


**PATIENT PRESENTING CLINICAL SIGNS**

Edison Smith History: P presented for not eating and lethargy. P was missing from May until this Thursday. Ate ravenously when brought home and vomited. Went to rDVM on Friday and they suspected hepatic lipidosis (elevated liver values, icteric, extreme weight loss of 10 pounds). P was sent home with meds but stopped eating. Always been an outdoor cat.

**SPECIES**

Feline Abnormal PE/Chem/CBC/UA Results:  
 FIV/FeLV - NEG  
 FPL - abnormal

**BREED**

Liver values - ALT 173, ALP 448, GGT 15, Total bili 11.9  
 PT/PTT - WNL

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**SEX**
**Urinary System**

Neutered Male The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

**AGE**

1 year

The left kidney is upper limits of normal size (4.43 cm in length) with a normal shape, architecture and smooth peripheral contours. 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 appears normal.

**WEIGHT**

5.64 lbs

The right kidney is upper limits of normal size (4.67 cm in length) with a normal shape, architecture and smooth peripheral contours. 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 appears normal.

**INTERPRETED BY**

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

**Adrenal Glands**

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

**Spleen**

The spleen is not definitively visualized in the available images.

**IMAGING PERFORMED BY**

Dr. Van Nieuwal

**Liver**

The liver is subjectively enlarged with smooth peripheral contours. The parenchyma is isoechoic-to-hyperechoic relative to right renal cortex and homogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**HOSPITAL NAME**

Animal EH Volusia

The gall bladder is not definitively visualized in the available images.

**REFERRING VET**

Dr. Van Nieuwal

**Gastrointestinal**

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

**INVOICE**

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**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**

8.14.23



**PATIENT**

**Free Abdomen**  
Edison Smith Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

**SPECIES**

Feline

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

**BREED**

DSH

- Trace ascites

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the patient's clinical history and sonographic changes, consider a fine-needle aspirate of the liver, along with nutritional support (i.e., via a temporary feeding tube) to help prevent/treat hepatic lipidosis.
- Also consider a Texas GI panel including serum cobalamin and folate, TLI and PLI to evaluate for maldigestion/malabsorption and pancreatic disease.
- Given that the cat was missing, three-view thoracic radiographs should also be considered to assess for occult disease in the chest (i.e., trauma, other).

**WEIGHT**

5.64 lbs

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Diplomate ACVIM (*Small Animal Internal Medicine*)

**IMAGING PERFORMED BY**

Dr. Van Nieuwal

**HOSPITAL NAME**

Animal EH Volusia

**REFERRING VET**

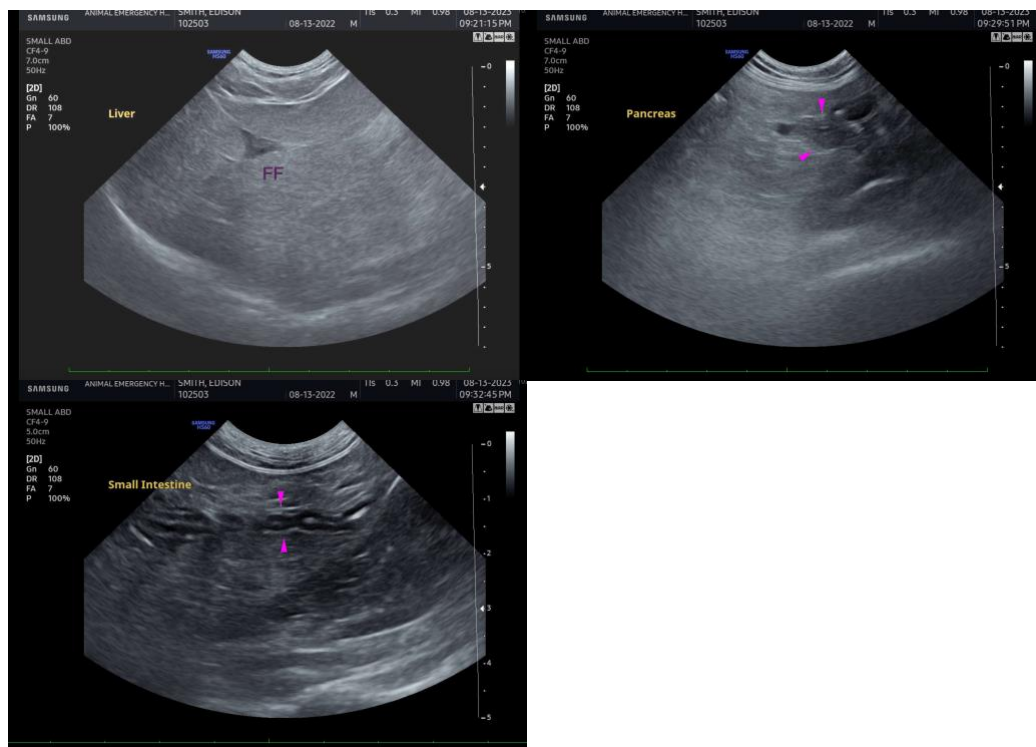
Dr. Van Nieuwal

**INVOICE**

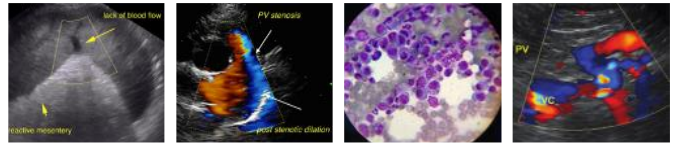
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Edison Smith

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.

**SPECIES**

Feline

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
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**BREED**

DSH

**SEX**

Neutered Male

**AGE**

1 year

**WEIGHT**

5.64 lbs

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**HOSPITAL NAME**

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