

**DATE PRESENTING CLINICAL SIGNS**

4.5.23 History of hepatopathy and suspect primary GI disease. Initial workup performed August 2022 including spleen FNA (enlarged spleen on AUS). Pet was then lost to follow up. Recent exam at rDVM with lab-work showed progressive liver enzymes and new hyperbilirubinemia.

**PATIENT**

Jujubee Storck

Current Medications: None.

Lab Results: Recent labs not sent from rDVM yet but reportedly progressive ALT elevation and newly elevated bilirubin

**SPECIES**

Date of Previous IntraPet Ultrasound: 8/8/22.

Feline

Sedation: Sedated Torbugesic &amp; Midazolam.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**BREED****ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

DLH

**SEX**

Female Spayed

**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 is normal.

**AGE**

8/1/2012

The left kidney is normal in size (3.44 cm in length) with a normal shape, architecture, and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

3.5 kg

The right kidney is normal in size (3.08 cm in length) with a normal shape, architecture, and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

**Adrenal Glands**

The region of the left adrenal gland is evaluated. No obvious pathology is observed in this region.

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

**HOSPITAL NAME**

Nexus Vet Spec

**Spleen**

The spleen is prominent in size (0.99 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**REFERRING VET**

Dr. Steele

**Liver**

The liver is subjectively prominent in size with slightly swollen peripheral contours. The parenchyma is slightly hypoechoic relative to the spleen and heterogenous in appearance. No distinct focal lesions are observed. There is a slight increase in portal markings Hepatic vasculature is of normal volume.

**INVOICE**

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The gall bladder is moderately distended. The wall is mildly thickened (up to 0.61 cm), hyperechoic and slightly irregular. A small amount of echogenic debris is observed within the lumen. The cystic and common bile duct walls are mildly and diffusely thickened. The lumen is moderately dilated (up to 0.61 cm proximally, and up to 0.26 cm distally). Echogenic mineralized debris is observed in the common bile duct lumen. The duodenal papilla is normal in size (0.42 cm in width).

### ***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 most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

### ***Pancreas***

The base abd limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion. The mesentery effacing the serosal surface is slightly hyperechoic.

### ***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**

- Diffuse hepatopathy. Differentials include inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), fibrosis, infiltrative neoplasia (less likely), hepatic lipidosis, other hepatopathy. (Changes are similar to the previous sonogram).
- The gall bladder and cystic/common bile duct wall changes are most consistent with cholecystitis/cholangitis. There appears to be echogenic to mineralized debris within the common bile duct lumen, but it is not completely obstructive.
- The pancreatic changes are suggestive of chronic active pancreatitis, with possible age-related remodeling and fibrosis.

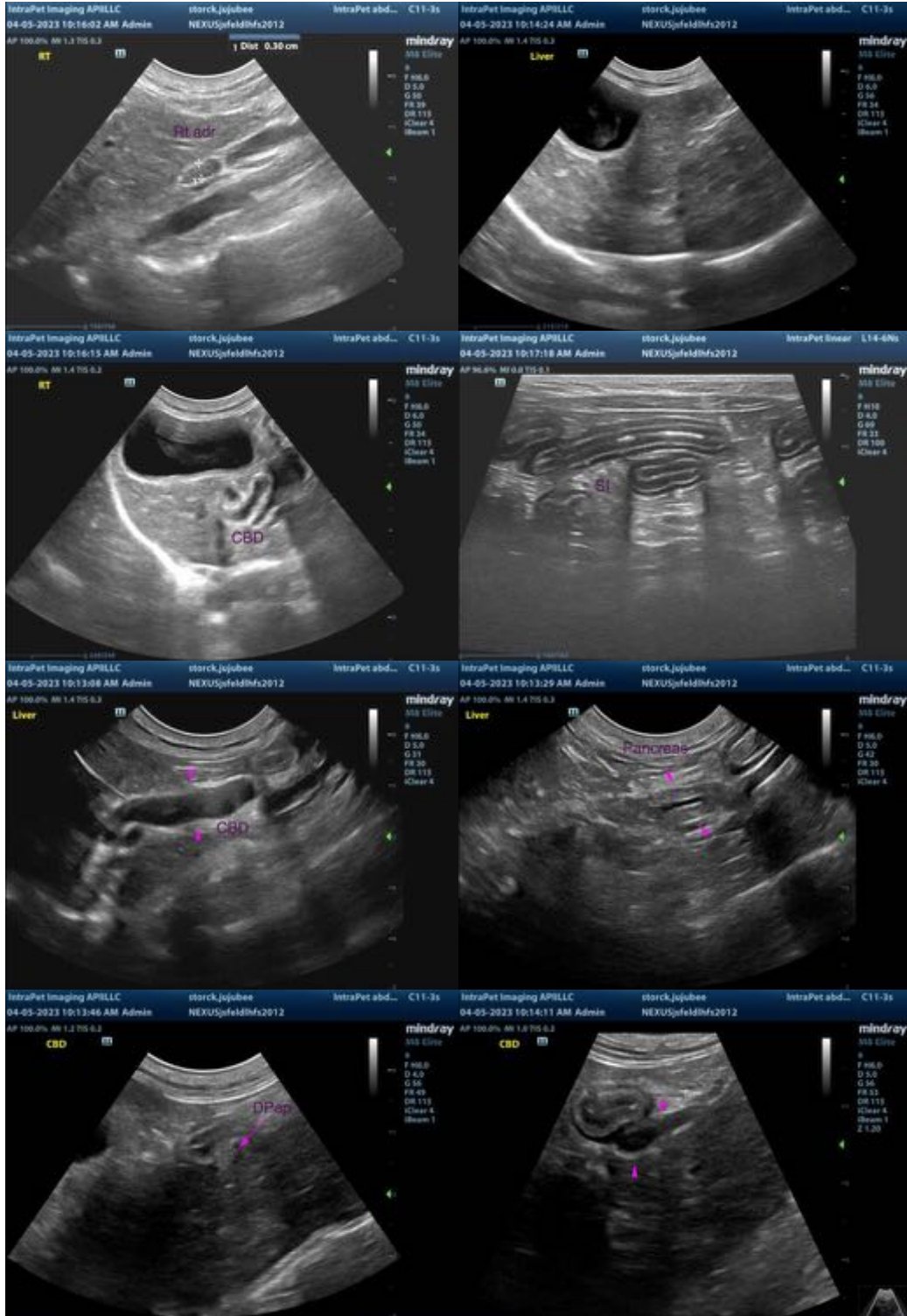
### **Secondary Findings**

- The small intestinal wall changes are consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- Bilateral chronic age-related renal changes. (Changes are similar to the previous sonogram).

\*Given the sonographic changes, "triaditis" is a consideration in this patient.

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

- Further diagnostic and treatment recommendations are to be implemented by Dr. Cara Steele.





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](mailto:info@SonoPath.com)