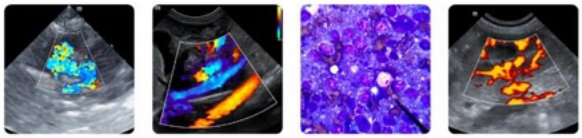

PATIENT

Buki Nelson

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

8/10/2012

WEIGHT

6.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Cats Meow

REFERRING VET

Dr. Gibson

INVOICE

13504

DATE

2/25/26

PRESENTING CLINICAL SIGNS

BUKI PRESENTS FOR 2ND OPINION ON SWOLLEN PAW/LIVER ISSUES. O STATES THANKSGIVING 2025 IS WHEN PAW FIRST STARTED SWELLING WITH FLUID BUT INCREASED ABOUT 4 DAYS AGO. PREVIOUS VET (MEADOWLAWN MARKET COMMON) DID FNA WHERE RBC/WBC WERE FOUND AND TOLD O INJURY COULD CAUSE ELEVATED LIVER LEVELS. P RADIOGRAPHS REVEALED NO BONY INVOLVEMENT. RECENTLY WAS DIAGNOSED WITH HYPERTHYROID AND REGULATED ON METHIMAZOLE TABS 5MG AM 2.5MG PM. DOING GREAT OTHERWISE. NO C/S/V/D AND E/D WNL. P IS 100% INDOORS ON NO FLEA PREVENTION. EATS FANCY FEAST/REVEAL WET AND HILLS SCIENCE HAIRBALL DRY DIET.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.19 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.16 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.

Adrenal Glands

The left adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.92 cm in width at the level of the hilus) with a normal capsular contour. Using the high frequency probe, the parenchyma appears subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal to slightly prominent in size with smooth peripheral contours. The parenchyma is isoechoic 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. The portal vein to caudal vena cava ratio is approximately 1:1.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.29 cm in width).

Gastrointestinal

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The base and limbs of the pancreas are normal in size with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

A 1.86 x 0.49 cm medial iliac lymph node is visualized. A 2.2 x 0.62 cm periportal lymph node is also suspected.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, hepatic lipidosis, infiltrative neoplasia (less likely) should be considered.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient. Correlation with the patient's clinical history is recommended.

Secondary Findings:

- Mild bilateral nonspecific, age-related renal changes with right dystrophic mineralization.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

*Given the patient's sonographic changes, "triaditis" is a consideration.

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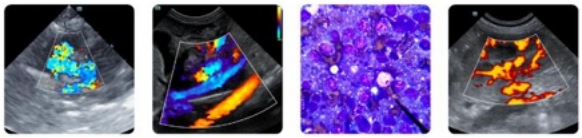

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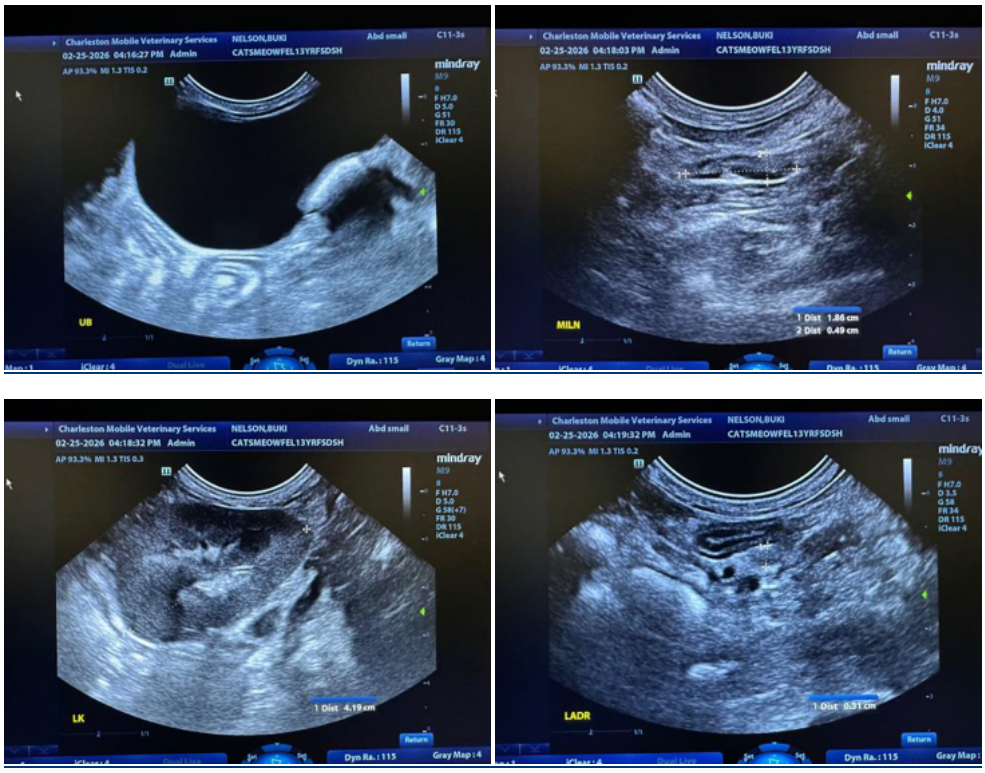
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider hepatic tissue sampling (i.e., aspirates or biopsies) assuming normal clotting status. Aerobic and anaerobic bile cultures would also be beneficial.
2. If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 3-4 weeks and 1 week beyond normalization of the liver values.
3. Also consider a GI panel including serum cobalamin, folate, TLI and PLI to assess for concurrent maldigestion/malabsorption and pancreatic disease.



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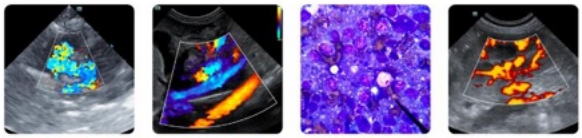

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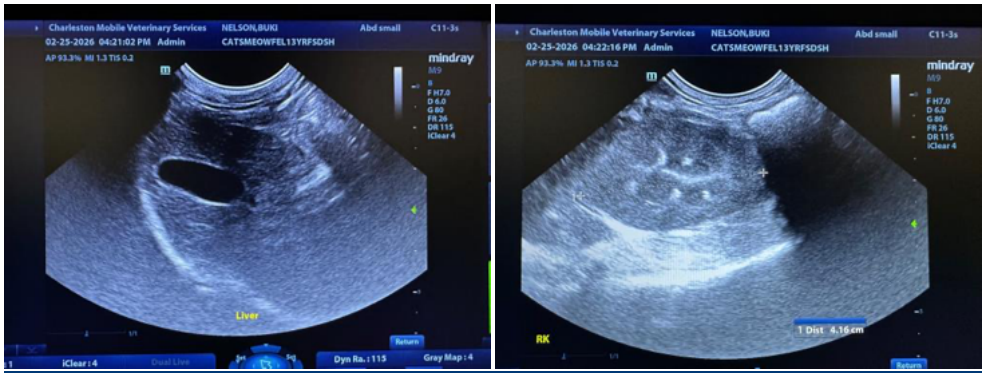

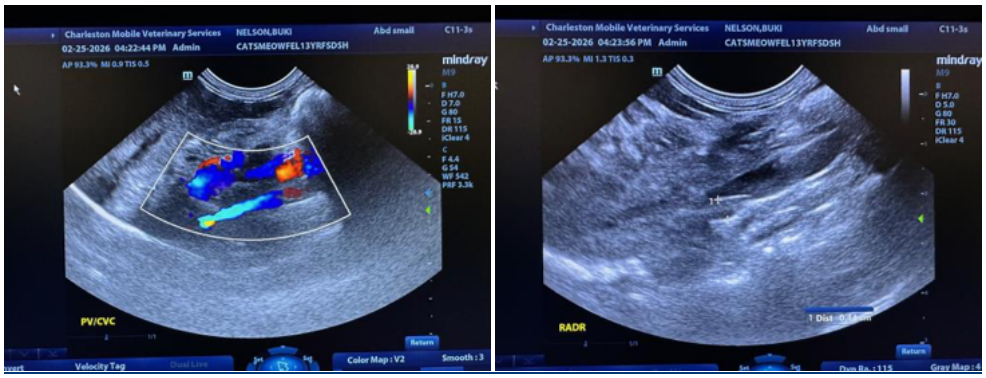

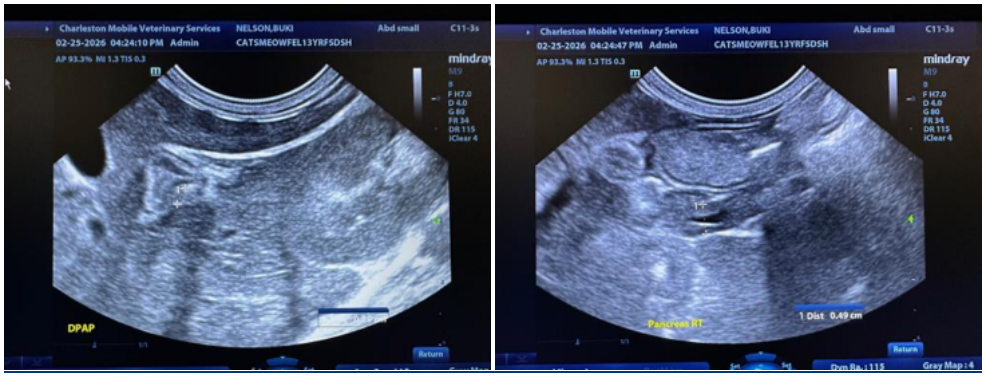

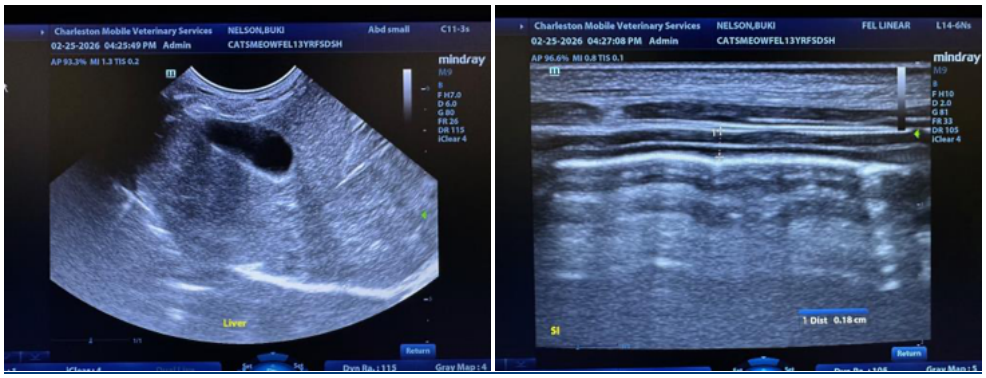

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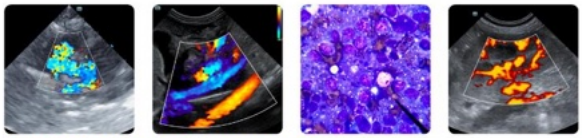

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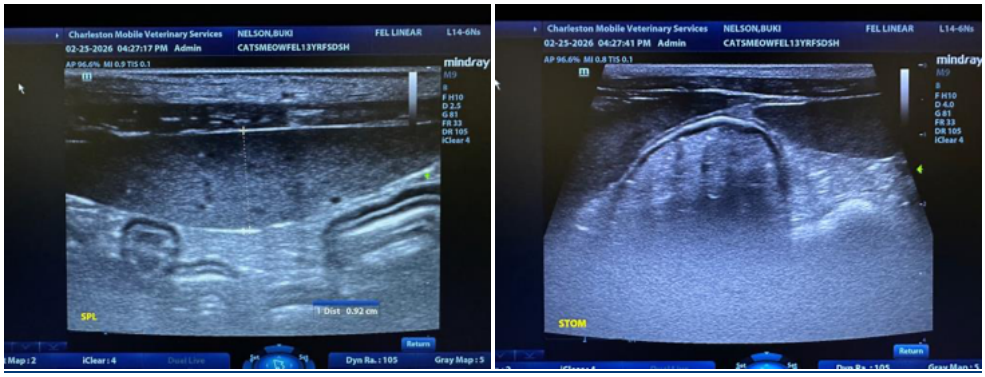

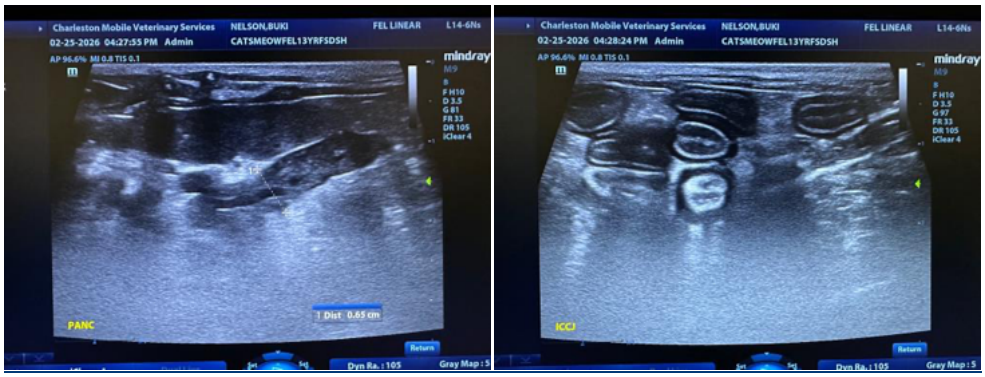

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com