



PATIENT PRESENTING CLINICAL SIGNS

Olive Kelie Was adopted recently from animal shelter, minimal history. Recently noted weight loss, lethargy and anorexia for 7 days. Bloodwork showed elevated liver enzymes. Has been on Prednisone, Gabapentin and Clavamox.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Rads mostly unremarkable other than small lump in lung lobe and IVDD. Blood-elevated bilirubin, ALT and lkp hos.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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.

AGE

~11 Years

WEIGHT

2.6 kg

The right kidney is normal in size (3.11 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left kidney is normal in size (3.45 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

IMAGING PERFORMED BY

Crystal Hill

The right adrenal gland is normal in size (0.28 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.30 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Hespeler AH

Spleen

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

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Dr. Bhinder

Liver

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The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. A subtle 0.50 cm in diameter, slightly hypoechoic nodule is noted in the mid caudal liver. Visible vasculature and biliary tree appear normal without distension or congestion.

DATE

3/29/23

The 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 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.



PATIENT

Olive Kelie

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.

SPECIES

Feline

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Subjectively the colon appears mildly overdistended with firm stool.

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Pancreas

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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.

SEX

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Free Abdomen

AGE

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

Medial iliac lymphadenopathy is noted, measuring between 0.50-0.70 cm thick.

WEIGHT

2.6 kg

PRIMARY FINDINGS

- **Scalloped spleen** – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.
- **Subtle hypoechoic liver nodule** – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, etc. However, especially given the concurrent pathology noted, this could represent early infiltrative neoplasia such as round cell neoplasia.
- **Medial iliac lymphadenopathy** – Both reactive lymphadenopathy as well as infiltrative neoplasia such as lymphoma should be considered and can't be differentiated without tissue sampling.
- **Subjective constipation** – This finding should be confirmed via history, physical exam, and/or radiographic appearance of the colon.

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SECONDARY FINDINGS

- Urinary bladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the history, physical exam, and/or x-rays are supportive of constipation, then management of constipation with hydration, stool softeners, possibly enemas, etc. is recommended to see if that helps to improve appetite, etc. There is no other evidence ultrasonographically of concurrent small bowel disease. However, subtle changes could be masked by the reported Prednisone use currently.

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Given the liver enzyme changes, fine needle aspirates of both the liver and spleen are recommended if patient's coagulation status is appropriate.

Additionally, if not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.



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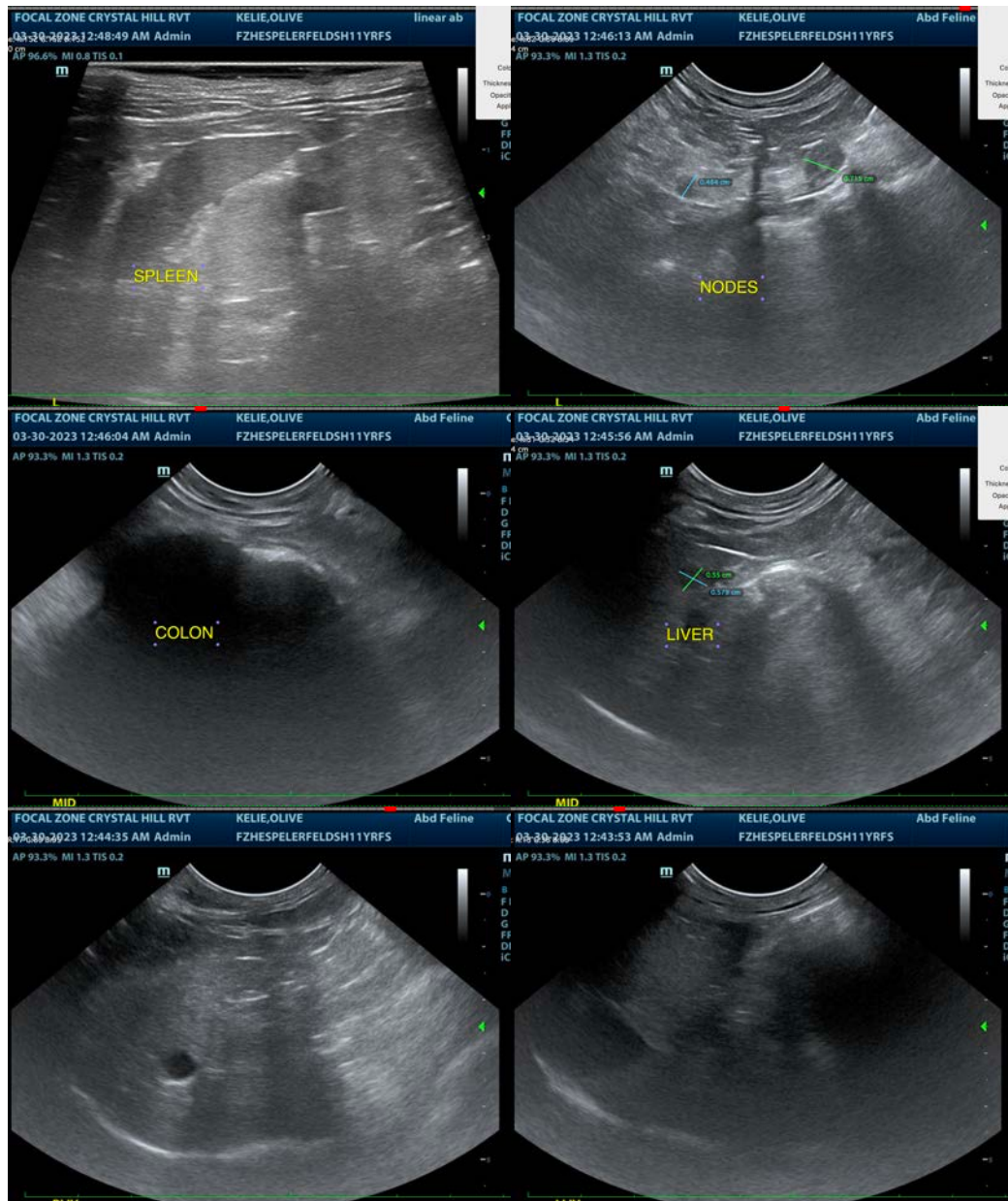
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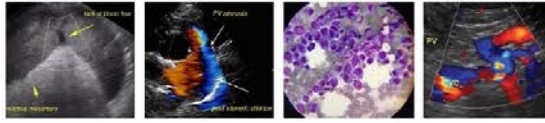
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In the meantime, treatment recommendations include fluid therapy, anti-emetics, gastroprotectants, hepatic nutraceuticals such as ursodiol and/or Denamarin, and broad spectrum antibiotics. Nutritional support is critical to prevent/manage concurrent hepatic lipidosis, so appetite stimulants and/or, if indicated, feeding tube placement is also recommended.





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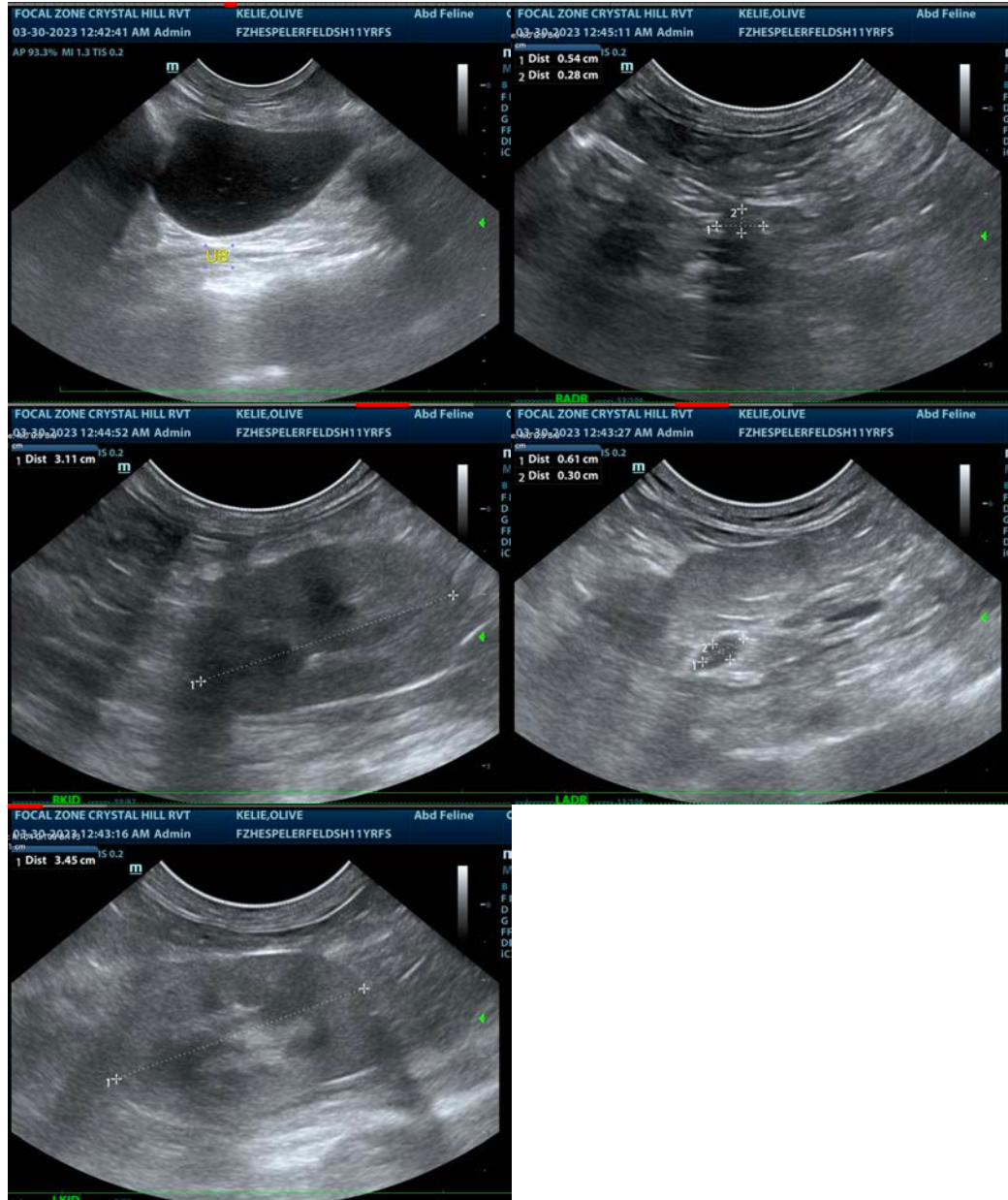
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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