



PATIENT PRESENTING CLINICAL SIGNS

Emi Wetterauw History: elevated liver values, vomiting
Abnormal PE/Chem/CBC/UA Results: elevated ALT, ALKP, T4

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **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 proximal urethra, visible to a depth of 1-2 cm, are normal.

BREED

DSH

The left kidney is normal in size (3.67 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction.

SEX

There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

Female Spayed

The right kidney is normal in size (3.98 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

AGE

13.5 years

Adrenal Glands

The left adrenal gland is normal size (0.36cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

WEIGHT

11.4 lbs

The right adrenal gland is normal size (0.38 width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature appear normal.

INTERPRETED BY

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

Spleen

The spleen is normal in size (0.80 cm in width at the level of the hilus) with a normal capsular contour. A 0.72 cm irregular hyperechoic nodule is observed near the hilus. No focal lesions are observed. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Diane McFadden

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

HOSPITAL NAME

Advanced VC

The gall bladder is moderately distended. The wall is normal in thickness. A small amount of echogenic debris is observed within the lumen. The cystic duct appears dilated. The common bile duct is visible/tortuous, but not overtly dilated (up to 0.25 cm in diameter). There is no obvious evidence of an intraluminal obstruction.

REFERRING VET

Dr Gadallah

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 ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

INVOICE

12936

DATE

5.4.23

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

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

ULTRASONOGRAPHIC FINDINGS

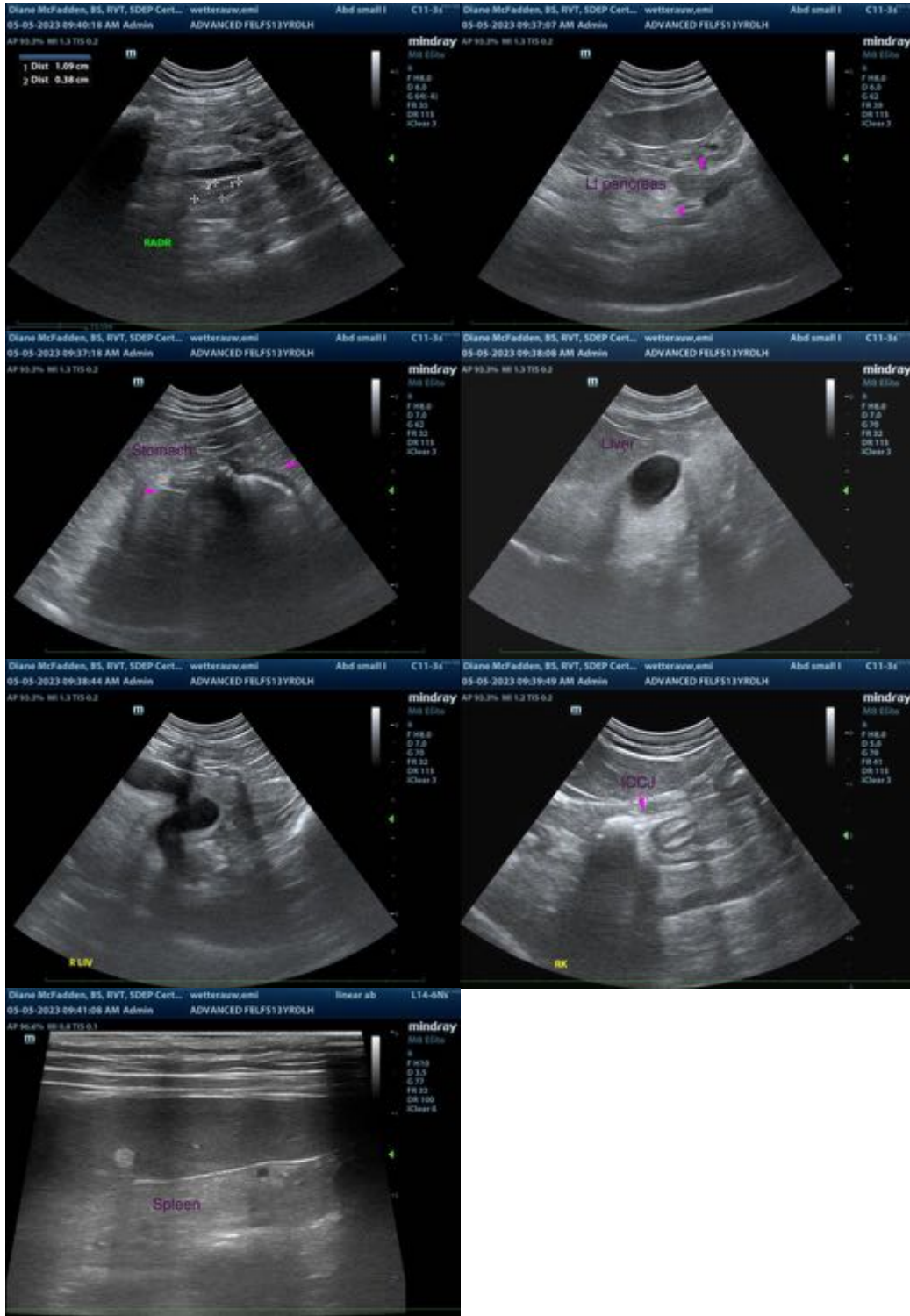
Findings

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the elevated liver enzymes and sonographic changes in the liver, consider the following:
 1. Fine-needle aspirate of the liver (if clotting status is appropriate). A 25-gauge needle should be used.
 2. If the cytology results are inconclusive, a laparoscopic, or surgical liver biopsy can be considered. If pursued, aerobic and anaerobic bile cultures should also be obtained.
 3. While awaiting test results, empirical treatment for bacterial cholangiohepatitis/hepatic lipidosis is recommended, including broad-spectrum antibiotics, hepatic antioxidants, nutritional support (i.e., via a temporary feeding tube) and other symptomatic measures.
 4. Given the patient's age, three-view thoracic radiographs should be performed, particularly if anesthesia is to be pursued.
- Depending on the degree of T4 elevation, treatment for hyperthyroidism may be warranted.





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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