

**PATIENT PRESENTING CLINICAL SIGNS**

Kakashi Jackson

History: CBC - M1 non-regenerative anemia. Slight elevated neutrophils but NSF at this time. Blood film - no evidence of RBC inclusions and no agglutination GHP - SDMA slightly elevated, however, CREA/UREA low. ALT M1 elevated, ALKP + GGT - M2 elevated. TBIL - M3 elevated T4 - low normal after-hours clinic report attached meds: Denamarin, Clavaseptin, Famotidine, Mirtazapine, Cerenia Abnormal PE/Chem/CBC/UA Results: ALP 392. ALT 154. BUN 4.8. GGT 8. tBili 11-fold elevated. Hemotocrit 27.

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

7 years

**WEIGHT**

3.5 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Simcoe AH

**REFERRING VET**

Dr. Lancashire

**INVOICE**

11345

**DATE**

8.5.22

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended, echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The **left kidney** is normal size (3.81 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (3.85 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The **left adrenal gland** is normal size (0.49 cm length; 0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.50 cm length; 0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The **spleen** is normal in size (0.67 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.

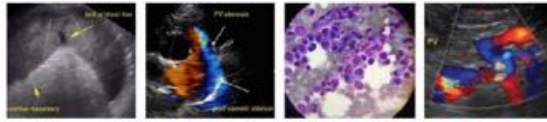
The **gall bladder** lumen is mildly distended. The wall is normal in thickness. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The **gastric 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.

**Pancreas**

The left limb is prominent in size **pancreas** with minimal deviation from the normal peripheral



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contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

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Feline

**Free Abdomen**

The mesentery throughout the organ is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

DLH

**Primary Findings**

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

**SEX**

Spayed Female

**Secondary Findings**

- Minor age-related pancreatic remodeling. Mild pancreatitis may also be present, particularly if the patient exhibits pain on cranial abdominal palpation.
- Bilateral, chronic, age-related renal changes

**AGE**

7 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

3.5 kg

Consider a fine-needle aspirate or surgical biopsy of the liver to get a definitive diagnosis. Hepatic cytology is most beneficial in diagnosing hepatic lipidosis and round cell neoplasia but is less useful in evaluating for inflammatory diseases and fibrosis. If tissue sampling is pursued, three-view thoracic radiographs and clotting times are recommended prior to anesthesia. In the meantime, continue concurrent supportive measures, including broad-spectrum antibiotics, antioxidants and symptomatic treatment. Also consider placement of a temporary feeding tube (i.e., esophagostomy) to help prevent/treat hepatic lipidosis.

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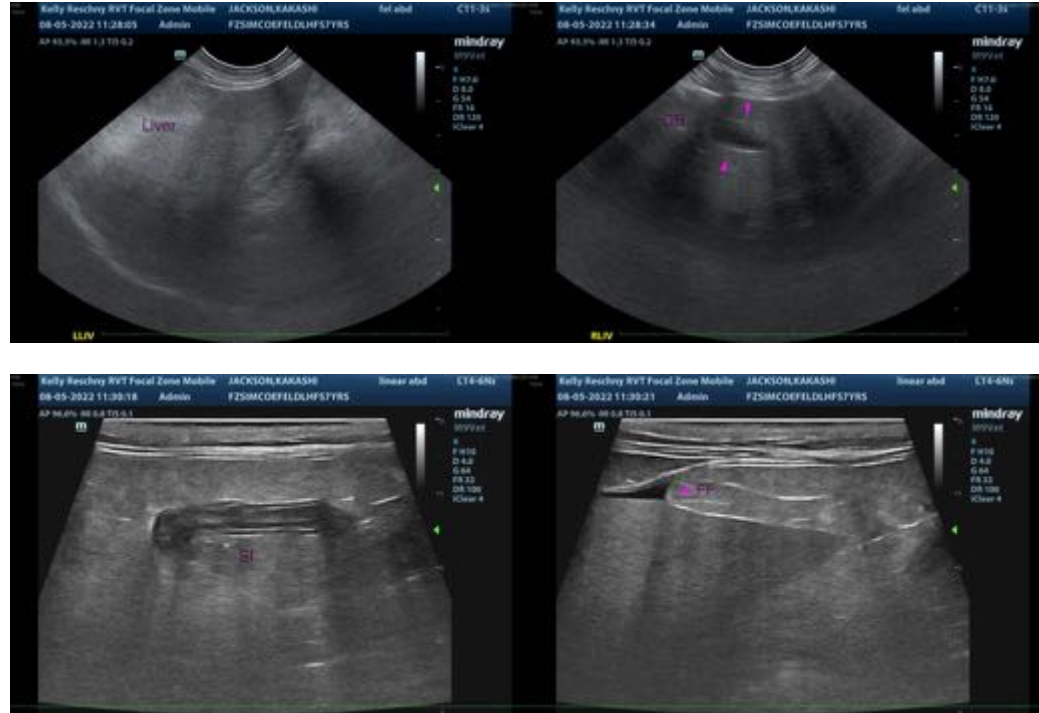
Spayed Female

**AGE**

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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.

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(Small Animal Internal  
Medicine)

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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