

PATIENT

Penny Cookson

PRESENTING CLINICAL SIGNS

History: Normal physical exam but history of ongoing weight loss and elevated liver enzymes. No meds.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A mild to moderate amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

BREED

Domestic shorthair

SEX

Female, spayed

The left kidney is normal size (4.38 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

12 Yrs.

The right kidney is normal size (4.21 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

10.4 lbs.

Adrenal Glands

The left adrenal gland is normal in size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

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

Spleen

The spleen is normal in size (0.54 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.29 cm irregular, hyperechoic nodule is observed at the medial aspect. Splenic vasculature is normal.

IMAGING PERFORMED BY

Crystal Hill

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogeneous in appearance. No focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

HOSPITAL NAME

Wilson Mobile
Veterinary Services

REFERRING VET

Dr. Wilson

Gastrointestinal

The gastric lumen is mildly distended with ingesta. A 0.71 cm shadowing structure is also observed within the lumen. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is diffusely distended 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

9/13/22

Pancreas



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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.

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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

ULTRASONOGRAPHIC FINDINGS

SEX

Female, spayed

Primary Findings:

- The shadowing structure within the gastric lumen may represent a pill or small amount of non-obstructive foreign material.

*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) should be considered.

AGE

12 Yrs.

Secondary Findings:

- Bilateral, degenerative renal changes.
- The hyperechoic splenic nodule likely represents a benign process (i.e., myelolipoma) with a low possibility of an emerging tumor.
- The urinary bladder debris could be consistent with cells, crystals, lipid droplets and/or exfoliated material.

WEIGHT

10.4 lbs.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the elevated liver enzymes, consider pre and post prandial serum bile acids +/- hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy). If surgical biopsies are pursued, aerobic and anaerobic bile cultures should also be obtained. Clotting times (i.e., PT/PTT) as well as three-view thoracic radiographs should be performed prior to anesthesia.
- 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 4-6 weeks and 1 week beyond normalization of the liver values.
- Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI (send to Texas A&M) to assess for concurrent microscopic gastrointestinal and/or pancreatic disease.

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**IMAGING
PERFORMED BY**

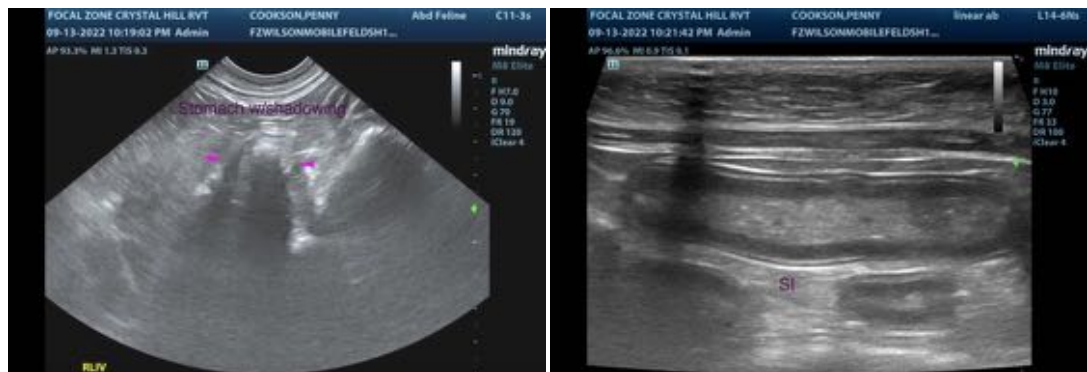
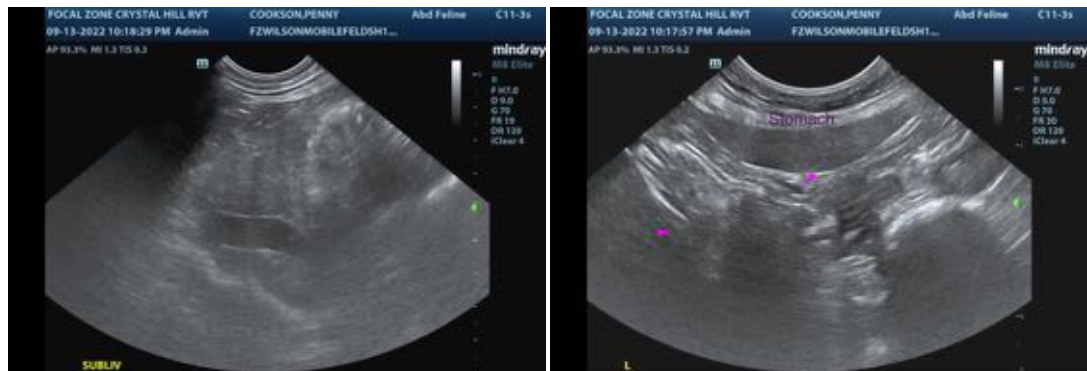
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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