

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Simon Bellina
PRESENTING CLINICAL SIGNS History: Hx of megacolon, on lactulose long term. Presented for NAR. Reduced appetite and no BM in 2 days. Vomited once. Patient started on Clavamox, flagyl, mirtazapine, and given SQ fluids and cerenia injection for presumptive cholangitis/cholangiohepatitis/pancreatitis.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes and bilirubin with bilirubinuria (see attached) ALT 148. ALP 210. tBili 3.4. USG 1.050 with proteinuria and bilirubinuria.

BREED

DLH

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder 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 is normal.

SEX

Neutered Male

The **left kidney** is normal size (3.78 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

10 years

The **right kidney** is normal size (4.21 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

16 lbs

Adrenal Glands

The **left adrenal gland** is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

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

Spleen

The **spleen** is normal in size (0.71 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

East Meadow Vet
Ctr

Liver

The **liver** is subjectively prominent to enlarged with normal curvilinear peripheral contours. The parenchyma is hyperechoic 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.

HOSPITAL NAME

Matthew Olcha

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of mostly gravity dependent, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

REFERRING VET

Dr. Matthew Olcha

Gastrointestinal

The **gastric lumen** is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The small intestinal lumen is not dilated. The small intestinal wall is diffusely thickened (up to 0.33 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio with a >1:1 ratio in several segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

INVOICE

11582

DATE

9.3.22

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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

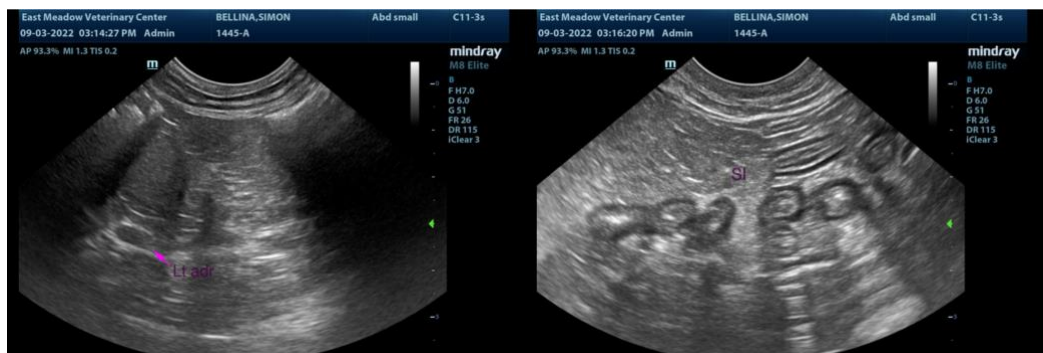
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

Secondary Findings

- Bilateral degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy) should be considered. Surgical biopsies are more likely to be representative of global organ pathology. If pursued, aerobic and anaerobic bile cultures should also be obtained. Clotting times and thoracic radiographs should be performed prior to anesthesia. If tissue sampling is not pursued at this time, consider empirical treatment for bacterial cholangiohepatitis/hepatic lipidosis (i.e., amoxicillin-clavulanic acid, +/- low-dose metronidazole, Denamarin). If liver values do not improve within 5-7 days of initiating therapy, hepatic tissue sampling should be revisited. Nutritional support (i.e., via temporary feeding tube) is also recommended to prevent/treat hepatic lipidosis.





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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