



PATIENT

Zazzalil "Zazzy" Davis

SPECIES

Feline

BREED

Siamese X

SEX

Female Spayed

AGE

07/05/2021

WEIGHT

8lb 14oz

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Central VH Summerville

REFERRING VET

Dr Ashton Ott/Dr
Chad Reynolds

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23013

DATE

6-4-26

PRESENTING CLINICAL SIGNS

6/1/26 presented for lethargy and inappetence x 1 wk, anorexia/decreased eating, icterus. Did eat some food today.

Abnormal lab-work values: Bloodwork on Monday revealed an ALP of 1070. ALT 223. Tbili 0.9. Hematocrit 26%. T4 0.5. Bloodwork today revealed and ALP of 1036. ALT 450. Tbili 13.9. BUN 9. Hematocrit 23%. Neutrophilia with a lymphocytosis, monocytosis, and eosinophilia.

Current Medications: Unasyn injection discontinued for Clavamox tablets, Doxycycline orally
Radiographic Findings: 2 laterals sent

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3.5 cm, are normal.

The left kidney is normal in size (3.94 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.18 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

The right adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.62 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.

Liver

The liver is subjectively enlarged with slightly swollen 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. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder is contracted. The wall is of appropriate thickness for the level of repletion. Luminal contents appear anechoic. The cystic and common bile ducts are visible but not overtly dilated. The duodenal papilla is normal-in-size (0.24 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



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normal. 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. The colonic lumen contains some shadowing fecal material. There is no obvious evidence of an obstructive pattern.

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Pancreas

The left limb of the pancreas is normal-in-size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

Trace free fluid is observed.

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Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- The hepatic changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., feline infectious peritonitis, cholangiohepatitis, lymphoplasmacytic hepatitis), infiltrative neoplasia (i.e., lymphoma), and/or other hepatopathy.

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- Trace ascites

Secondary Findings

- Minor pancreatic parenchymal remodeling in the left limb

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine-needle aspiration of the liver (assuming normal clotting status). A 25-gauge needle should be used. Aerobic and anaerobic bile cultures would also be beneficial.

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- Other considerations include the following:

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1. FIP testing
2. Feeding tube placement to provide nutritional support as empirical treatment for hepatic lipidosis
3. Broad-spectrum antibiotics as empirical treatment for bacterial cholangiohepatitis
4. +/- hepatic antioxidants and other supportive measures (i.e., appetite stimulants).

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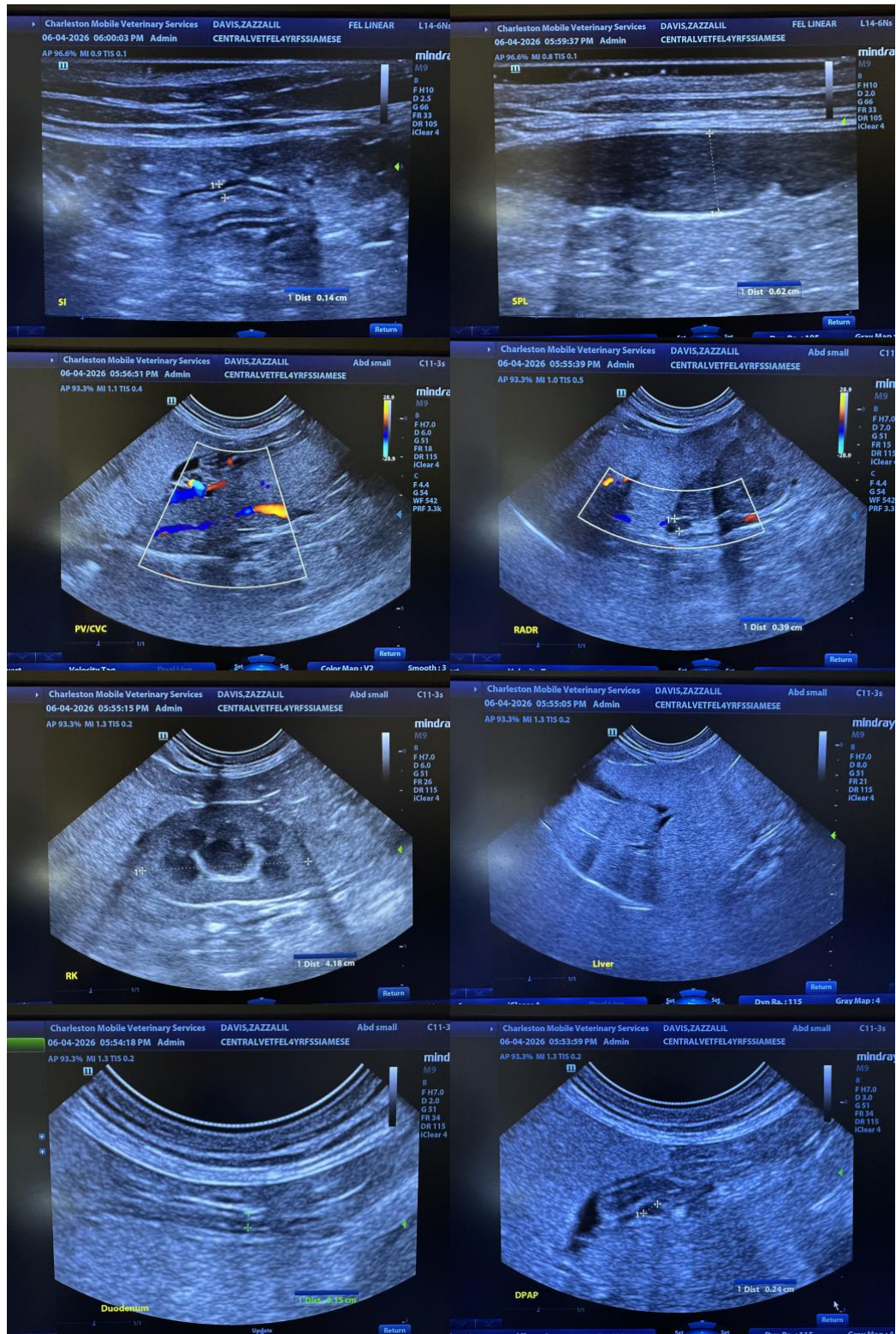
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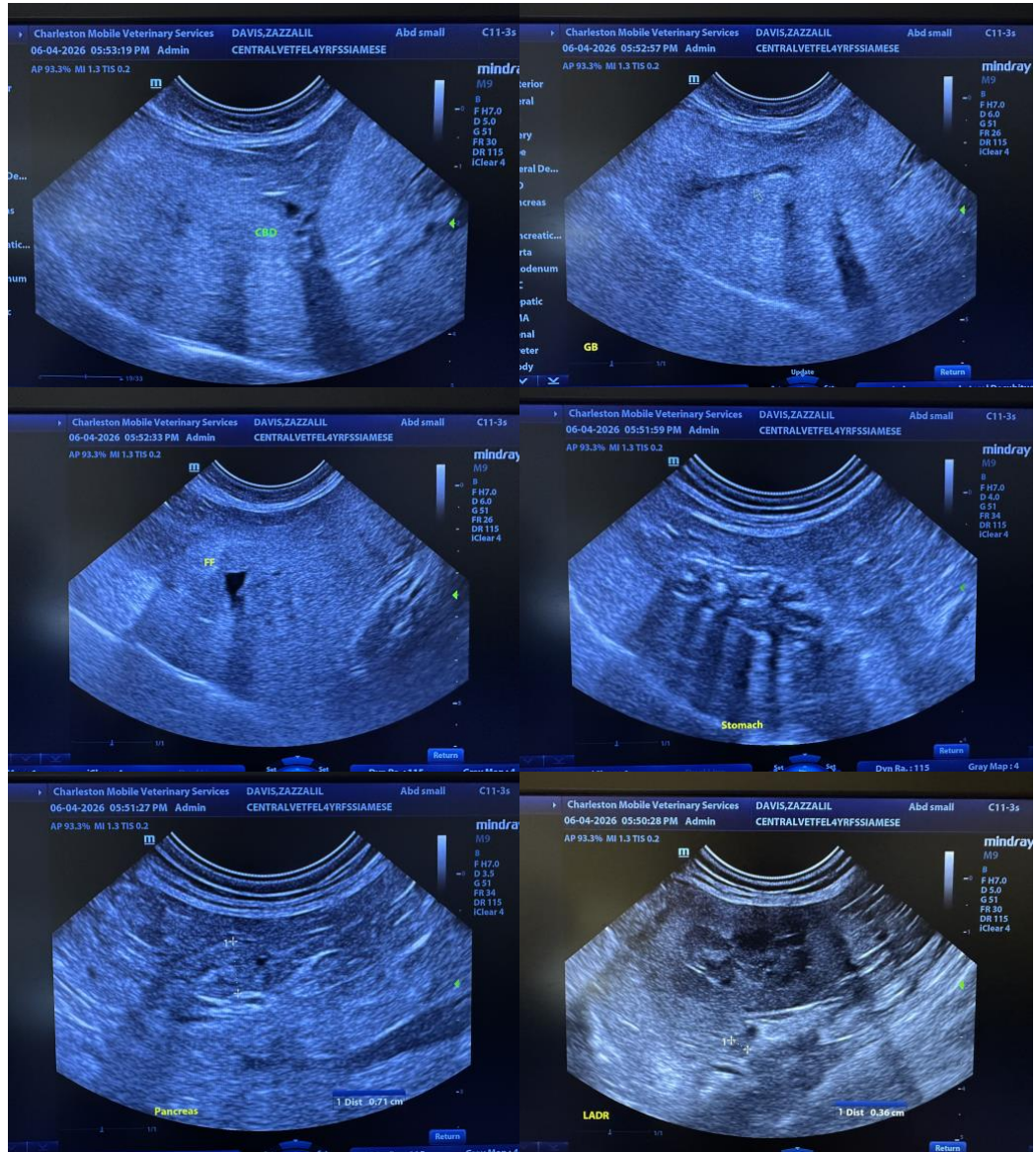
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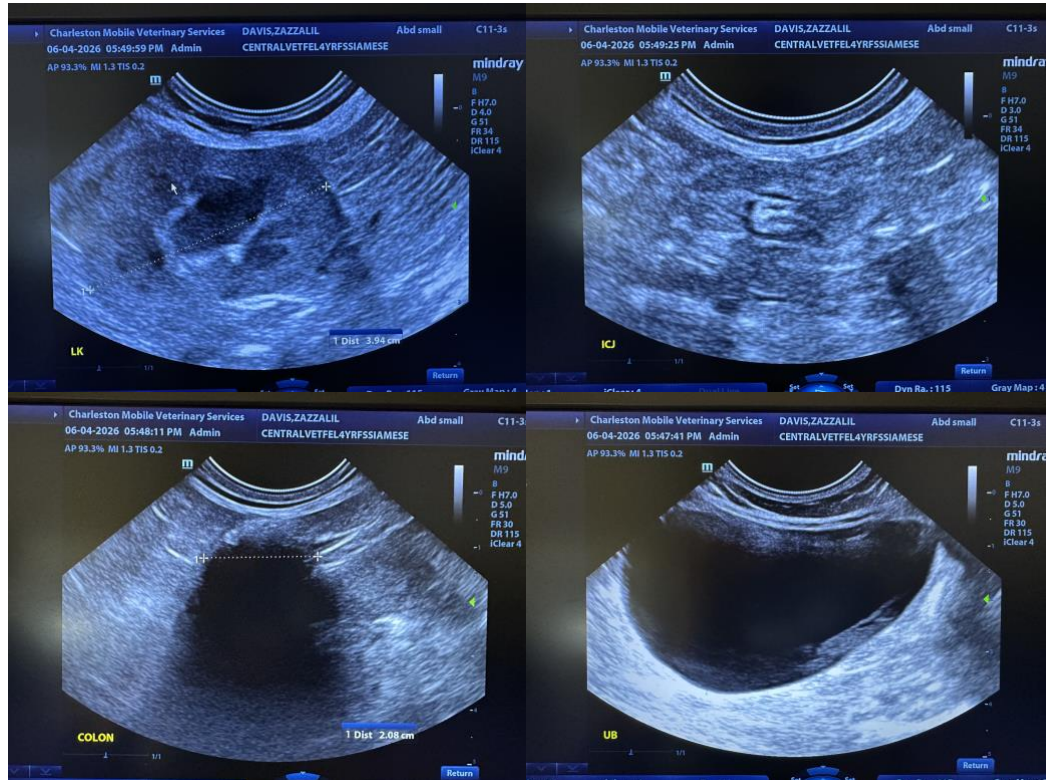
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicaastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com