

PATIENT

Sophie Thorpe

PRESENTING CLINICAL SIGNS

History: Hx of Jaundice and Wt loss.
ALT=228 ALP=605 Total Bilirubin =2.8

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of suspended echogenic stranding debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

BREED

Domestic Shorthair

SEX

Spayed Female

The left kidney is subjectively normal in size with a normal shape and architecture with 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.

AGE

7 years

The right kidney is normal size (3.37 cm in length); normal shape and architecture with 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.

WEIGHT

6 ½ lbs

Adrenal Glands

The left adrenal gland is mildly enlarged (0.59 cm width) with slightly swollen peripheral contours and homogeneous parenchyma. Surrounding vasculature appears normal.

INTERPRETED BY

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

The right adrenal gland is mildly enlarged (0.62 cm width) with slightly swollen peripheral contours and homogenous parenchyma. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (0.48 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.

IMAGING PERFORMED BY

Dr. Preston

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 aggregated echogenic gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are visible/tortuous but not overtly dilated. An obvious intraluminal obstruction is not identified.

HOSPITAL NAME

All Creatures AH South
Hill

REFERRING VET

Dr. Wiltizus

Gastrointestinal

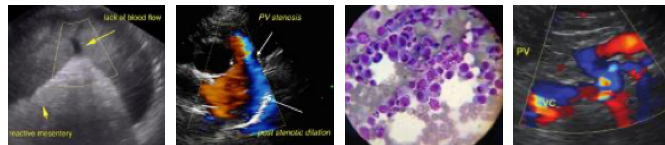
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

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PATIENT

Pancreas

Sophie Thorpe

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.

SPECIES

Free Abdomen

Feline

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

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings:

Spayed Female

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

AGE

Secondary Findings:

7 years

- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.

WEIGHT

6 ½ lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

- A fine needle aspirate of the liver is recommended (if clotting status is normal). A 25-gauge needle should be used. If cytologic evaluation is inconclusive, a surgical biopsy with aerobic and anaerobic bile cultures can be considered. Empirical treatment for hepatic lipidosis/cholangiohepatitis is recommended while awaiting test results. Nutritional support (i.e., via temporary feeding tube) is strongly encouraged to help prevent/treat hepatic lipidosis.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Consider a malabsorption panel to assess for concurrent microscopic gastrointestinal and/or pancreatic disease, which commonly occurs with hepatic disease in cats.

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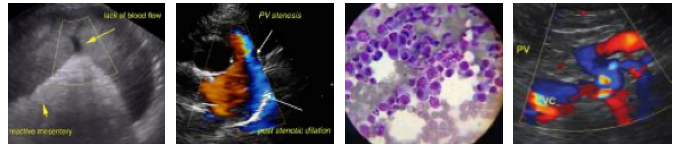


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SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

7 years

WEIGHT

6 ½ lbs

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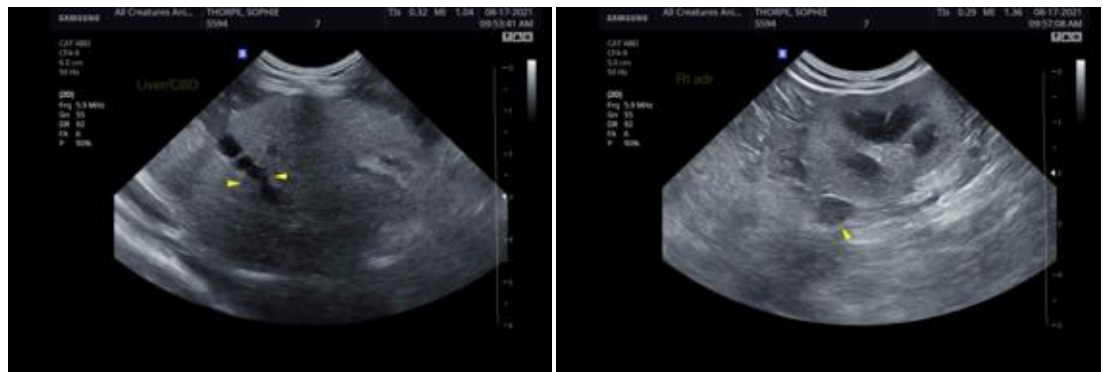
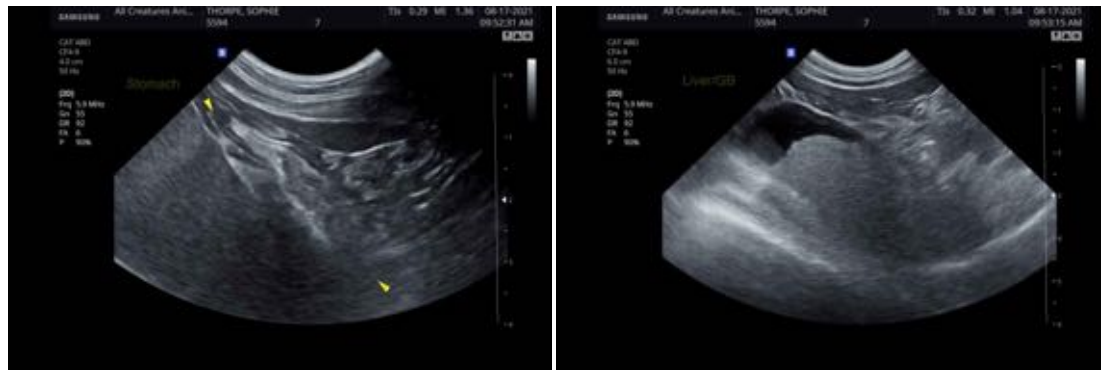
Dr. Wiltizus

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com