



PATIENT PRESENTING CLINICAL SIGNS

Patient: Peeta Martin
History: 12yo MN DSH presenting for lethargy, anorexia since Wednesday 4/19. V+ once on Wednesday but hasn't vomited since. drinking ok, U/BM ok. Indoor/outdoor with history of being outside the night before clinical signs began.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results/ PE: jaundice **Chemistry:** ALP 294, ALT 676 TBili 15.7 PCV/TS 34%/9

BREED

DSH

Urinary System

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

SEX

Neutered Male

The left kidney is normal in size (3.95 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

12 years

The right kidney is normal in size (4.45 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. Hyperechoic shadowing diverticular foci are visualized. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, infarcts or hydroureter.

WEIGHT

10.2 lbs

Adrenal Glands

(No images provided).

INTERPRETED BY

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

Spleen

The spleen is normal in size (0.98 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 appears normal.

Liver

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

IMAGING PERFORMED BY

Danielle Lanz

HOSPITAL NAME

New Holland VH

The gall bladder is distended. The wall is mildly thickened (up to 0.23 cm) and hyperechoic. A moderate amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are severely dilated (up to 0.93 cm) with echogenic debris within the lumen. The walls are subjectively slightly thickened.

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 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.

REFERRING VET

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INVOICE

12851

Pancreas

The right limb is visualized with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions

DATE

4.24.23



PATIENT are observed. The pancreatic duct is not overtly dilated.

Peeta Martin **Free Abdomen**

A small amount of free fluid is observed. The abdominal lymph nodes are normal/not visible.

SPECIES **ULTRASONOGRAPHIC FINDINGS**

Feline **Primary Findings**

BREED

DSH

SEX

Neutered Male

- The cystic and common bile duct changes are concerning for a distal obstruction, although an obstruction is not definitively visualized in the available images. The gall bladder/cystic/common bile duct walls are most consistent with cholecystitis/cholangitis, respectively.
- Hepatic changes are non-specific and could be consistent with hepatic lipodosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Mild ascites

Secondary Findings

AGE

12 years

- Mild bilateral chronic age-related renal changes
- Minor age-related pancreatic remodeling +/- concurrent or prior mild pancreatitis

WEIGHT **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

10.2 lbs

- Given the cystic and common bile duct changes, in conjunction with the patient's chemistry panel abnormalities, and abdominal exploratory with assessment of bile duct patency is recommended. Liver biopsies and aerobic/anaerobic bile cultures should also be obtained at the time of surgery. Three-view thoracic radiographs and clotting times are recommended prior to anesthesia. In the meantime, empirical treatment for bacterial cholecystitis/cholangitis is recommended, including broad-spectrum antibiotic therapy, hepatic antioxidants, fluid therapy and other supportive measures.

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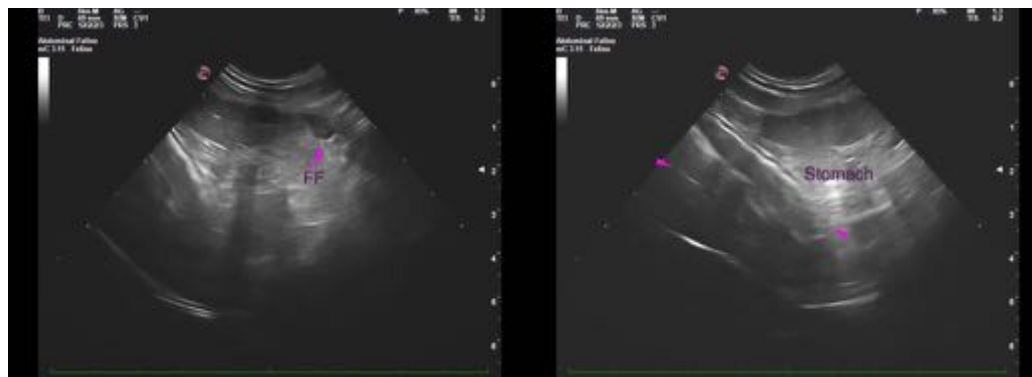
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PATIENT

Peeta Martin

SPECIES

Feline

BREED

DSH

SEX

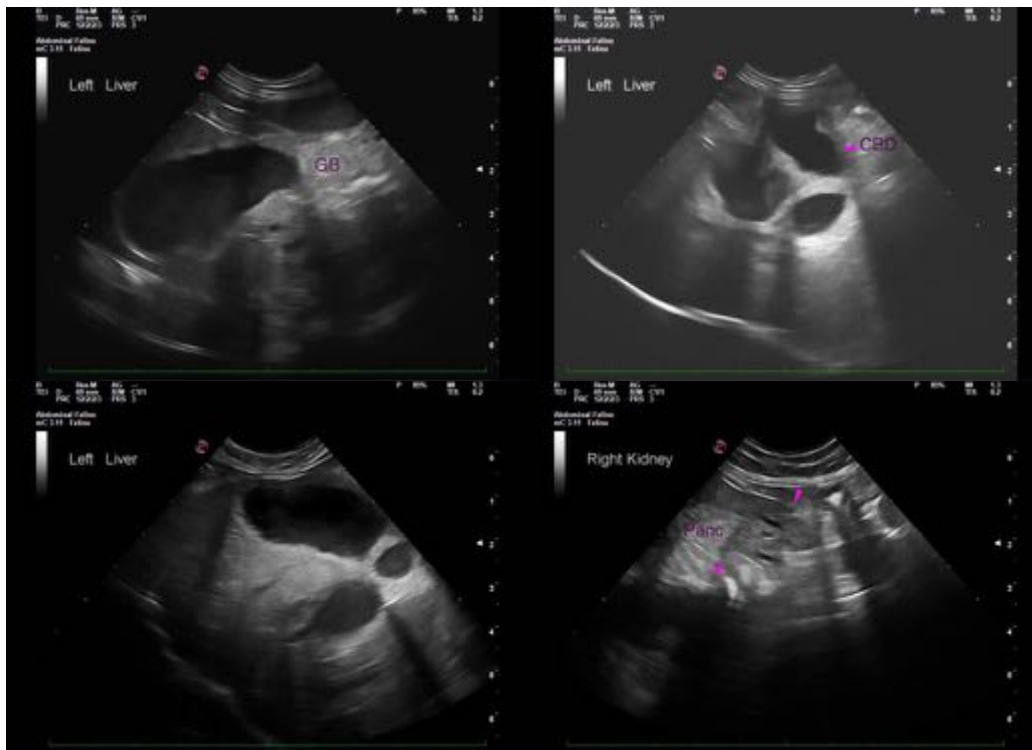
Neutered Male

AGE

12 years

WEIGHT

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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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Medicine)

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

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