



**PATIENT**

Brissa Ritsko

**SPECIES**

Feline

**BREED**

Snowshoe

**SEX**

Female, spayed

**AGE**

12 Yrs.

**WEIGHT**

7.7 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Michelle Bartus

**HOSPITAL NAME**

Valley Veterinary  
Service

**REFERRING VET**

Dr. Michelle Bartus

**INVOICE**

13959

**DATE**  
9/13/22

**PRESENTING CLINICAL SIGNS**

History: Sudden onset of refusal to eat 5 days ago. No vomiting or diarrhea. Mostly indoor cat, occasionally out with owner.

Abnormal PE/Chem/CBC/UA Results: Icterus MM, fever 104, dehydrated. GLU 189 (71-159), SDMA 19 (0-14), GLOB 5.9 (2.8-5.1), ALT 680 (12-130), ALKP 210 (14-111), GGT 32 (0-4), TBIL 12.7 (0-0.9), CHOL 236 (65-225)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (3.70 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.15 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several, non-obstructive nephroliths are visualized. Trace pyelectasia is present. There is no evidence of hydroureter.

*Adrenal Glands*

The left adrenal gland is normal in size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

*Spleen*

The spleen is subjectively prominent in size with mild scalloping of the medial 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 isoechoic 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 thickened (up to 0.18 cm), hyperechoic and mildly irregular at the mucosal surface. A small amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are visible. There is no obvious evidence of an intraluminal obstruction.

*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



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normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

**Pancreas**

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The left limb of the pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.16 cm in diameter).

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**Free Abdomen**

Trace free fluid is observed. Several prominent mesenteric lymph nodes are visualized, the largest measuring 2.10 cm in length.

**SEX**

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**ULTRASONOGRAPHIC FINDINGS**

**AGE**

12 Yrs.

**Primary Findings:**

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The gallbladder changes are most consistent with cholecystitis.
- The pancreatic changes are suggestive of chronic +/- active pancreatitis with age-related remodeling.
- The trace ascites is likely secondary to hepatobiliary pathology.

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**Secondary Findings:**

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Bilateral mild age-related renal changes with right non-obstructive nephrolithiasis.
- The mild splenomegaly may be secondary to a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation, splenitis). Alternatively, emerging neoplasia (i.e., lymphoma) cannot be completely excluded.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider fine needle aspirates of the liver +/- spleen (if clotting status is appropriate). A PT/PTT should be performed prior to any tissue sampling. While awaiting test results, empirical treatment for cholecystitis/bacterial cholangiohepatitis/pancreatitis is recommended including broad spectrum antibiotics, fluid therapy, appetite stimulants and gastric protectants as needed. Also consider initiation of nutritional support (i.e., via temporary feeding tube).
- Serial (i.e., daily) monitoring of the patient's total bilirubin is recommended. If increasing, a repeat abdominal ultrasound +/- abdominal exploratory may be necessary to assess for a bile duct obstruction. If surgery is pursued, a liver biopsy with aerobic and anaerobic bile cultures should be obtained.

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- Other diagnostic considerations include the following:

- Malabsorption panel including serum cobalamin, folate, TLI and PLI to further assess for concurrent gastrointestinal and pancreatic disease.
- Three-view thoracic radiographs to evaluate cardiopulmonary status.

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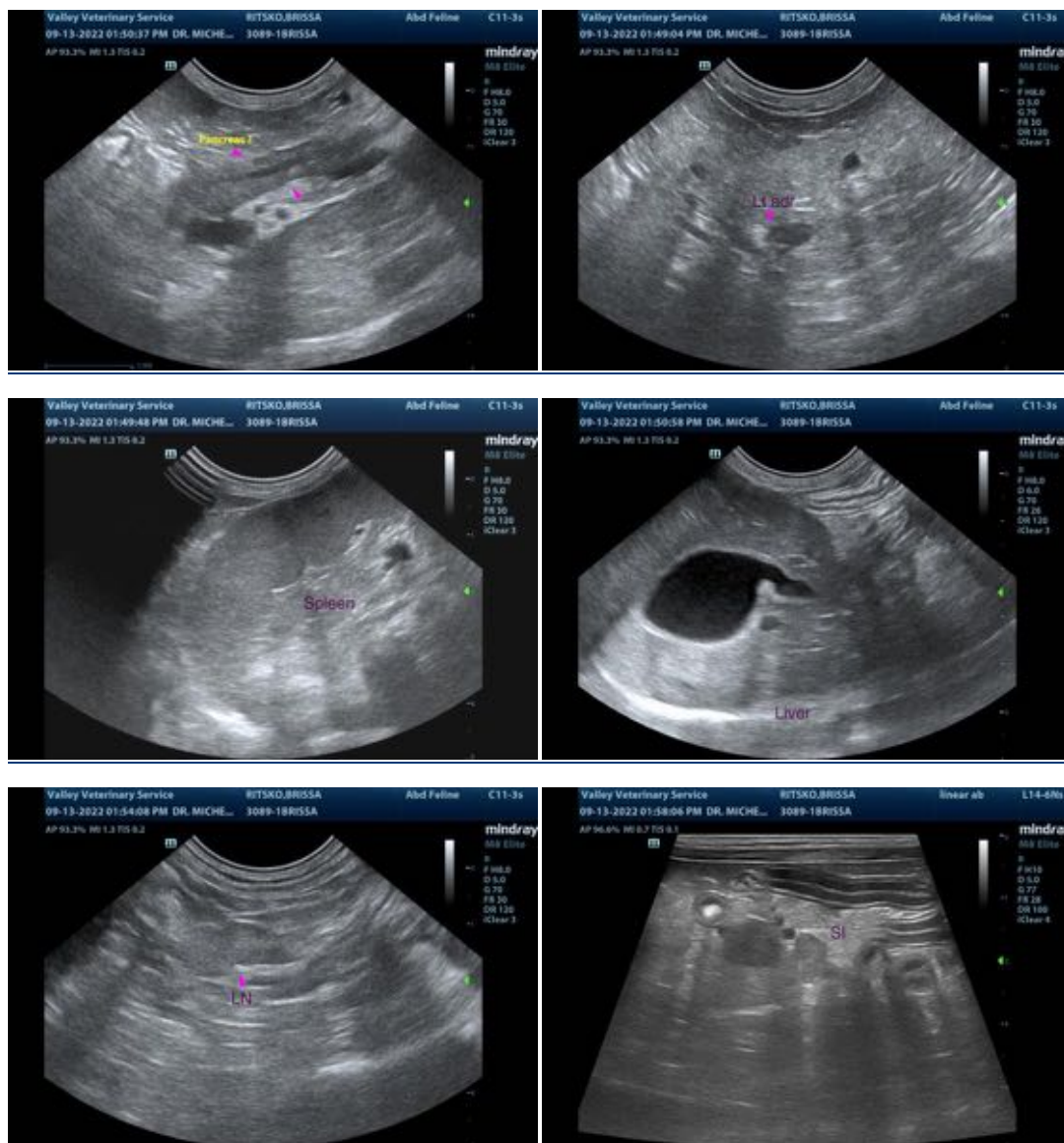
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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