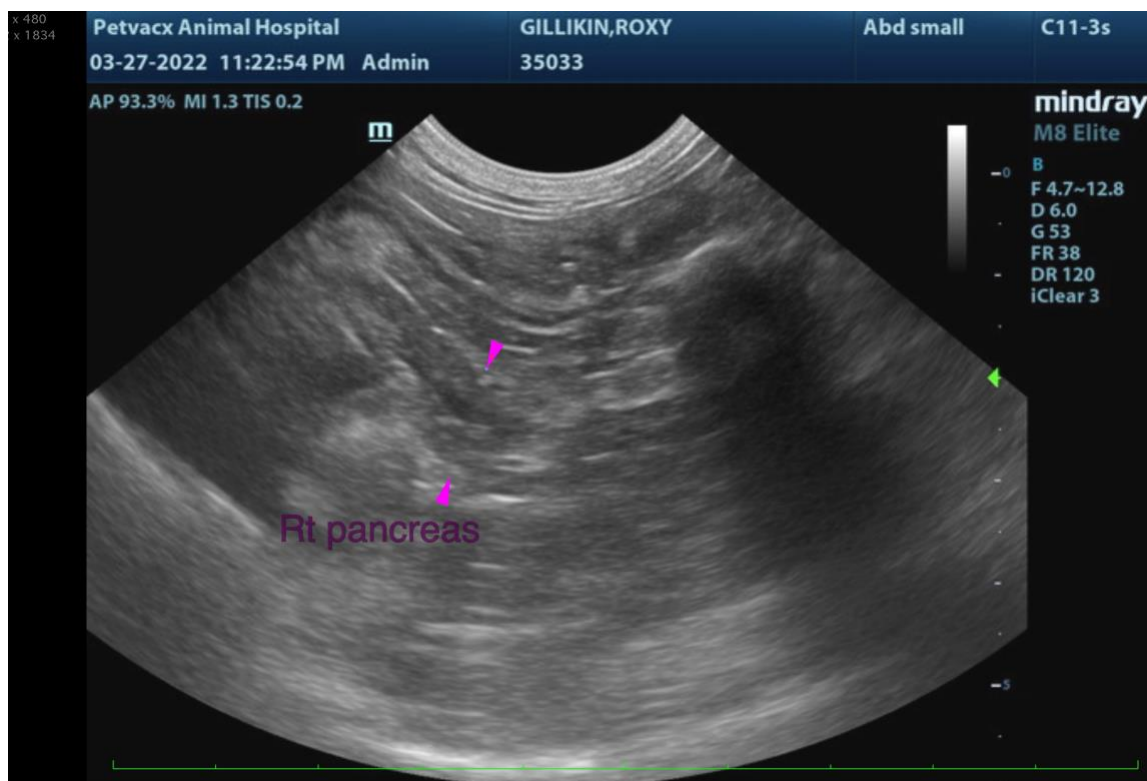
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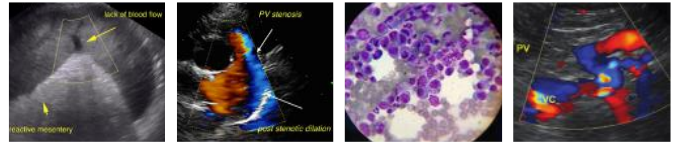
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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