



**PATIENT**

Chloe Novotney

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

10 Years 2 Months

**WEIGHT**

7.90 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Nottingham

**HOSPITAL NAME**

All Creatures AH of  
SH

**REFERRING VET**

Dr. Paw Wiltizus

**INVOICE**

13650

**DATE**

10/8/21

**PRESENTING CLINICAL SIGNS**

History: Presenting complaint: \_anorexic and losing weight but no vomiting\_ Current Medications: Elura/Mirtaz/just started prednisolone 5 mg SID\_ Radiographs Taken: No Yes \_normal stool with no obvious masses\_ History / Additional Information: \_cbc/chem25/T4/UA normal 9/7/21 Abnormal PE/Chem/CBC/UA Results:

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Left kidney is normal is size (3.7 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal is size (3.3 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**Adrenal Glands**

Left adrenal gland is normal in size (1.0 cm long X 0.35 cm thick), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (0.98 cm long X 0.35 cm thick), shape and contour. Corticomedullary structure is unremarkable.

**Spleen**

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**Gastrointestinal**

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty. No appreciable lymphadenopathy.

The visible small intestines are normal in wall thickness. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

Colon is normal in wall thickness (< 0.2 cm) and layering.



**PATIENT**

**Pancreas**

Chloe Novotney

Pancreas is prominent in size and mildly irregular in shape with a diffusely coarse echotexture and heterogenous to hypochoic echogenicity.

**SPECIES**

**Free Abdomen**

Feline

Lymph nodes are normal with no observed enlargement.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

DSH

- Hyperechoic hepatomegaly
- Prominent heterogeneous pancreas

**SEX**

- A thick muscularis relative to the other layers

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

Recommendations include a fine needle aspirate of the liver, if patients' coagulation status is appropriate, as well as a gastrointestinal malabsorption panel including TLI/PLI/folate/cobalamin to Texas A & M GI laboratory followed potentially by full thickness biopsies of the small bowel. If further diagnostics are not elected at this time, empirical therapy with antiemetics, appetite stimulants +/- a feeding tube to get through the presumed hepatic lipidosis is warranted followed possibly by empirical cobalamin and empirical steroid therapy.

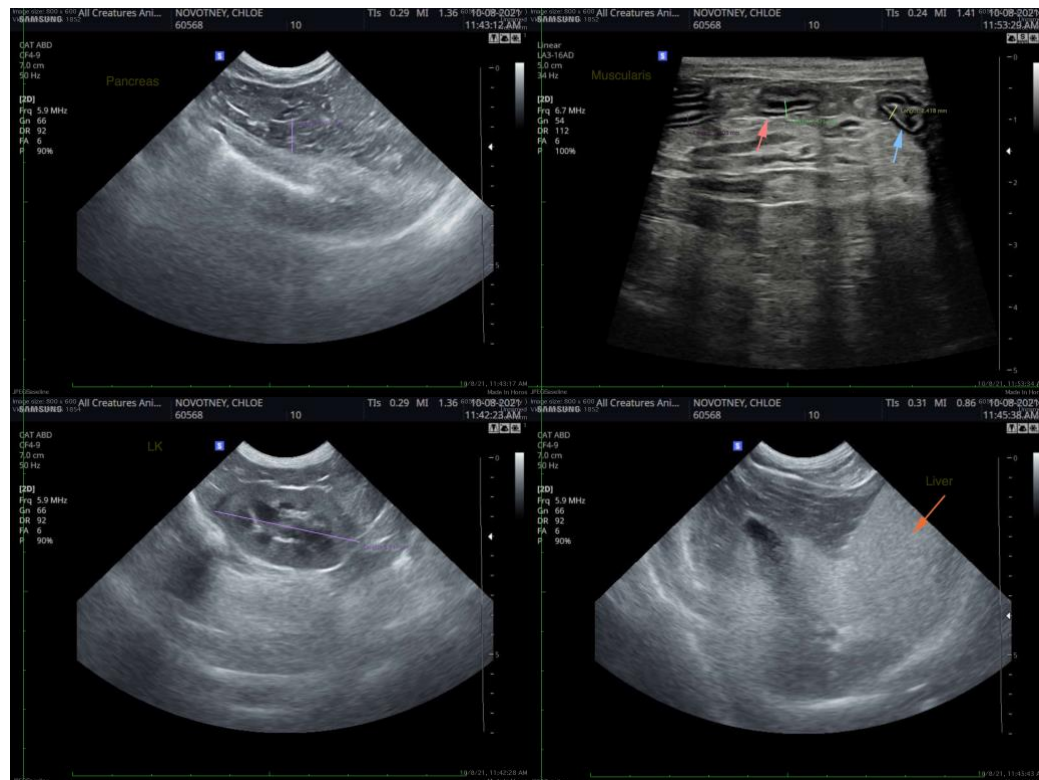
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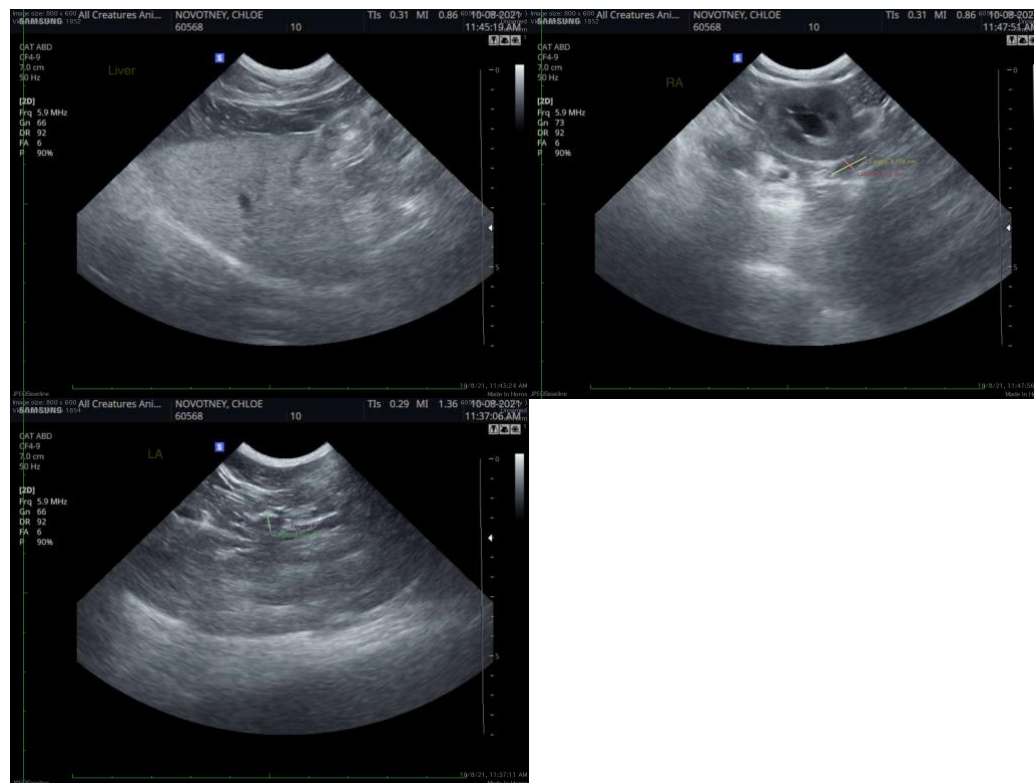
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM DACVIM**

Beth.Johnson@SonoPath.com