



PATIENT

Lucky Hulick

PRESENTING CLINICAL SIGNS

Historic elevated ALT, stable but persistent, no clinical signs except the occasional soft stool out of the box. exam normal

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

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

SEX

Neutered male

Left kidney is normal in size (3.9 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 in size (4.0 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

AGE

7 years

Adrenal Glands

WEIGHT

12.14 lbs

The region of the left adrenal gland is evaluated without evidence of pathology, but a discrete measurement cannot be made from these images.

Right adrenal gland is normal in size (0.94 cm long x 0.4 cm thick), shape and contour. Corticomedullary structure is unremarkable.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

IMAGING PERFORMED BY

Dr. Puthoff

Liver

HOSPITAL NAME

Kings VH

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 mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

REFERRING VET

Dr. Puthoff

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Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

DATE

2/7/22



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The 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). There are no luminal contents noted within small intestines.

SPECIES

Feline

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

Pancreas

BREED

Domestic Shorthair

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

SEX

Neutered male

Free Abdomen

Lymph nodes are normal with no observed enlargement.

AGE

7 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

12.14 lbs

Hyperechoic hepatomegaly– consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.

Thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include e a FNA of the liver. If the patient’s coagulation status is appropriate and a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further evaluation of the gastrointestinal tract and pancreas. Empirical therapy in the meantime could include a transition to a novel or hydrolyzed protein diet as well as an empirical course of antibiotics +/- Denamarin due to the increased ALT. Ultimately biopsies of the intestines being sure to include the ileum if possible may be necessary to definitively diagnose and manage the underlying disease.

IMAGING PERFORMED BY

Dr. Puthoff

HOSPITAL NAME

Kings VH

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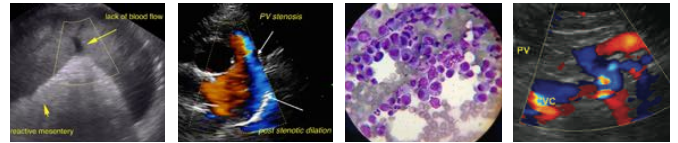
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SPECIES

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Domestic Shorthair

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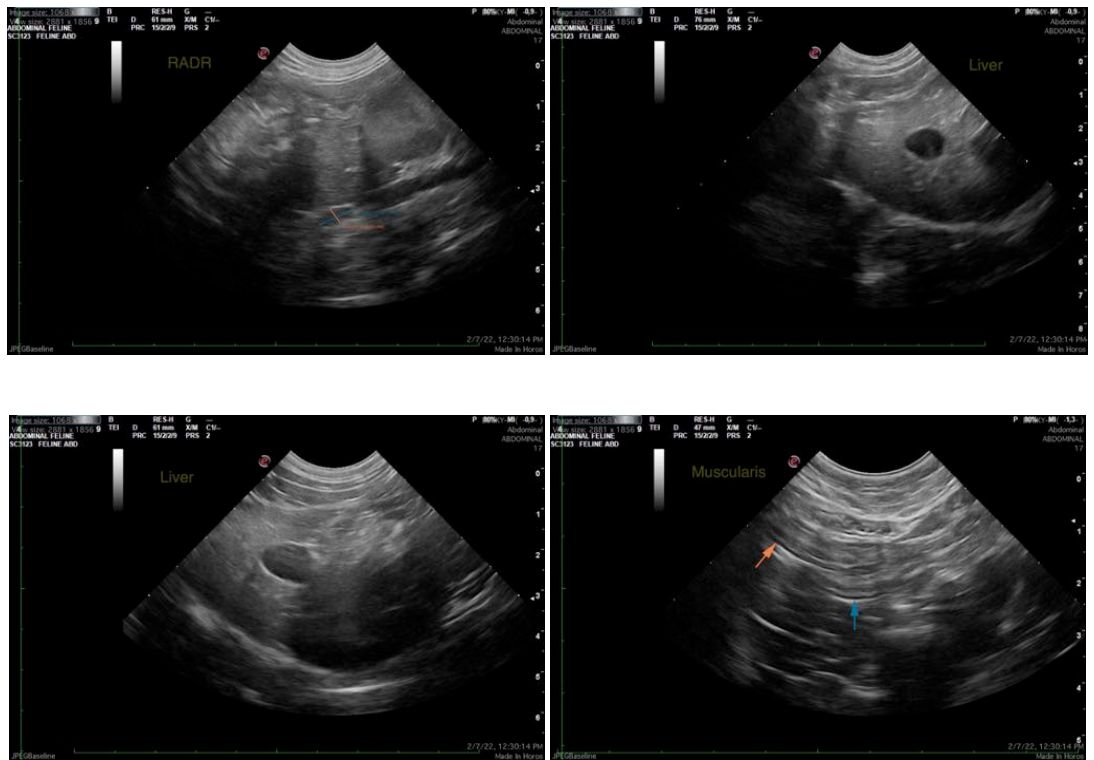
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

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