

**PATIENT**

Betty Robinson

**SPECIES**

Feline

**BREED**

Domestic shorthair

**SEX**

Female, spayed

**AGE**

3/23/21

**WEIGHT**

8.92 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**

Flowertown AH

**REFERRING VET**

Dr. Hawk

**INVOICE**

14819

**DATE**

4/18/23

**PRESENTING CLINICAL SIGNS**

Owner went out of town and the cat developed decreased appetite. Owenr returned a week ago. Still eating but less. Very icteric. ALP 729, ALT 609, GGT21, T-bili 18.2, HCT 24%.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (3.48 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.

The right kidney is normal size (3.92 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.

*Adrenal Glands*

The left adrenal gland is normal in size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

*Spleen*

The spleen is contracted (0.48 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

*Liver*

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen, slightly attenuating, and 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 gall bladder lumen is mildly to moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The common bile duct is normal in size (0.19 cm in diameter).

*Gastrointestinal*

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mostly empty. A 0.61 cm shadowing structure is observed within the lumen, consistent with recent Denamarin administration. 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



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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 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**

Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

**Other**

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- In light of the patient's clinical history, the hepatic parenchymal changes are most consistent with hepatic lipidosis. However, inflammatory disease (i.e., bacterial cholangiohepatitis, FIP), or infiltrative neoplasia (i.e., lymphoma) or other hepatopathies cannot be completely excluded.
- The trace ascites is likely secondary to underlying hepatic disease.

**Secondary Findings:**

- Bowel pattern suggestive of inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.
- The splenic contraction is most consistent with dehydration.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider a fine needle aspirate of the liver (if clotting status is appropriate). A 25-gauge needle should be used. If an aspirate is not pursued, consider empirical treatment for hepatic lipidosis and bacterial cholangiohepatitis (i.e., nutritional support (i.e., via temporary feeding tube), broad spectrum antibiotics, hepatic antioxidants and other symptomatic measures).
- A GI panel including serum cobalamin, folate, TLI and PLI can also be considered to assess for concurrent small intestinal and pancreatic disease.



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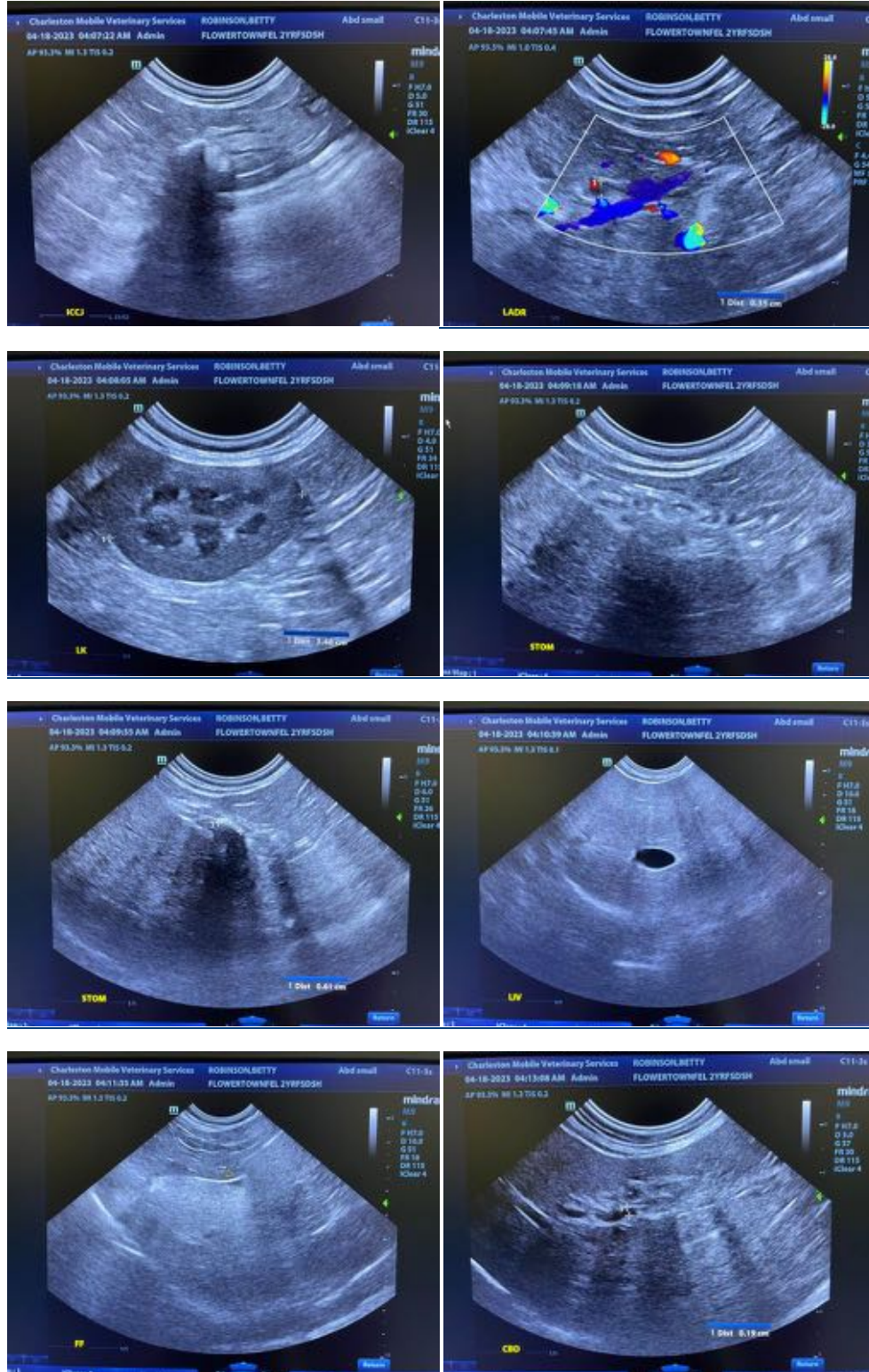
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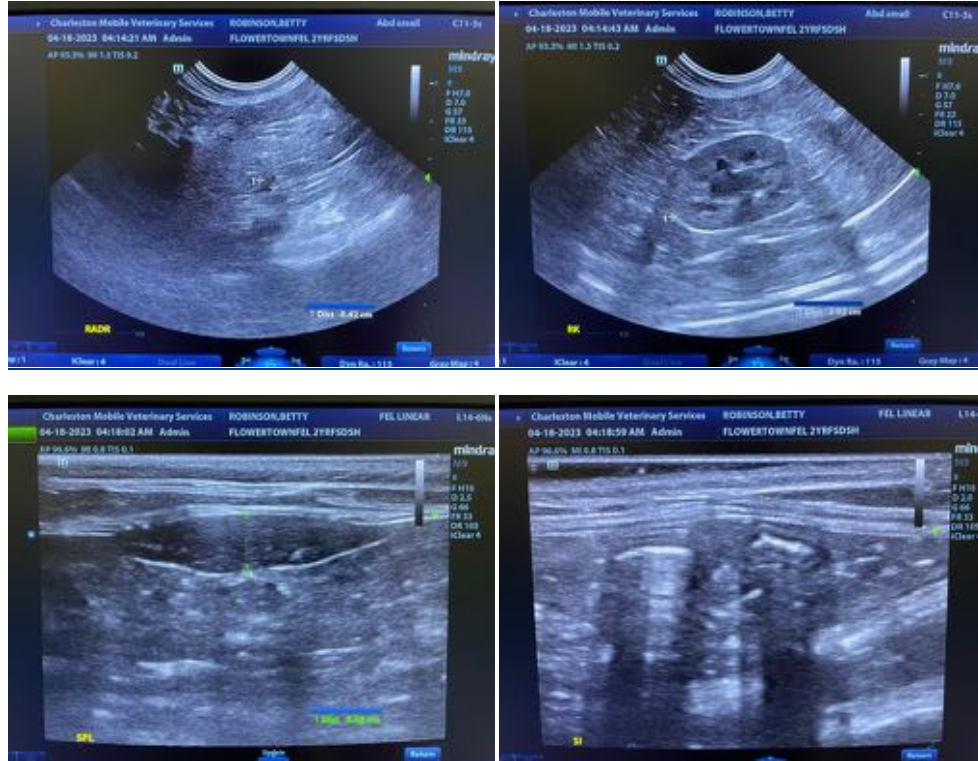
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)