



PATIENT PRESENTING CLINICAL SIGNS

Willow Elmslie History: Losing a lot of weight slowly over the past 8 months. Eating less the last 7-10 days, prior to this her appetite was normal. Drinking a lot the past week. Indoor/Outdoor- not utd on vaccs. Occasionally vomits at night. Less energy than normal. Did get in a fight last month with another cat outside.

SPECIES Bloodwork - ALT 215 HI, Na 167 HI, T4 8.7. FELV/FIV test negative

Feline ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED 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 is normal.

DSH

SEX

The left kidney is normal in size (3.67 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 mild to moderate loss of normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Spayed Female

AGE

The right kidney is normal in size (3.64 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 mild to moderate loss of normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

14 years

WEIGHT Adrenal Glands

The left adrenal gland is normal size (0.30 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

5.8 lbs

INTERPRETED BY

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

The right adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.64 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.

IMAGING PERFORMED BY

Dr. Sheldon

Liver

The liver is normal to slightly prominent with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. A 0.62 cm hypoechoic nodule is observed on the right side. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

HOSPITAL NAME

Advanced PC
Oakland

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.

REFERRING VET

Dr. Sheldon

Gastrointestinal

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. Several small intestinal segments are mildly hyperperistaltic. The wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

INVOICE

12643

DATE

4.3.23

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

There is questionable scant ascites. There is no evidence of inflammation or effusion. 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, normal variant, or other hepatopathy. The hypoechoic hepatic nodule could be consistent with an inflammatory focus, granuloma, focus of lymphoid hyperplasia, emerging tumor, other.
- Questionable scant ascites

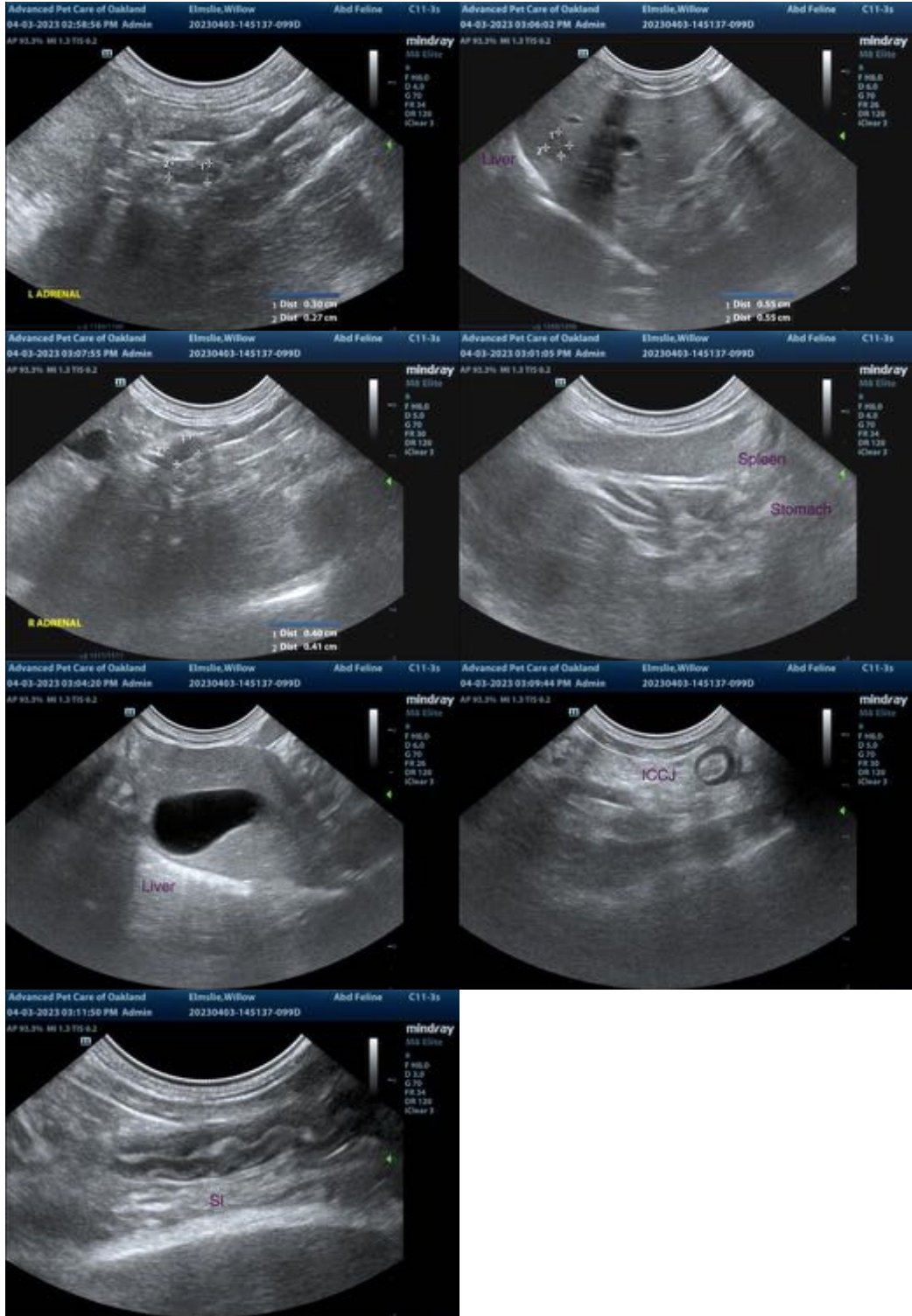
Secondary Findings

- Bilateral chronic age-related renal changes

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include microscopic gastrointestinal disease (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue (i.e., liver disease), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the elevated ALT and sonographic hepatic changes, consider pre-and postprandial serum bile acids. Other diagnostic considerations include the following:
 1. Three-view thoracic radiographs to assess for occult neoplasia in the chest
 2. Orthopedic and neurologic examinations to assess for nonmetabolic causes for the patient's clinical signs.
 3. Fecal evaluation for ova and Giardia
 4. GI panel including serum cobalamin and folate, TLI and PLI
 5. Depending on the results of the above diagnostics, endoscopic or surgical biopsies may be necessary to get a definitive diagnosis.
 6. Hepatic tissue sampling may also be warranted (if clotting status is appropriate).
 7. While awaiting test results, symptomatic care along with nutritional support (to help prevent/treat hepatic lipidosis) is recommended.



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