

**DATE PRESENTING CLINICAL SIGNS**

3/3/22 P was a stray so we have limited history. Lutenizing hormone negative so suspect she is not spayed. Increase in ALT.

**PATIENT**

Cimmabun Silex  
 Current Medications: Soloquin.  
 Lab Results: 10/2/21 ALT was 99. 2/23/22 ALT increased to 417.  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED****Urinary System**

DSH

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Intact Female

The kidneys are normal in size and echogenicity, with the left measuring 2.6 cm and the right measuring 3.12 cm. Contour is distorted by the presence of capsular indentations at hyperechoic wedge-shaped cortical lesions, consistent with chronic infarcts. There is a normal 1:3 cortex/medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or mineral observe.

AGE

10/1/15

**WEIGHT****Adrenal Glands**

6.4 Pounds

The adrenal glands are unable to be visualized in these images.

**INTERPRETED BY****Spleen**

Beth Johnson, DVM  
 DACVIM

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

**IMAGING PERFORMED BY****Liver**

Rachel Brilhart RDMS

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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

**HOSPITAL NAME**

Eastern AH

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.

**REFERRING VET****Gastrointestinal**

Dr. Bottaro

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.

**INVOICE**

35894

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.

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

### ***Pancreas***

The pancreas is prominent and hypoechoic to surrounding tissue with slightly coarse parenchyma. The visible capsule is smooth and normal in contour. There is no visible over dilation of the pancreatic duct, and there is no evidence of active peripancreatic inflammation.

### ***Free Abdomen***

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

### ***Other***

Both ovaries are present and cystic in nature. The uterus is prominent and mildly thick, but not overly distended.

## **PRIMARY FINDINGS**

- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Prominent, hypoechoic pancreas – Rule outs include normal patient variant consistent with normal aging versus chronic low-grade smoldering pancreatitis.

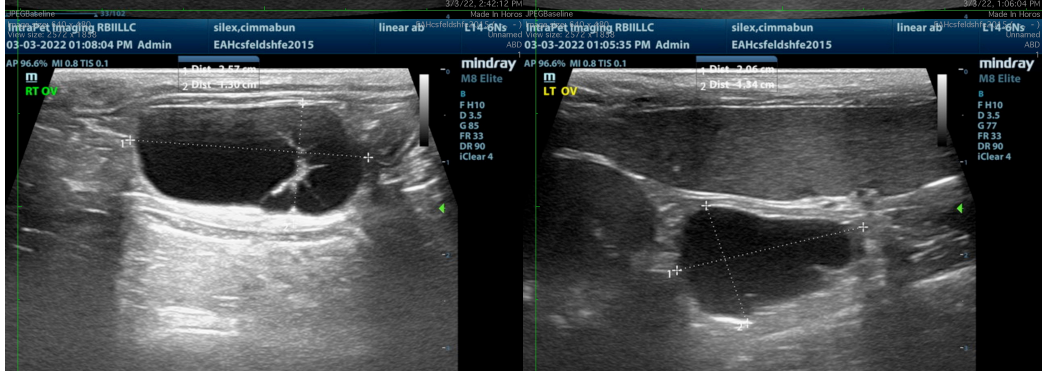
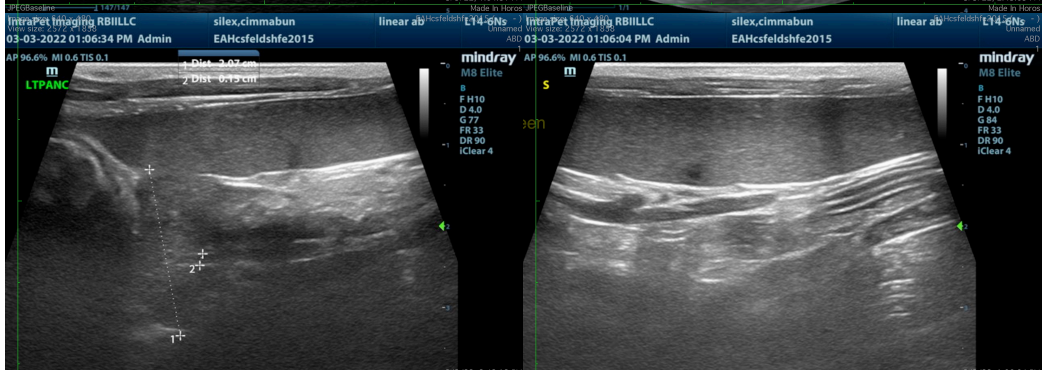
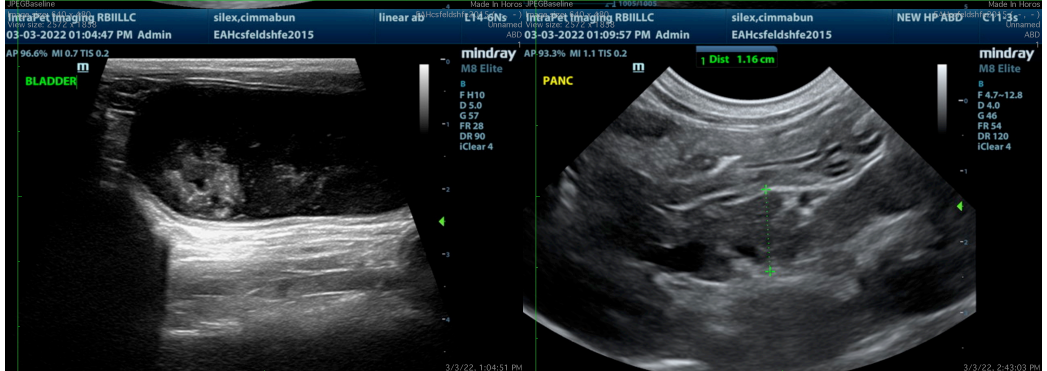
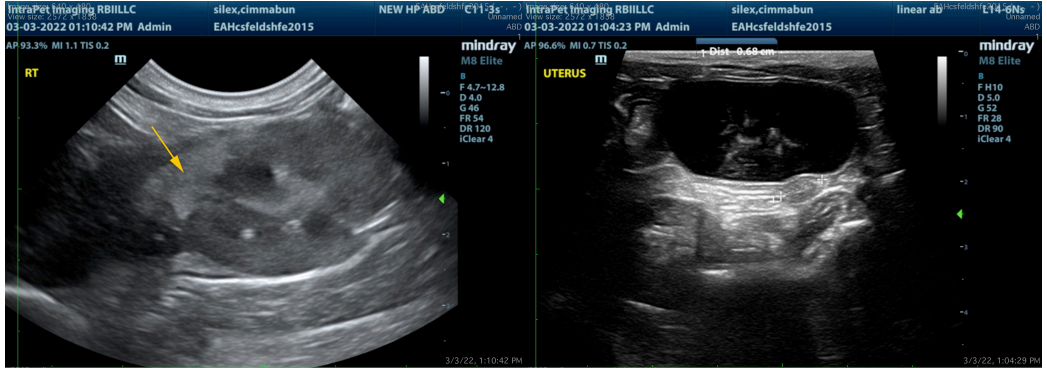
## **SECONDARY FINDINGS**

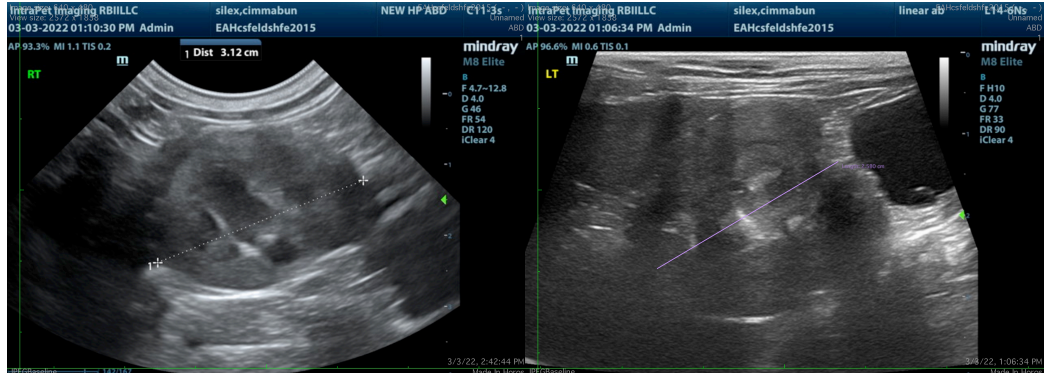
- Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.
- Chronic infarcting kidney disease
- This patient is in fact intact with both ovaries and uterus present without overt pathology.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

ALT can be increased in cats due to primary hepatic disease or increased secondary to other metabolic conditions, and the list is long for the secondary diseases including infections such as urinary tract infection or dental disease, gastrointestinal disease or pancreatitis, hyperthyroidism, parasitic disease, etc. Therefore, the options for this patient include either a workup prior to the surgery (workup could include FELV, FIV testing if not already evaluated), toxoplasma, gastrointestinal panel including TLI, PLI, folate and cobalamin – especially given the prominent pancreas on these images) to Texas A&M GI laboratory for further assessment of GI and pancreatic health.

Urinalysis and urine culture (if indicated based on urinalysis results), T4 level, fine needle aspirate of the spleen if patient's coagulation status is appropriate, etc. prior to pursuing the dental prophy and spay. Or, if the patient is asymptomatic, a less extensive workup could include urinalysis if not recently indicated (just to rule out an occult urinary tract infection), potentially bile acids just to assure normal liver function, and then pre-surgical antibiotics with a recheck of the liver enzymes after the dental prophy and spay. The liver enzymes may improve following the dental prophy and spay. If they don't, then the more extensive workup could be pursued at that time. If this patient has not been already empirically dewormed, a 5-day course of Panacur is recommended given the history of being a stray, prior to the surgery.





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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