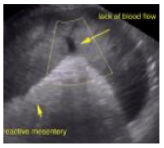
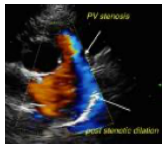
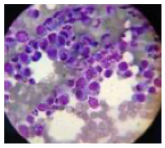
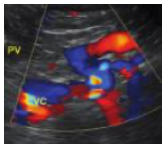
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Sammy Barricella

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
7 years

WEIGHT
26.9 lbs

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

IMAGING PERFORMED BY
Heather

HOSPITAL NAME
Animal Care Clinic of Flanders

REFERRING VET
Dr. Casulli / Dr. Hallihan

INVOICE
11675

DATE
9.22.22

PRESENTING CLINICAL SIGNS

History: Not eating well, Lethargic, high ALT - concerned about hepatic lipidosis due to obesity. extremely overweight
Abnormal PE/Chem/CBC/UA Results: 9/20/22 - ALT- 326 (hi) , GLU - 199 (hi), NA/K Ratio- 43(hi), Platelet count - 135 (lo) , Abs. Neu. 8694 (hi)

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 with mostly anechoic urine. 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 subjectively normal size, with a normal shape and smooth peripheral contours. The cortex is hyperechoic relative to the spleen. There is mild thickening of the cortex, with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

The **right kidney** is normal in size (4.49 cm in length); with a slightly irregular shape and smooth peripheral contours. The cortex is hyperechoic relative to the spleen. There is mild thickening of the cortex, with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The **spleen** is normal in size (1.03 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 normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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 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.

Free Abdomen

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

Other
A **brief echocardiogram** reveals questionable scant pericardial effusion (versus pericardial fat).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, hepatic lipidosis, infiltrative neoplasia (less likely)) cannot be excluded.

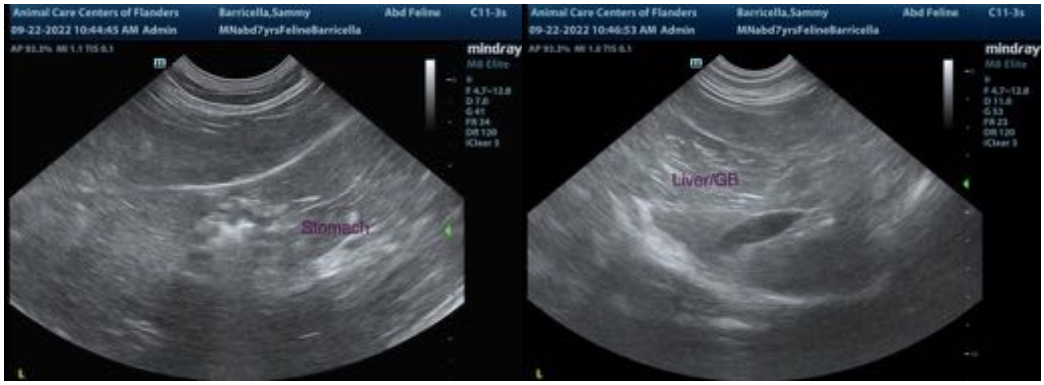
Secondary Findings

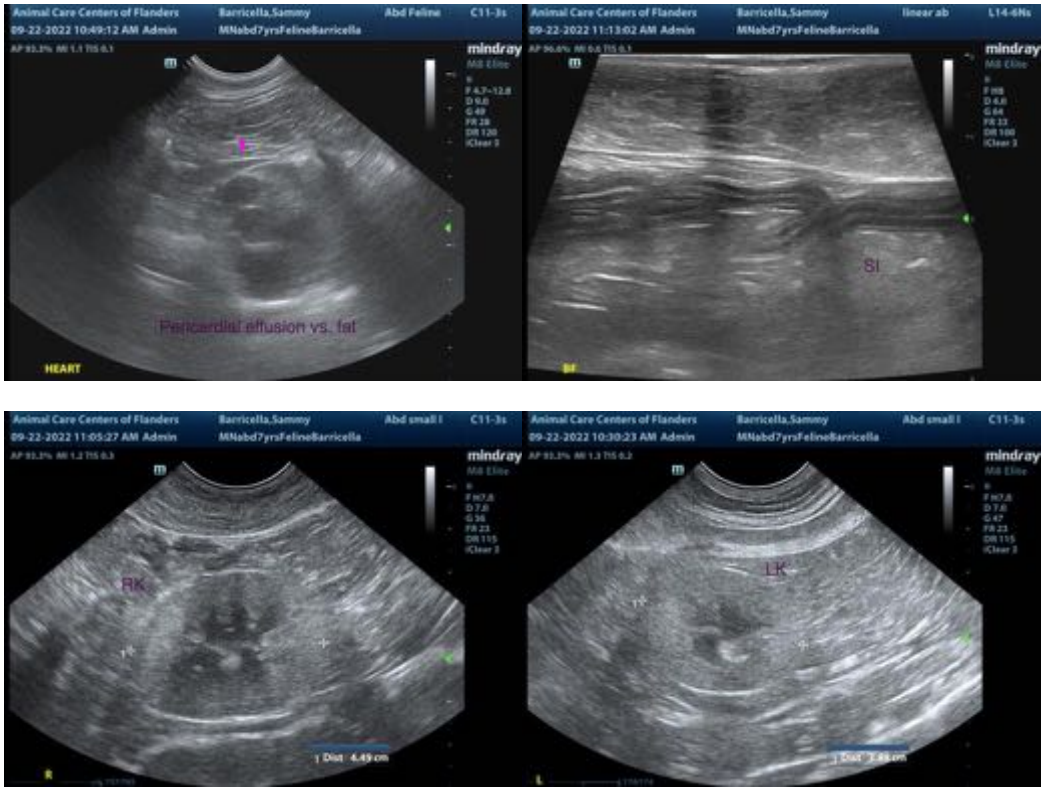
- The bilateral renal changes are most consistent with chronic interstitial nephrosis/nephritis.
- There is questionable trace pericardial effusion (versus normal pericardial fat).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy). If surgical biopsies are pursued, aerobic and anaerobic bile cultures should also be obtained. Regardless of the method of sampling, clotting times (i.e., PT/PTT) should be assessed prior to sampling. While awaiting test results, consider empirical treatment for bacterial cholangiohepatitis/hepatic lipidosis (i.e., broad-spectrum antibiotic therapy, symptomatic care, along with nutritional support (i.e., via temporary feeding tube)).

Also consider a malabsorption panel including serum cobalamin and folate, TLI and PLI, to assess for possible concurrent small intestinal and pancreatic disease, which is a common occurrence in cats.





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