



**PATIENT**

Liam Miller

**PRESENTING CLINICAL SIGNS**

History: Concern for hypertriglyceridemia. Getting prednisolone. Heavy barbering of skin on belly. Overweight.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Low RBC 6.95 Triglycerides 4777 amylase 2407

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is distended. A moderate amount of aggregated, echogenic, suspended debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

**SEX**

Male Neutered

The left kidney is normal size (4.03 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**AGE**

13 Years

The right kidney is normal size (4.35 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

13 lbs.

*Adrenal Glands*

The left adrenal gland is normal size (0.65 cm length; 0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.74 cm length; 0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

*Spleen*

The spleen is subjectively normal in size (0.87 cm in width at the level of the hilus) with scalloping of the medial 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 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. The gall bladder is mildly distended. The wall is normal in thickness. A scant amount of aggregated, echogenic, mostly gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal.

*Gastrointestinal*

The gastric wall and pylorus are normal in thickness with a normal layering pattern. The gastric lumen contains gas and a 0.72 cm hyperechoic, shadowing structure, thought to be a pill or tablet. The pyloric outflow tract is patent. 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 ileocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Potomac Mobile  
Veterinary Ultrasound

**HOSPITAL NAME**

Silver Spring Animal  
Hospital

**REFERRING VET**

Dr. Jarrett

**INVOICE**

11784kk

**DATE**

9/9/21



**PATIENT**

*Pancreas*

Liam Miller

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.

**SPECIES**

*Free Abdomen*

Feline

There is no evidence of free fluid. A few visible lymph nodes are observed adjacent to the ileocolic junction. Surrounding mesentery is hyperechoic.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

Domestic Shorthair

\*\*An obvious cause for the patient's hypertriglyceridemia is not identified in the study. Considerations include prednisolone therapy, particularly if administration has been chronic, underlying metabolic disorder, idiopathic/familial hyperlipidemia, and other. If the patient's triglyceride level was normal prior to prednisolone administration, the medication is likely responsible for the patient's hypertriglyceridemia.

**SEX**

**Secondary Findings:**

Male Neutered

- Urinary bladder debris.

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

13 Years

1. Consider repeating a fasted triglyceride level in 3-4 weeks to confirm persistent elevation.
2. A prescription low-fat diet can be considered.
3. If dietary intervention is ineffective at lowering the triglyceride level, medication (gemfibrozil) may be warranted.

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## PATIENT

Liam Miller

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Male Neutered

## AGE

13 Years

## WEIGHT

13 lbs.

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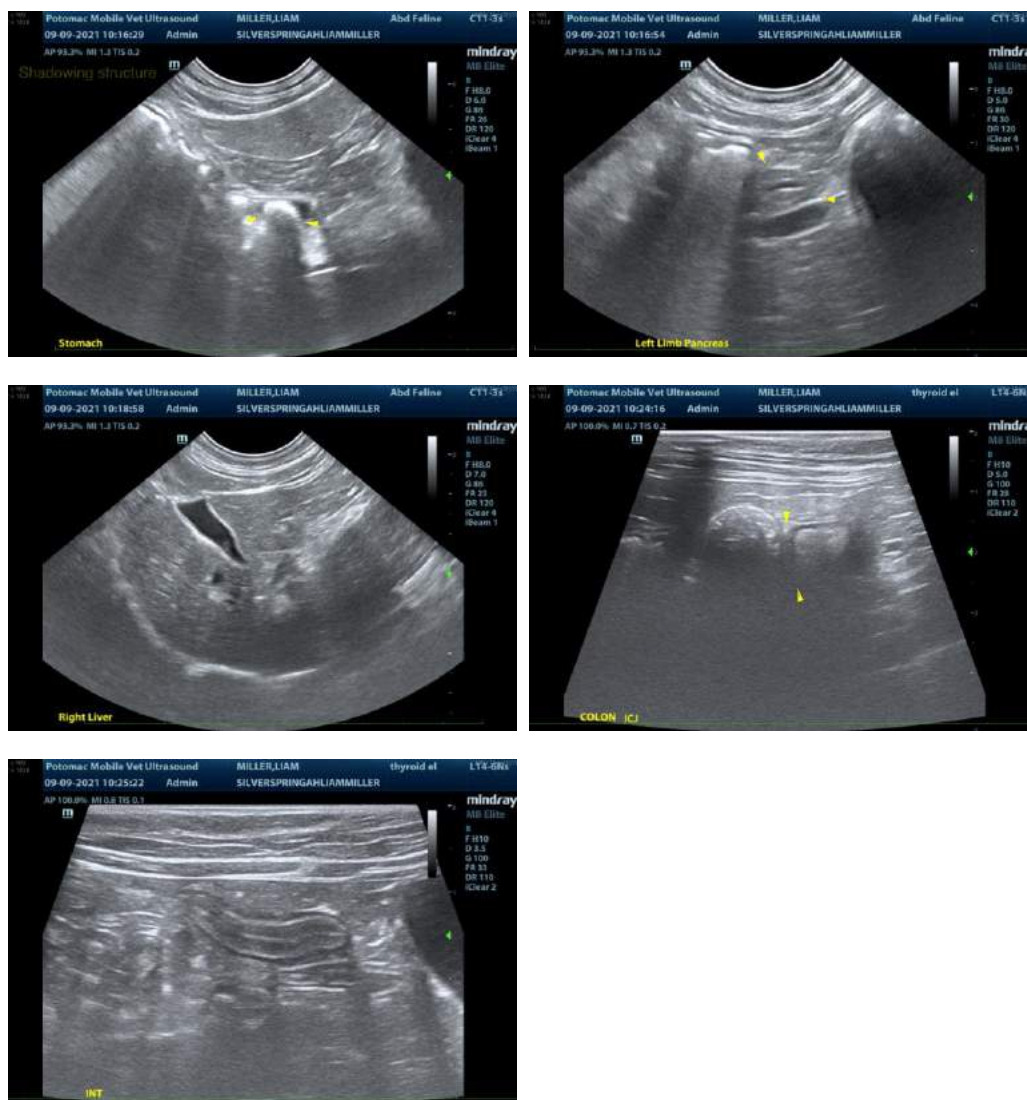
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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