



PATIENT PRESENTING CLINICAL SIGNS

Mario Martin
History: Elevated liver enzymes, bile acids(has triaditis). Vomiting, lethargic, reduced appetite.
Current meds. Ursodiol, metronidazole and Gabapentin.
Abnormal PE/Chem/CBC/UA Results: Low Platelets, M1 decreased Urea, Elevated ALT 493(12-130), GGT 9(0-4), Bilirubin Total 21(0-15), Snap FPL abnormal.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Domestic shorthair

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. 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 (4.11 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.

AGE

6 Yrs.

The right kidney is normal size (4.27 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.

WEIGHT

9.11 lbs..

Adrenal Glands

INTERPRETED BY

The left adrenal gland is normal in size (0.53 cm length; 0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

IMAGING PERFORMED BY

Crystal Hill

The spleen is subjectively normal in size (0.62 cm in width at the level of the hilus) with folded contour and normal peripheral margins. The parenchyma is homogeneous. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

HOSPITAL NAME

Dog and Cat Clinic of
Niagara

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 mildly distended. A bi-lobed confirmation is possible. The wall is normal in thickness. The cystic and common bile ducts are normal.

REFERRING VET

Dr. Aziz

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

DATE

2/28/22

Pancreas



PATIENT

Mario Martin

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

Feline

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

BREED

Domestic shorthair

SEX

Male, neutered

ULTRASONOGRAPHIC 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy) would be necessary to get a definitive diagnosis. Surgical biopsies would be ideal. If surgery is pursued, aerobic and anaerobic bile cultures are recommended. If hepatic tissue sampling is not to be pursued, consider empirical treatment for bacterial cholangiohepatitis and hepatic lipidosis (i.e., broad-spectrum antibiotics, hepatic antioxidants and nutritional support). If no improvement in the liver values is seen within 5-7 days of initiating therapy, antibiotics should be discontinued and hepatic tissue sampling reconsidered.
- Given the history of vomiting, three-view thoracic radiographs are recommended to assess for occult aspiration pneumonia.

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Medicine)

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Dr. Aziz



DATE

2/28/22



PATIENT

Mario Martin

SPECIES

Feline

BREED

Domestic shorthair

SEX

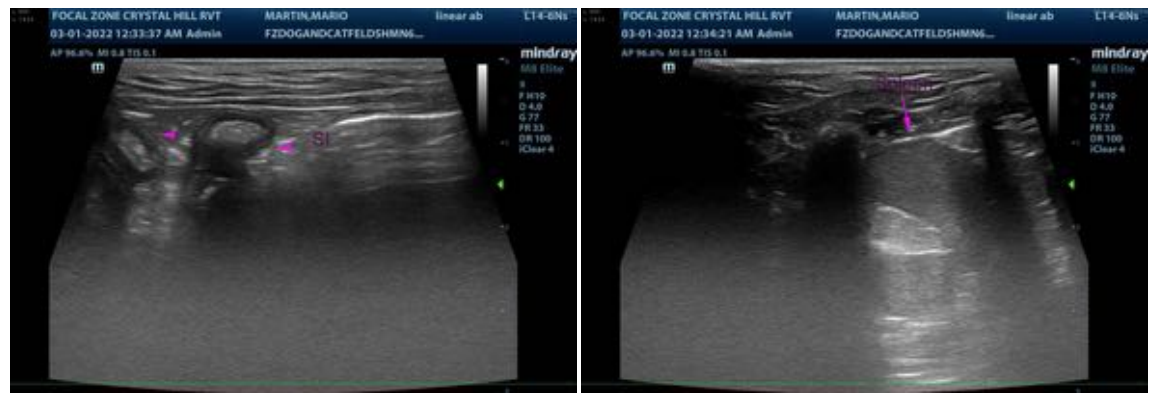
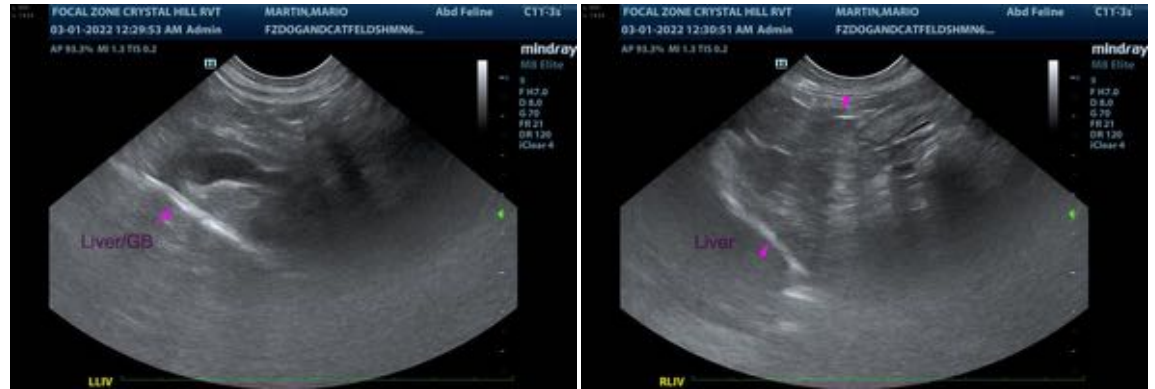
Male, neutered

AGE

6 Yrs.

WEIGHT

9.11 lbs..



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

andrea.nicastro@sonopath.com