



PATIENT

Gabby Lannaman

PRESENTING CLINICAL SIGNS

History: Inappetence for 24-48 hours Vomiting yesterday, seems to have subsided today Very matted coat, very thin body condition

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: CBC normal Chemistry results show mod elevation in liver enzymes ALT 644 (12-130) and GGT at 5 (0-4)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic longhair

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. 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.

SEX

Female spayed

The left kidney is normal size (3.64 cm in length) with an irregular shape. There is a normal 1:3 cortex to medullar ratio with minimal to mild loss of corticomedullary distinction. Mild pyelectasia is present (0.18 cm in the transverse plane). There is no evidence of nephroliths or hydroureter.

AGE

16 Years

The right kidney is normal size (3.74 cm in length) with an irregular shape. There is a normal 1:3 cortex to medullar ratio with minimal to mild loss of corticomedullary distinction. Mild pyelectasia is present (0.26 cm in the transverse plane). There is no evidence of nephroliths or hydroureter.

WEIGHT

3 kgs.

Adrenal Glands

The adrenal glands are not definitively visualized.

INTERPRETED BY

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

Spleen

The spleen is normal in size (0.76 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. Singh

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and relatively homogeneous in appearance. No distinct focal lesions are observed. Intrahepatic biliary stones are visualized throughout the organ. Hepatic vasculature is of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1. The gall bladder is moderately distended. A bi-lobed confirmation is present. The wall is normal in thickness. 1-2 small choledocoliths are seen. The cystic and common bile ducts are normal/not seen.

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Balmy Beach Pet
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Dr. Singh

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis to mucosal ratio in some segments. Discrete masses are not identified. The ileocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

INVOICE

11860kk

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Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is severely and diffusely dilated (up to 0.71 cm in diameter). A few small stones are observed within the pancreatic duct.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Intrahepatic biliary stones and non-obstructive choledocoliths.
- The pancreatic changes are consistent with chronic pancreatitis. Small pancreatic duct stones are present but appear non-obstructive.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

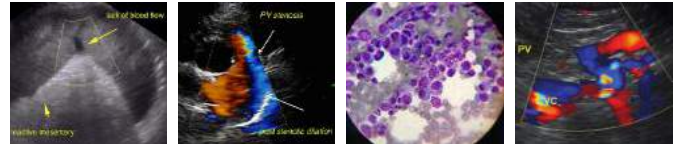
Secondary Findings:

- Bilateral age-related renal changes with mild pyelectasia.

**Given the clinical history and sonographic findings, "triaditis" is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider a fine needle aspirate of the liver (if clotting status is appropriate). A 25-gauge needle should be used.
2. If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid +/- Metronidazole, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.
3. Also consider a malabsorption panel including serum, cobalamin, folate, TLI and PLI.
4. Depending on the results of the above diagnostics/therapeutics, surgical biopsies of the liver and gastrointestinal tract may be necessary to get a definitive diagnosis.
5. Three-view thoracic radiographs should be performed prior to any anesthetic event.



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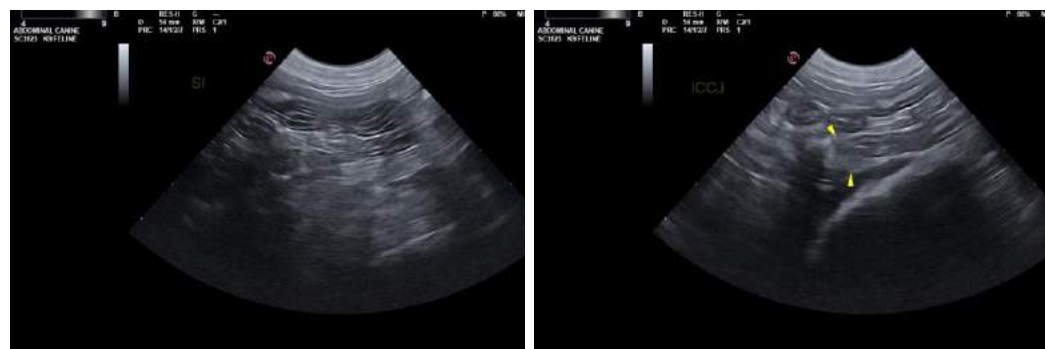
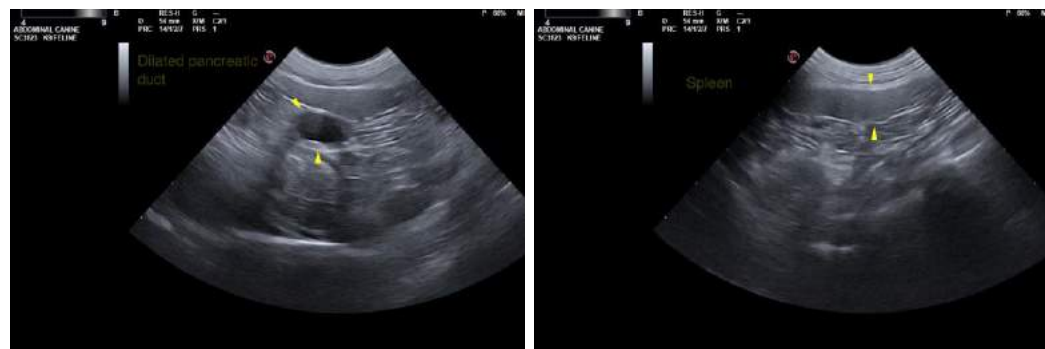
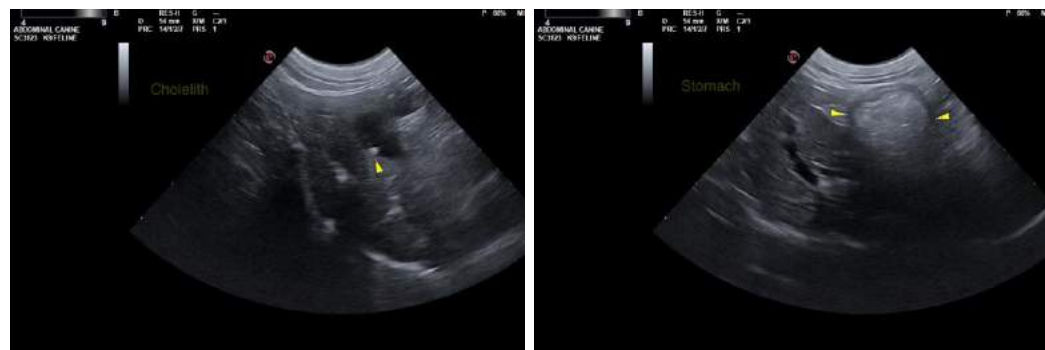
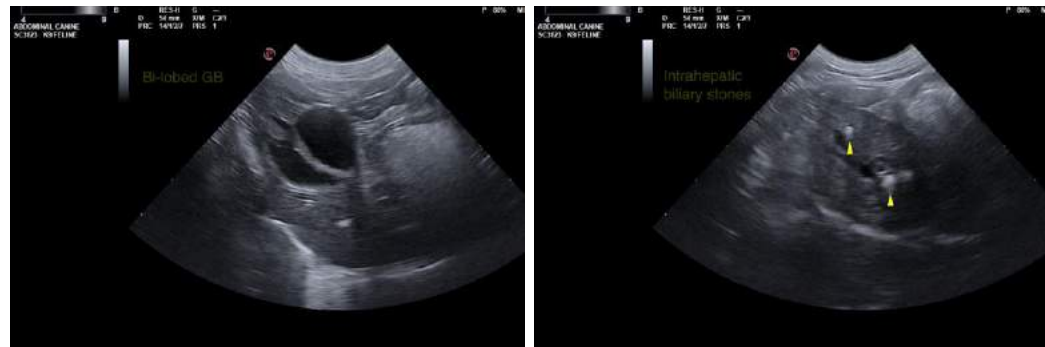
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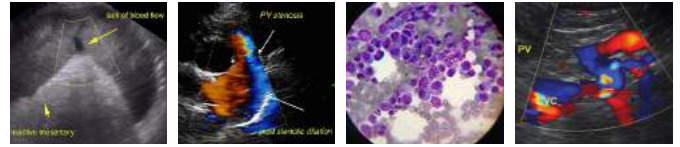
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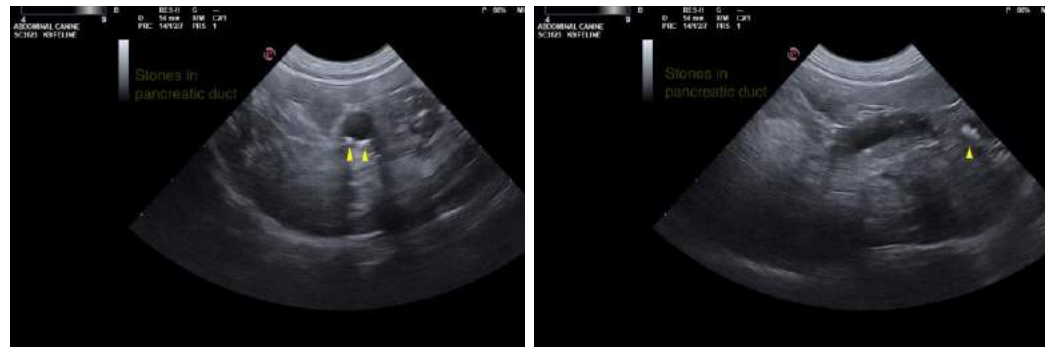
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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