



**PATIENT PRESENTING CLINICAL SIGNS**

**Savannah Cannell**  
**SPECIES**  
Feline  
**BREED**  
DSH  
**SEX**  
Spayed Female  
**AGE**  
12 Years  
**WEIGHT**  
7.35 Pounds

Lethargy and anorexia for about a week. Was seen at emergency clinic on 2/19. Fever found on exam. BW was unremarkable other than stress hyperglycemia and lymphopenia, eosinopenia and thrombocytopenia, possibly secondary to clumping. UA was normal. Abdominal rads were normal. Seen here on 2/20. Patient was mildly thin, fever (104.9). Administered SQ LRS, Cerenia, Convenia and Dex SP. Patient seemed a little better the next day, ate a little, but today not feeling well again.

Abnormal PE/Chem/CBC/UA Results: Current Medications Convenia

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.7 cm. The right kidney measures 3.45 cm.

**Adrenal Glands**

The right adrenal gland is normal in size (0.35 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.45 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

Liver is subjectively enlarged (swollen contour) without disruption of architecture. 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 and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is subjectively mildly overdistended. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. The cystic and common bile duct are mildly distended, measuring 0.45 cm, without appreciable luminal debris, mineral, etc. to explain the distention.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Q Street AH

**REFERRING VET**

Dr. Bretschneider

**INVOICE**

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**DATE**

2/23/23



## PATIENT *Gastrointestinal*

Savannah Cannell The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

## SPECIES

Feline The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.

## BREED

DSH The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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## *Pancreas*

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

## *Free Abdomen*

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## PRIMARY FINDINGS

- **Hyperechoic hepatomegaly** – This appearance is most consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- **Mild gallbladder and biliary tract distention** – This may be a normal patient variant or may be secondary to chronic or resolved cholangitis. However, given this patient's reported fever, current smoldering cholangitis or "triaditis" can't be ruled out.

## IMAGING PERFORMED BY

Sara Hansen

## SECONDARY FINDINGS

- Urinary bladder debris
- Age related kidney changes

## HOSPITAL NAME

Q Street AH

## REFERRING VET

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Lab work was reportedly normal. However, if it hasn't been recheck recently, recheck of liver enzymes is recommended to help further evaluate possible developing hepatic lipidosis or smoldering cholangitis, etc.

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Additionally, comprehensive infectious disease testing should be considered including viral disease as well as vector borne disease, etc.

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Finally, further evaluation of gastrointestinal health as a contributing factor to sepsis, fever caused by bacterial translocation, etc. is recommended, especially if there is any history of chronic or



**PATIENT**

Savannah Cannell

intermittently chronic gastrointestinal signs or weight loss in the form of a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

**SPECIES**

Feline

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease.

**BREED**

DSH

In the meantime, treatment recommendations include fluid therapy if necessary, antiemetics, gastroprotectants, and broad-spectrum antibiotics. Additionally, nutritional support is critical to prevent or manage concurrent hepatic lipidosis, so appetite stimulants and/or, if indicated, feeding tube placement may need to be considered.

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**AGE**

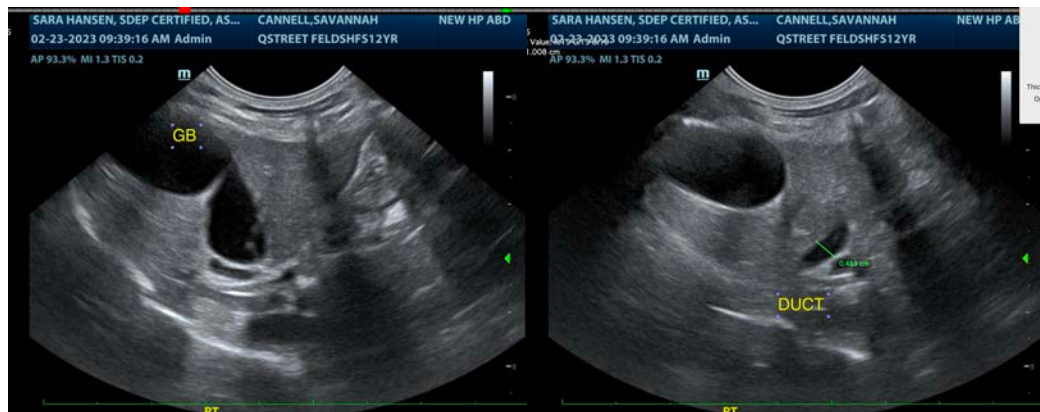
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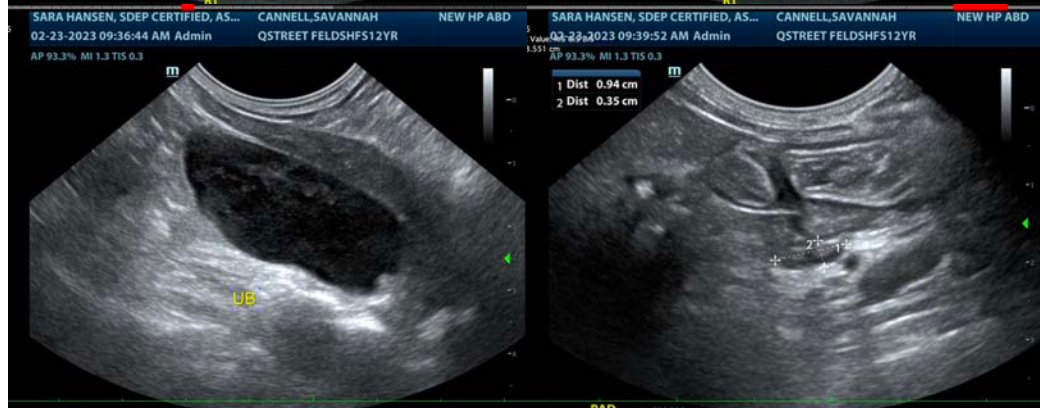
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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