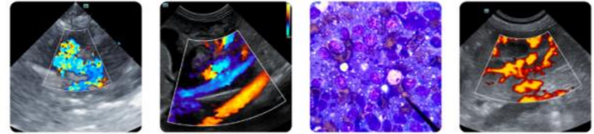


PATIENT
Ufee McKnight

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
11 yrs 9 mos

WEIGHT
4.65 kg

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

IMAGING PERFORMED BY
Renee Trionfetti, VMD

HOSPITAL NAME
Blue Pearl Wyomissing

REFERRING VET
Heatherlynn McFarlane
DVM DACVIM-Intern Med

INVOICE
22668

DATE
3-9-26

PRESENTING CLINICAL SIGNS

AUS to further evaluate progressive elevated LE (ALT >> ALP), hyperbilirubinemia, and marked leukocytosis. Currently hospitalized. Evaluated for possible UTI due to hematuria and stranguria. BW showed markedly elevated WBC, LE (ALT>ALP), and elevated TBil. She also discovered developed diarrhea, lethargy, anorexia.

History of DM and previous episode of elevated LE and elevated TBil in 2024-- sudden onset and marked improvement in a short period of time suspect a resolving biliary obstruction (biliary stone, less likely EHBO) but could not rule out cholangitis or less likely toxic insult.

Current meds: IV Unasyn, IV Baytril, Denamarin,

Prev AUS (Sonopath) 11/1/2024: Suspect acute cholangitis / cholangiohepatitis hepatobiliary pattern with mild, congealed gallbladder sediment – no overt post hepatic obstruction

- Pancreatitis
- Intact mild prominent small bowel wall
- Minor right kidney pyelectasia
- Scant perihepatic / peripancreatic free fluid

Abnormal PE/Chem/CBC/UA Results:
3/5/26 Fructosamine 413, signs well controlled.

3/6/26 CBC: WBC 36.1K (H), Neut 30.6K, bands 1.8K, Lymph 2.1K, Eos 0, HCT 37%, PLT 319K
Chem: ALT 934, ALP 98, TBil 7.6, Glu 141, Alb 2.7
EPOC: pH 7.295, PCO2 47.5, HCO3 23.1, Creat 2.03 (H), BUN 34 (H), Na 152, K 4.0, iCa 1.23
Serum Ketone: 0.2
UA: WBC 2-3/HPF, bacteria rods 51-100/HPF, UC growth detected, pending final results

3/8/26 CBC: WBC17.7K, Neut 15.9K, Lymph 1.12K, Eos 0.28K, HCT 24.9%, PLT 251K
Chem: ALT 670 (H), ALP 113 (H), GGT 25 (H), TBil 9.7 (H), Alb 2.4, iCa 1.19 (L)
EPOC: pH 7.342m PCO2 38, HCO3 20.6, Creat 1.25, BUN 12 (L), Na 147 (L), K 2.7 (L)
NH3 14

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 (3.83 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate- severe 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 (4.00 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate- severe loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

PATIENT

Ufee McKnight

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 yrs 9 mos

WEIGHT

4.65 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Heatherlynn McFarlane DVM DACVIM-Intern Med

INVOICE

22668

DATE

3-9-26

Adrenal Glands

The left adrenal gland is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.74 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 prominent-in-size, with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen, and subtly heterogenous in appearance, with several, small, ill-defined hyperechoic areas. Intrahepatic biliary stones are visualized. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is mildly- to moderately-distended. The wall is mildly-thickened (up to 0.20 cm) and hyperechoic- to mineralized. Mineralized sand and tiny choleliths are observed within the lumen. The cystic and common bile ducts are tortuous and dilated (up to 0.77 cm). The walls are mildly-thickened. Mineralized sand and choledocoliths are observed within the lumen. A 0.56 cm choledocolith is seen at the level of the duodenal papilla.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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 segmentally dilated with gas and chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb is visible/prominent, with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat, and slightly mottled in appearance. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Choleliths and choledocoliths with at least partial obstruction of the common bile duct. The gallbladder and cystic/common bile duct wall changes are most consistent with cholestasis and cholangitis, respectively.

- Intrahepatic biliary stones with mild hepatomegaly

PATIENT

Ufee McKnight

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 yrs 9 mos

WEIGHT

4.65 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Heatherlynn McFarlane
DVM DACVIM-Intern Med

INVOICE

22668

DATE

3-9-26

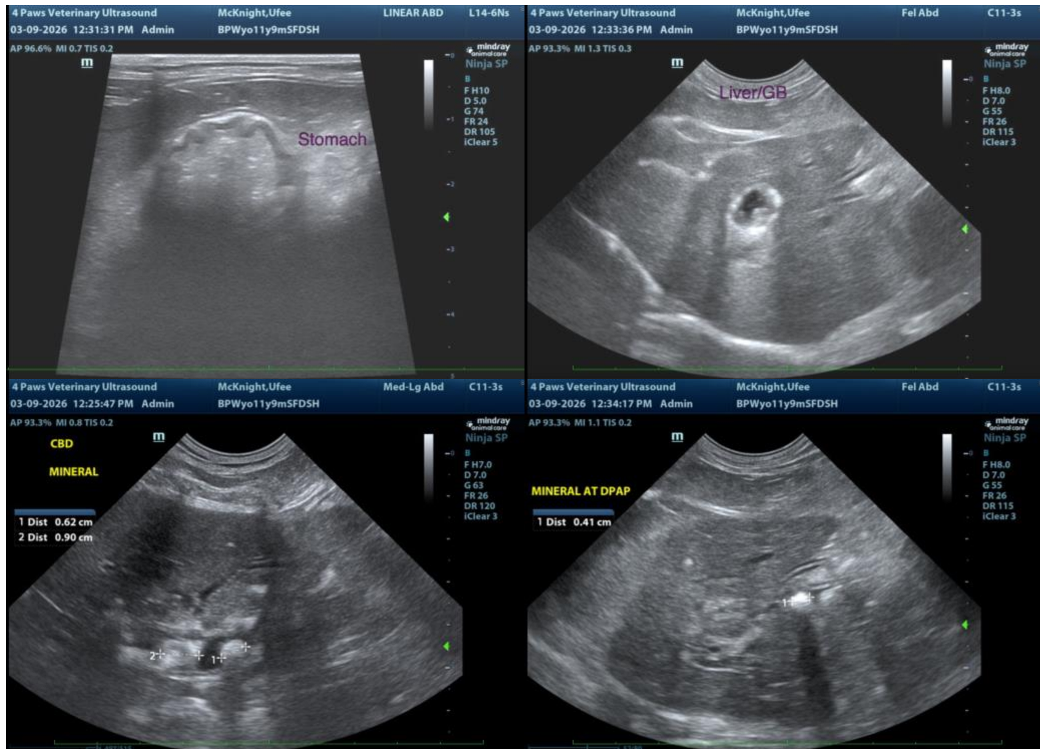
- The pancreatic changes in the left limb are most consistent with mild, acute, or chronic active pancreatitis with parenchymal remodeling, and mild adjacent peritonitis.
- Trace ascites

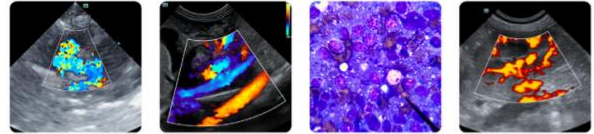
Secondary Findings

- Bilateral nonspecific age-related renal changes
- Minor retained gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the increasing total bilirubin, referral to a board-certified surgeon for an abdominal exploratory with alleviation of the extrahepatic bile duct obstruction is recommended. Liver biopsies, as well as aerobic and anaerobic bile cultures are also recommended at the time of surgery. Three-view thoracic radiographs and clotting times should be performed prior to anesthesia.
- While awaiting test results, symptomatic care for cholecystitis/cholangits/pancreatitis is recommended.





PATIENT

Ufee McKnight

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 yrs 9 mos

WEIGHT

4.65 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

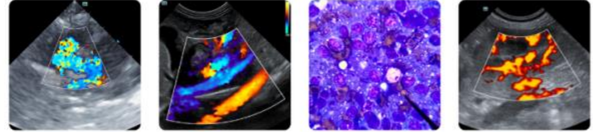
Heatherlynn McFarlane
DVM DACVIM-Intern Med

INVOICE

22668

DATE

3-9-26



PATIENT

Ufee McKnight

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 yrs 9 mos

WEIGHT

4.65 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Heatherlynn McFarlane
DVM DACVIM-Intern Med

INVOICE

22668

DATE

3-9-26

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com