

**DATE PRESENTING CLINICAL SIGNS**

9.29.2022 Presented as ADR at home and not eating for 2 weeks. Owner states wobbly. Presents icteric. Unsure if patient has been vomiting.

**PATIENT**

Onyx Horton

Current Medications: None listed.

Lab Results: See attached.

ALT 331. AST 192. ALP 259. tBili 6.4. USG 1.050. 2+ proteinuria. 3+bilirubinuria. Inactive sediment. Feline leukemia FIV heartworm negative. T4 low.

**SPECIES**

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

DSH

Imaging Performed By: Andi Parkinson, BS, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**Urinary System**

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with 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.

**AGE**

2016

The **left kidney** is normal size (4.49 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.

**WEIGHT**

13 lbs

The **right kidney** is normal size (4.51 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.

**INTERPRETED BY**

Andrea Nicastro,  
DMV, Diplomate  
DACVIM (Small  
Animal  
Internal Medicine)

**Adrenal Glands**

The **left adrenal gland** is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**HOSPITAL NAME**

Cat Hospital at  
Towson

**Spleen**

The **spleen** is contracted (0.51 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**REFERRING VET**

Dr. Slaughter

**Liver**

The **liver** is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and slightly mottled and attenuating. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**INVOICE**

11744

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are visible but not overtly dilated.

**Gastrointestinal**

The **gastric lumen** is distended with gas and a scant amount of fluid. The gastric wall and pylorus are 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 ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

#### ***Pancreas***

The **pancreas** is prominent in size with slightly irregular 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 dilated (0.29 cm in diameter). The mesentery effacing the serosal surface is slightly hyperechoic.

#### ***Free Abdomen***

Trace free fluid is observed is suspected adjacent to the liver. The abdominal **lymph nodes** are normal/not visible.

#### ***Other***

A brief echocardiogram reveals no evidence of pericardial effusion.

### **ULTRASONOGRAPHIC FINDINGS**

#### **Primary Findings**

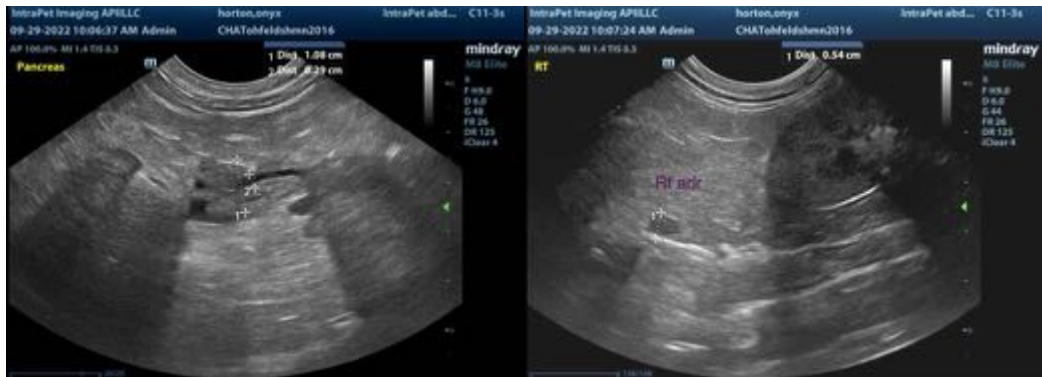
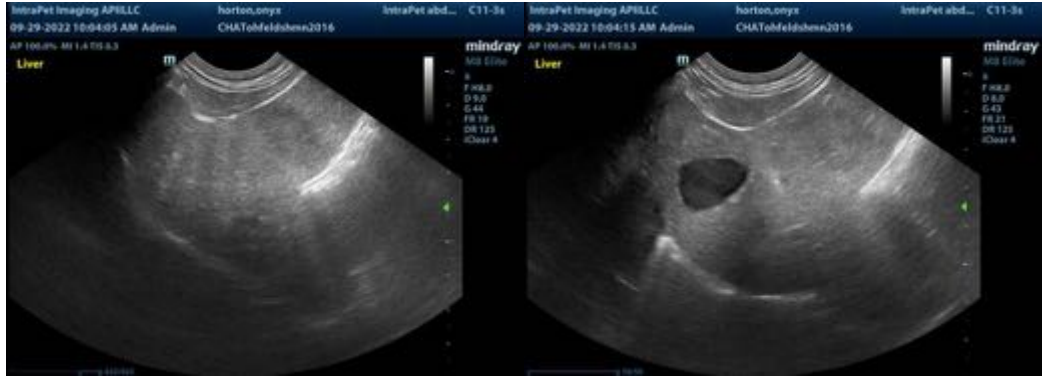
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. Hepatic lipidosis is slightly favored.
- The pancreatic changes are consistent with chronic pancreatitis.
- The trace ascites is likely secondary to hepatic pathology.

#### **Secondary Findings**

- Bilateral degenerative renal changes
- The splenic contraction is likely secondary to dehydration.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy) if clotting status is appropriate. If surgical biopsies are pursued, aerobic and anaerobic bile cultures should also be obtained.
- While awaiting test results, empirical treatment for hepatic lipidosis and bacterial cholangiohepatitis is recommended, including nutritional support (i.e., via a temporary feeding tube), broad-spectrum antibiotics (i.e., amoxicillin-clavulanic acid), hepatic antioxidants and symptomatic care.
- Thoracic radiographs are also recommended to assess cardiopulmonary status.
- Also consider a malabsorption panel including serum cobalamin and folate, TLI and PLI, to assess for concurrent gastrointestinal and pancreatic disease.



**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.

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