



PATIENT

Sugar Parcels

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

7 Yrs.

WEIGHT

8 lbs. 2.5 oz.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

North Haledon VC

REFERRING VET

Dr. Goldstein

INVOICE

13443

DATE

5/31/22

PRESENTING CLINICAL SIGNS

History: Patient with history of competitive eating environments in the home, presented for anorexia on 5/26/22. She was treated with Cerenia and famotidine.

Abnormal PE/Chem/CBC/UA Results: A/G ratio 1.6, AST 233, ALT 612, Alk. Phos 495, T. bili 2.4, BUN 11, RBC 10.3. T4/FreeT4 (WNL).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly to moderately distended. A small amount of aggregated echogenic suspended debris is observed within the lumen. 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.

The left kidney is normal size (3.38 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 (3.46 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 region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.59 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.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic 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 gall bladder lumen is mildly distended. The wall is normal in thickness. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are visible/slightly tortuous but not overtly dilated. The common bile duct measured 0.16 cm in diameter. There is no obvious evidence of an intraluminal obstruction. The duodenal papilla is normal in size (0.32 cm in width).

Gastrointestinal

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. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.



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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.

SPECIES

Free Abdomen

Feline

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 0.55 cm lymph node is observed in the right cranial quadrant.

BREED

Other

Domestic shorthair

A uterine stump is visible and is normal in size (0.32 cm in width). No obvious pathology is seen.

SEX

Female, spayed

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Given the clinical history and sonographic changes, a primary hepatopathy (i.e., hepatic lipidosis, inflammatory disease, lymphoplasmacytic hepatitis), infiltrative neoplasia (i.e., lymphoma) is considered likely with a lower possibility of an extrahepatic bile duct obstruction. However, serial monitoring of the patient's total bilirubin is recommended.

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Secondary Findings:

- The urinary bladder debris could be consistent with cells, crystals and/or exfoliated material.
- Visible uterine stump- incidental.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Hepatic tissue sampling (i.e., fine needle aspirate or surgical biopsy) is recommended. Cytologic evaluation of the liver is beneficial in assessing for hepatic lipidosis and round cell neoplasia but may not provide conclusive results for certain diseases (i.e., inflammatory hepatopathies, fibrosis). If surgical biopsies are pursued, aerobic and anaerobic bile cultures should also be obtained. If surgery is not pursued, empirical treatment for bacterial cholangiohepatitis/hepatic lipidosis (i.e., broad spectrum antibiotics, Denamarin, nutritional support (i.e., via temporary feeding tube)) and close monitoring of the patient's total bilirubin is recommended. If the total bilirubin continues to increase, an abdominal exploratory may be warranted to assess for an extrahepatic bile duct obstruction.
- Also consider a malabsorption panel including serum cobalamin, folate, TLI and PLI to assess for concurrent pancreatic and gastrointestinal disease, which is a common occurrence in cats.
- Thoracic radiographs are also recommended, particularly if the patient is to undergo general anesthesia.

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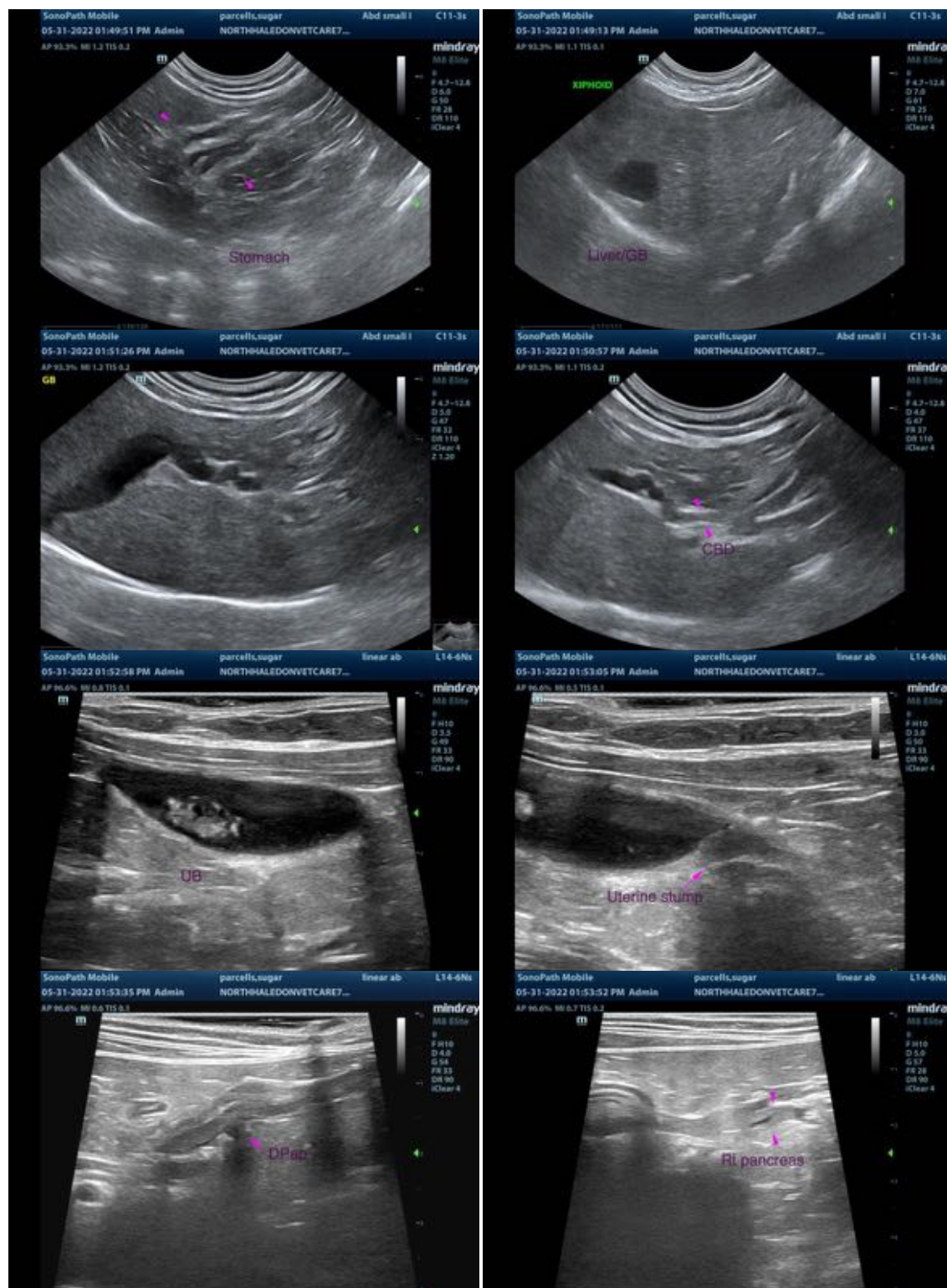
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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Andrea.nicastro@sonopath.com

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