

PATIENT **PRESENTING CLINICAL SIGNS**

Lexus Oakes

The patient has history of weight loss, elevated liver enzymes and a borderline elevated T4/free T4. Was started on Methimazole and then bloodwork in 2/20/23 showed a T4 of 2.2 but the ALT was worse (went from 330 to 491), ALP 187, total bili 2.1. Not eating well and has started vomiting every other day digested food. No coughing, sneezing or diarrhea.

SPECIES

Feline

BREED

Domesitc shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Female, spayed

The urinary bladder is mildly distended with anechoic urine. The wall is of appropriate thickness for the level of repletion. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

12 Yrs.

The left kidney is normal in size (3.56 cm in length) with a slightly irregular shape. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is a questionable cortical infarct at the caudal pole. There is no evidence of pyelectasia, or hydroureter. Renal vasculature is normal.

WEIGHT

The right kidney is normal in size (3.55 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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Adrenal Glands

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

The right adrenal gland is normal in size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

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Spleen

The spleen is normal in size (0.74 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.

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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 lumen is moderately distended. The wall is thin and smooth. A scant amount of adhered debris is observed within the lumen. The cystic and common bile ducts are normal. The common bile duct can be followed to the level of the duodenal papilla. There is no obvious evidence of an intraluminal obstruction.

REFERRING VET

Dr. Lauren Tierney

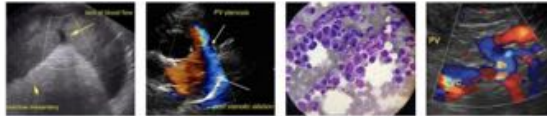
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14726

Gastrointestinal

DATE

3/14/23



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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 thickness is normal with a normal layering pattern and appropriate mural detail. 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 pancreas is diffusely visible with normal curvilinear peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no obvious evidence of free fluid. A few prominent colic lymph nodes are visualized, the largest measuring 1.26 cm in length. Surrounding mesentery is mildly hyperechoic.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion or cardiac masses.

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.

Secondary Findings:

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The small intestinal wall changes are suggestive of inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.
- Bilateral, chronic age-related renal changes with dystrophic mineralization and a possible left cortical infarct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider hepatic tissue sampling (i.e., fine needle aspirate or biopsies) if clotting status is appropriate. If biopsies are pursued, aerobic and anaerobic bile cultures are also recommended. If hepatic tissue sampling is not pursued at this time, consider empirical treatment for bacterial cholangiohepatitis and hepatic lipidosis (i.e., broad spectrum antibiotic therapy, hepatic antioxidants and nutritional support (i.e., via temporary feeding tube)). If no improvement in the liver values is seen within 7-10 days of initiating therapy, hepatic tissue sampling should be revisited.



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- Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI to assess for concurrent gastrointestinal and pancreatic disease.
- Given the patient's age, if the patient is to undergo anesthesia for any reason, thoracic radiographs are recommended to assess cardiopulmonary status.

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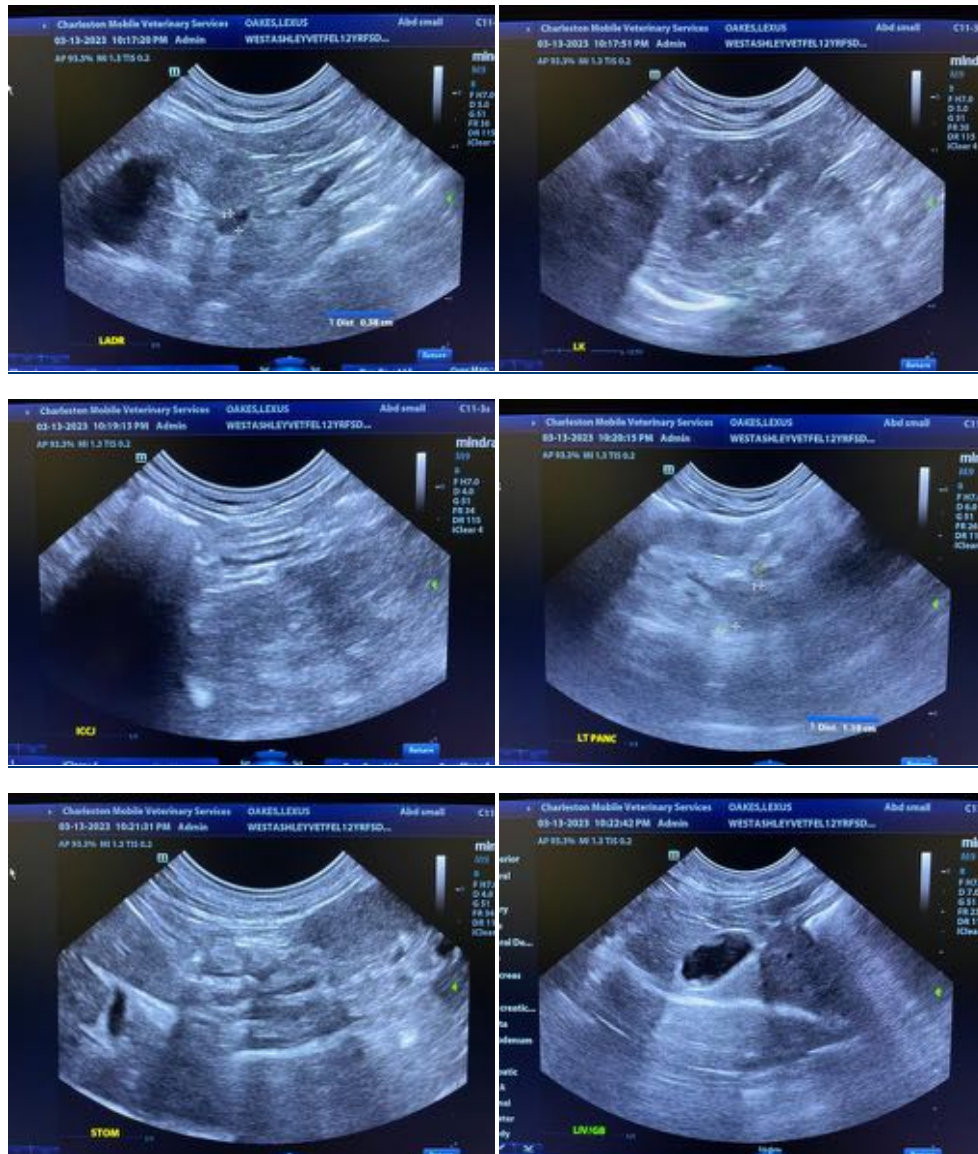
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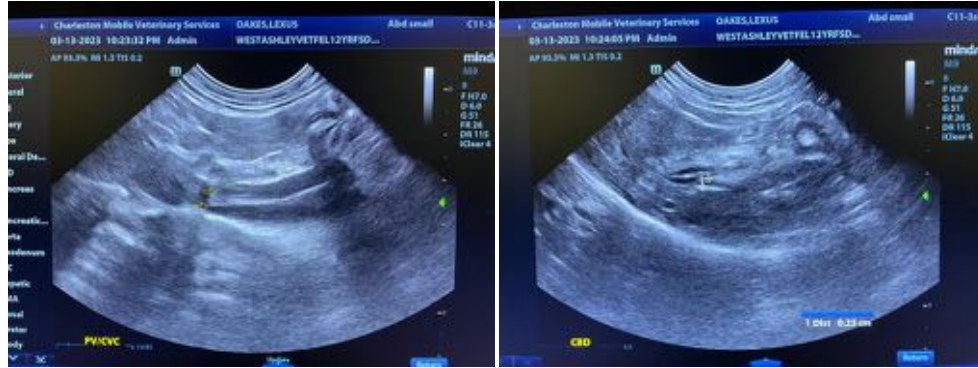
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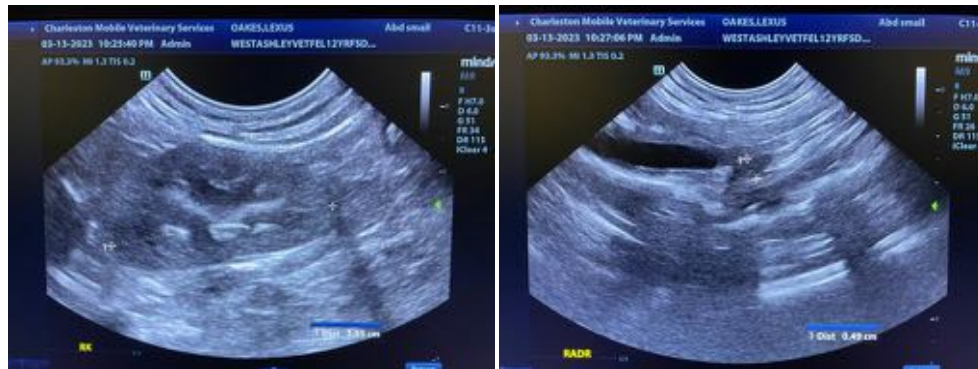
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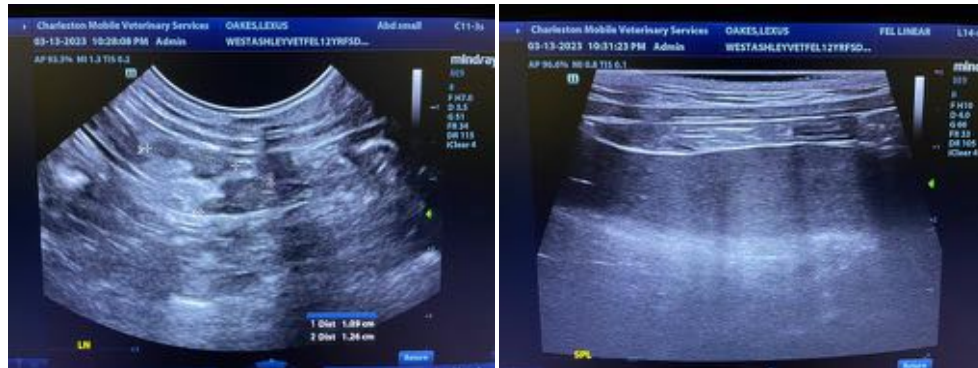


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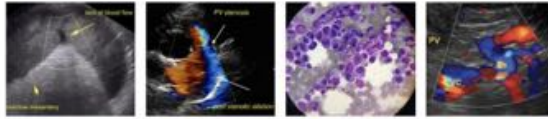
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible



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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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