



## PATIENT

Maddy Rissell

## SPECIES

Feline

## BREED

Domestic shorthair

## SEX

Female, spayed

## AGE

5 Yrs.

## WEIGHT

10.9 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Arms

## HOSPITAL NAME

Gilbertsville VH

## REFERRING VET

Dr. Alivemini

## INVOICE

13603

## DATE

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## PRESENTING CLINICAL SIGNS

History: Acute onset lethargy, inappetence, significant weight loss (used to be 20lbs per owner). increasing Tbili. placing feeding tube this AM. Abnormal PE/Chem/CBC/UA Results: Icteric 6/5-6/9 treated with convenia and cerenia and elura ALT 235 to 143 Alkp 184 to 132 GGT 0 to 7 Tbili 5.2 to 13.1 K 3.9 to 3.2 BUN 16 to 10 catalyst PLI 6/2 <0.5 new non-regenerative anemia 6/9 with hct 26

## 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 and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.73 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 (3.57 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 region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

### Spleen

The spleen is normal in size (0.68 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

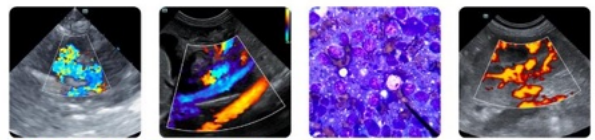
The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is normal in thickness. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are tortuous and dilated (up to 0.40 cm). Luminal contents appear anechoic. However, the common bile duct cannot be visualized at the level of the duodenal papilla.

### 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. There is disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

### Pancreas



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The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

### **Lymph nodes**

The abdominal lymph nodes are normal/not visible.

### **Free Abdomen**

The omentum in the right cranial quadrant is mildly hyperechoic. There is no obvious evidence of free fluid.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

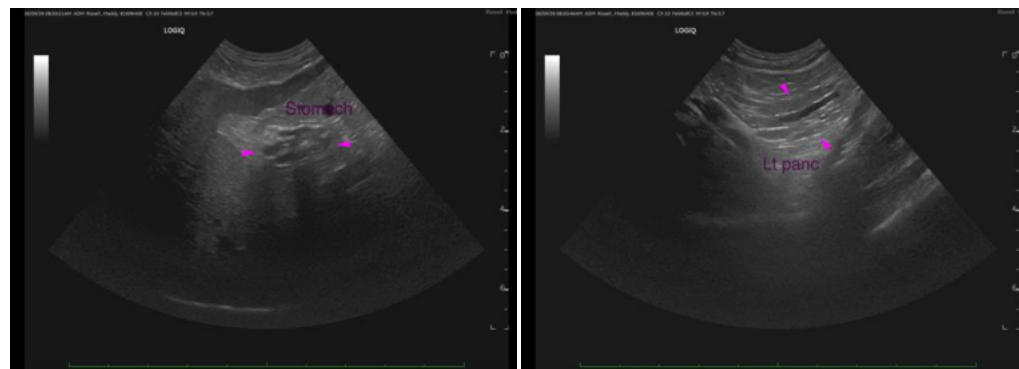
- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy.
- The dilation of the cystic and common bile duct could be secondary to a functional obstruction (i.e., resulting from hepatocellular swelling) or an unseen mechanical obstruction (i.e., distal stone stricture or tumor of the common bile duct).
- Mild peritonitis in the right cranial quadrant.

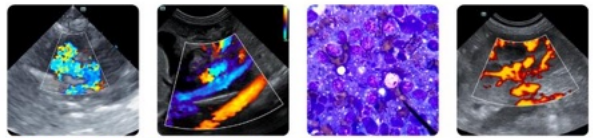
### Secondary Findings:

- The small intestinal wall changes could be consistent with inflammatory bowel disease with a lower possibility of emerging neoplasia, however correlation with the patient's long term clinical history is recommended.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider hepatic tissue sampling (i.e., aspirates or biopsies) assuming normal clotting status. Aerobic and anaerobic bile cultures would also be beneficial. While awaiting test results, supportive care is recommended. If the patient's liver values, particularly the total bilirubin, continue to increase despite medical management, an abdominal exploratory with assessment of bile duct patency may be warranted.
2. Also consider a GI panel including serum cobalamin, folate, TLI and PLI.





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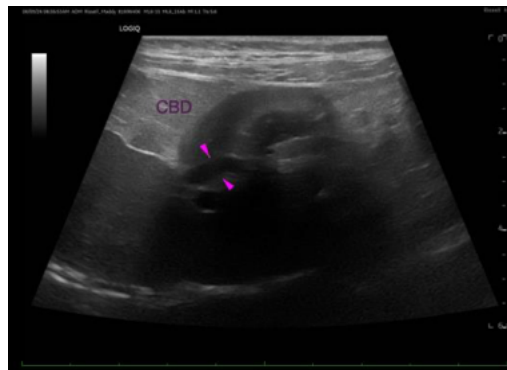
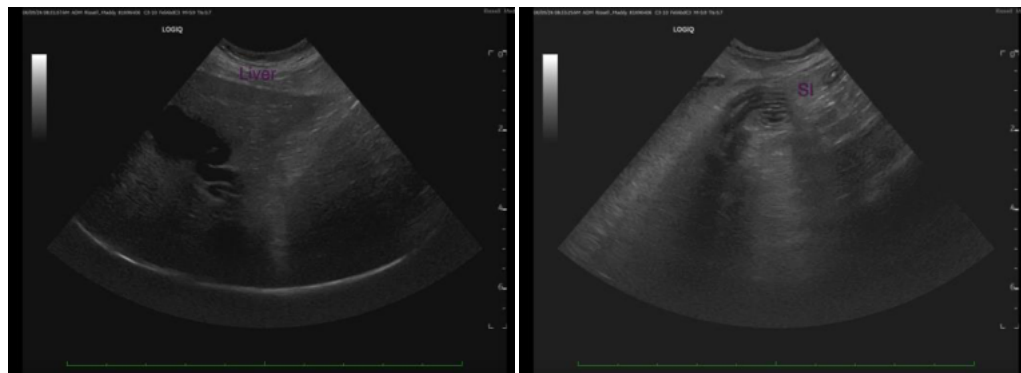
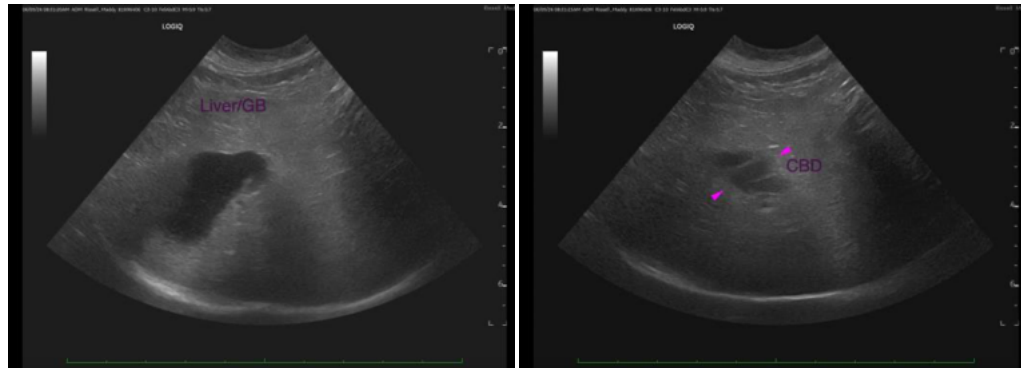
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
[info@SonoPath.com](mailto:info@SonoPath.com)