



PATIENT

Azula Williams

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female spayed

AGE

8 Years

WEIGHT

7.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Carter

INVOICE

11766kk

DATE

9/3/21

PRESENTING CLINICAL SIGNS

History: Diagnosed with triaditis Aug 19, 2021. Hospitalized. Sent home with Ultramino diet and Cerenia 16mg tablet Prednisolone 5m g tablet (steroid); Mirtazapine transdermal Veraflox oral suspension Metronidazole 50mg tablet Visbiome capsule Vitamin B-12 injection Denamarin Gabapentin Today; follow up visit for targeted US of liver, bile ducts.

Abnormal PE/Chem/CBC/UA Results: Initial labs; CBC - 20k neutrophilia, mild monocytosis, hct 36% - ALT 491, Initial rads: - gastroenteritis, no obstruction. - Choledocholithiasis

Initial US: Ultrasound = triaditis is a consideration in this patient. • Diffuse hepatopathy, consistent with inflammatory/immune-mediated disease, hepatic lipidosis, or less likely infiltrative neoplasia. Intrahepatic biliary stones – incidental. • Possible distal choledocolith • inflammatory bowel disease with potential for emerging lymphoma. • acute or chronic active pancreatitis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

**This study was limited to the liver/gall bladder. There is a potential for pathology in organs that were not visualized.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity and echotexture. There is a subtle increase in portal markings. No distinct focal lesions are observed. Several intrahepatic biliary stones are visualized. Hepatic vasculature is of normal volume with no evidence of congestion. The gall bladder is contracted. The wall is of appropriate thickness for the level of repletion. Luminal contents are anechoic. The cystic and proximal common bile ducts are mildly to moderately dilated (up to 0.39 cm in diameter). The common bile duct appears to taper to a normal thickness as it extends towards to the duodenal papilla. There is no obvious evidence of an intraluminal obstruction. The previously suspected focus of mineralization at the level of the duodenal papilla is not definitively visualized on today's scan. However, the resolution of today's images are slightly less clear, making it difficult to completely rule out the possibility of its presence.

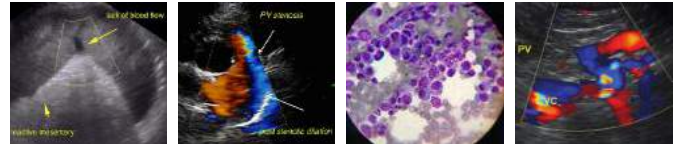
ULTRASONOGRAPHIC FINDINGS

- Hepatic changes are similar to the previous sonogram. There is no obvious evidence of an extrahepatic bile duct obstruction on today's sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. If the patient has clinically improved, continued medical management is recommended. If the patient has clinically worsened and/or if the liver values have increased, an abdominal exploratory with hepatic tissue sampling as well as aerobic and anaerobic bile cultures may be warranted. If surgery is pursued, gastrointestinal biopsies should also be obtained due to the concern for possible inflammatory bowel disease.





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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.

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