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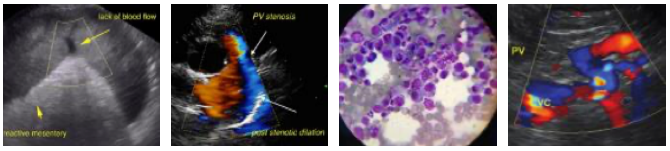

PATIENT
Zoey Speese

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female, spayed

AGE
9.5 Yrs.

WEIGHT
12 lbs.

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

IMAGING PERFORMED BY
Meghan Myers

HOSPITAL NAME
Hershire AH

REFERRING VET
Dr. Zhang

INVOICE
14798

DATE
4/11/23

PRESENTING CLINICAL SIGNS

History: Initially see at ER for sporadic eating/not eating on 3/27. elevated ALT, AST, GGT (alt 393, alp 206, ggt 11, tbili <0.1, glu 223) radiographs--foreign material in stomach but nonobtructive appetite improved with SQ fluids, mirtaz and cerenia, started denamarin recheck BW 4/6--ALT 288, AST 94, ALP 226, Tbili 0.6, GGT 3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.61 cm in length) with a slightly irregular shape. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia or hydronephrosis. Renal vasculature is normal.

The right kidney is subjectively normal in size with a normal shape, smooth peripheral margins and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is seen.

Spleen

The spleen is normal in size (0.86 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 normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogeneous in appearance. No focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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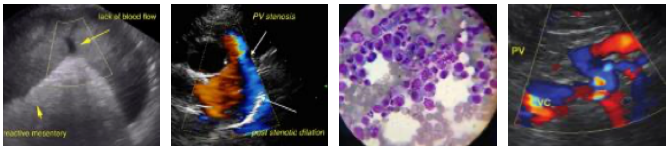

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Pancreas

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, hepatic lipidosis, infiltrative neoplasia (less likely) should be considered.

Secondary Findings:

- Bowel pattern suggestive of inflammatory bowel disease. There is potential for emerging lymphoma. However, neoplasia is considered unlikely at this time.
- Bilateral, chronic, age-related renal changes with dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fine needle aspirate of the liver (if clotting status is normal). A 25-gauge needle should be used. While awaiting test results, consider empirical treatment for bacterial cholangiohepatitis/hepatic lipidosis (i.e., broad spectrum antibiotics, hepatic antioxidants and supportive measures along with nutritional support (i.e., via temporary feeding tube)). If cytology results are inconclusive and/or if the patient's liver enzymes do not improve with medical management, consider a liver biopsy with aerobic and anaerobic bile cultures.
- Three-view thoracic radiographs are recommended prior to any anesthetic event.

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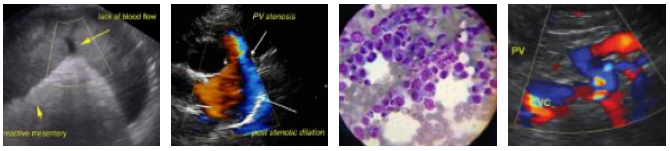

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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