



PATIENT

Amber Spreadburry

PRESENTING CLINICAL SIGNS

History: Pet presented for decreased appetite and weight loss.
Abnormal PE/Chem/CBC/UA Results: ALT: 791 AST: 343 ALP: 381 T bil: 1.2 CBC and T4: wnl

SPECIES

Feline

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 is normal.

BREED

Domestic shorthair

The left kidney is normal size (3.46 cm in length); normal shape and architecture with smooth peripheral margins. 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.

SEX

Female, spayed

The right kidney is normal size (3.49 cm in length); normal shape and architecture with smooth peripheral margins. 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

17 yrs.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

WEIGHT

9.7 lbs.

Spleen

The spleen is normal in size (0.66 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.

INTERPRETED BY

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

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. 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.

IMAGING PERFORMED BY

Dr. Reyes

Gastrointestinal

HOSPITAL NAME

Mobile Vet Ultrasound

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 several segments. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. No obstructive disease is noted.

REFERRING VET

Dr. Fine

INVOICE

14879

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.

DATE

5/2/23



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Free Abdomen

Amber Spreadburry

There is no evidence of free fluid. 1-2 mesenteric lymph nodes are visible with normal shape and echogenicity. Surrounding mesentery is slightly hyperechoic.

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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:

- Mild bilateral chronic renal changes.
- The small intestinal wall changes are suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered unlikely at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If an aggressive approach is desired, consider a fine needle aspirate or biopsies (i.e., laparoscopic or surgical) of the liver, if clotting status is appropriate. If surgical biopsies are pursued, aerobic and anaerobic bile cultures are also recommended.
- If a more conservative approach is desired, consider empirical treatment for cholangiohepatitis with amoxicillin-clavulanic acid along with hepatic antioxidants. If liver values do not begin to improve within 7-10 days of initiating therapy, antibiotics should be discontinued and hepatic tissue sampling reconsidered. If values do improve, a 4-6-week course of treatment is recommended.
- Given the potential for emerging hepatic lipidosis, nutritional support (i.e., via temporary feeding tube) should also be considered.
- Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.





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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.

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