

**DATE PRESENTING CLINICAL SIGNS**

9.8.2022 P presents for unintended weight loss over last few months. P was 12.8lbs in Jan 2021 and is now down to 10.5lbs. O has not noted a difference in appetite or activity level. Bloods on 8/31/22 were grossly icteric.

**PATIENT**

Pippa Olson

Current Medications: None.

Lab Results: Elevated AST, ALT, ALKP and tBili. ALP 635. ALT 239. tBili .80. CBC T4 unremarkable.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

DSH

**Urinary System**

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

**SEX**

Spayed Female

The **left kidney** is normal size (3.23 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.

**AGE**

8/11/2011

The **right kidney** is normal size (3.38 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.

**WEIGHT**

10.5lbs

**Adrenal Glands**

The **left adrenal gland** is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

The **right adrenal gland** is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The **spleen** is normal in size (0.95 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.

**HOSPITAL NAME**

Belvedere Veterinary  
Center

**Liver**

The **liver** is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

**REFERRING VET**

Dr. Moulder

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**INVOICE**

11621

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to borderline thickened (up to 0.28 cm) with a normal layering pattern and appropriate mural detail. There is

disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

### **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**

There is no evidence of free fluid. A few colic **lymph nodes** are visible. Surrounding mesentery is hyperechoic.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- An obvious cause for the patient's elevated enzymes is not identified in this study. Considerations include an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), infiltrative neoplasia (i.e., lymphoma), hepatic lipidosis, other hepatopathy.

### **Secondary Findings**

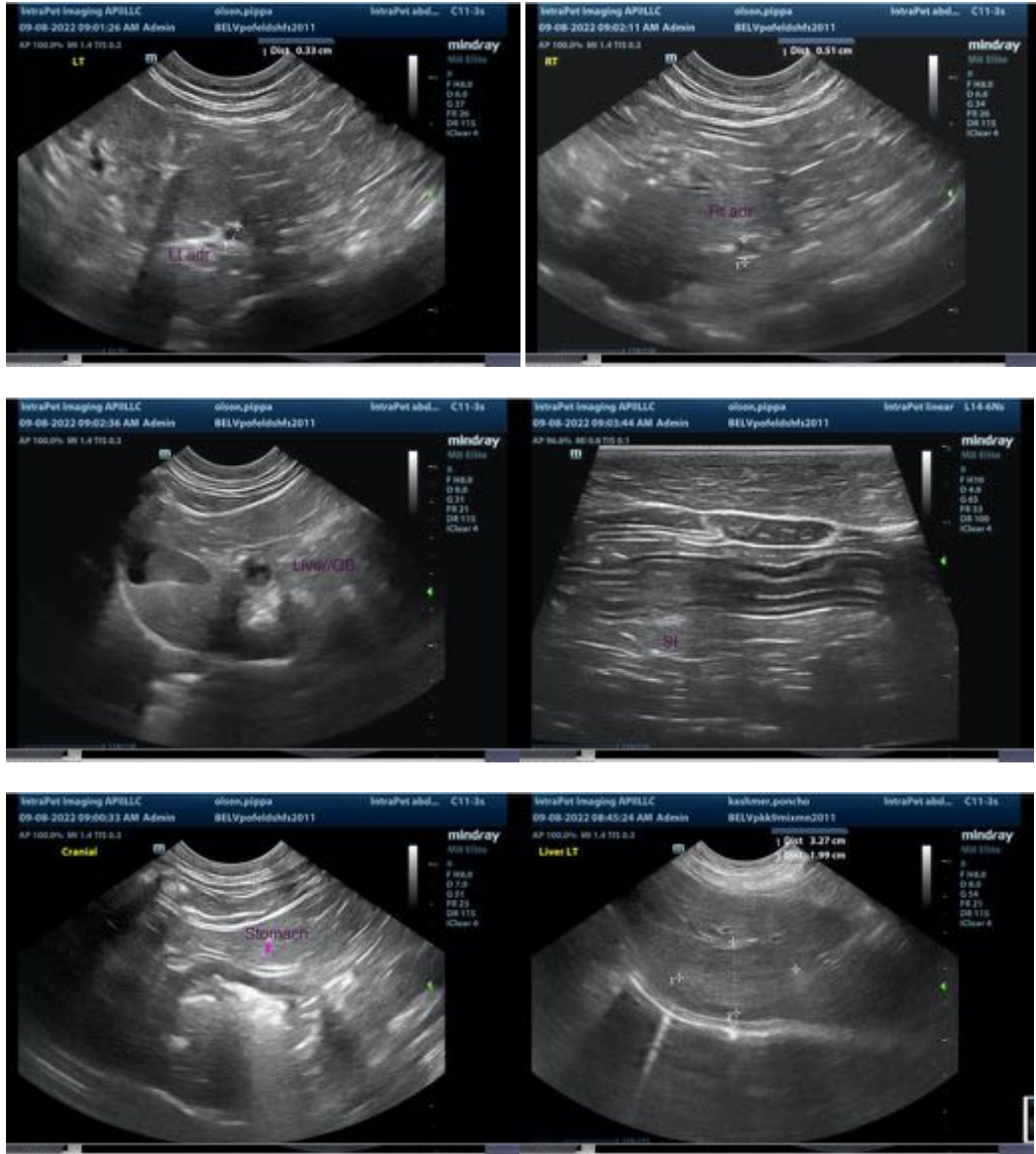
- Bilateral age-related renal changes
- The small intestinal changes are consistent with inflammatory bowel disease. However, Correlation with the patient's clinical history is recommended.

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

Hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy) is recommended to get a definitive diagnosis. Clotting times (i.e., PT/PTT) should be performed prior to any tissue sampling. If cytology is performed but results are inconclusive, surgical biopsy with aerobic and anaerobic bile cultures should be considered. While awaiting test results, consider empirical treatment for bacterial cholangiohepatitis/hepatic lipidosis with broad-spectrum antibiotics, hepatic antioxidants and nutritional support.

Given the bowel changes, also consider a GI panel (send to Texas A&M).





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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