



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Bodi Sincoskie	Increasing hepatic values . Pudding or soft stools, Not vomiting. Occ. inappetence. Mild weight loss. No lethargy.
<b>SPECIES</b>	
Feline	Abnormal PE/Chem/CBC/UA Results: Glob= 5.4 (H), AST= 124 (H), ALT= 311 (H), ALP= 145 (H), T.bili= 0.5 (H), Cholesterol= 265 (H), PSL= 43 (H)
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DMH	<b>Urinary System</b>
<b>SEX</b>	Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick. Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.
Neutered Male	
<b>AGE</b>	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 measured 3.33 cm. The right kidney measures 4.4 cm.
15 Years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
17.2 Pounds	The right adrenal gland is unable to be well visualized in these images.
<b>INTERPRETED BY</b>	The left adrenal gland is normal in size (0.34 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.
Marti Williams	<b>Liver</b>
<b>HOSPITAL NAME</b>	Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
Limestone VH	Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. The cystic and common bile duct are tortuous and appearance and dilated, measuring up to 1.0 cm dilated all the way to the level of the duodenal papilla. There is no evidence of effusion or inflammation.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Masha McCarthy	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.
<b>INVOICE</b>	
44766	
<b>DATE</b>	
8/17/23	



**PATIENT**

Bodi Sincoskie

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. Contents are consistent with normal formed feces and gas.

**BREED**

***Pancreas***

DMH

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

**SEX**

Neutered Male

***Free Abdomen***

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

**AGE**

15 Years

There is no apparent lymphadenopathy noted in these images.

**PRIMARY FINDINGS**

**WEIGHT**

17.2 Pounds

- **Hypoechoic hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- **Gallbladder debris with a dilated common bile duct** – Concerning for cholangitis. However, chronic smoldering or even resolving or resolved cholangitis can result in residual changes.
- Concurrent chronic smoldering pancreatitis should also be suspected in the face of appropriate clinical signs.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**SECONDARY FINDINGS**

**IMAGING PERFORMED BY**

Marti Williams

- Urinary bladder debris
- Age related kidney changes
- **Hyperechoic splenic nodules** – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

**HOSPITAL NAME**

Limestone VH

**REFERRING VET**

Dr. Masha McCarthy

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

44766

If not recently evaluated, a T4 +/- free T4 could be considered to determine whether hyperthyroidism could be contributing to increased liver enzymes as well as reported weight loss.

**DATE**

8/17/23

Further evaluation of digestion and absorption could be considered, beginning with:

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate.



**PATIENT**

Bodi Sincoskie

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 ratio is recommended.

**SPECIES**

Feline

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.

**BREED**

DMH

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

17.2 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Marti Williams

**HOSPITAL NAME**

Limestone VH

**REFERRING VET**

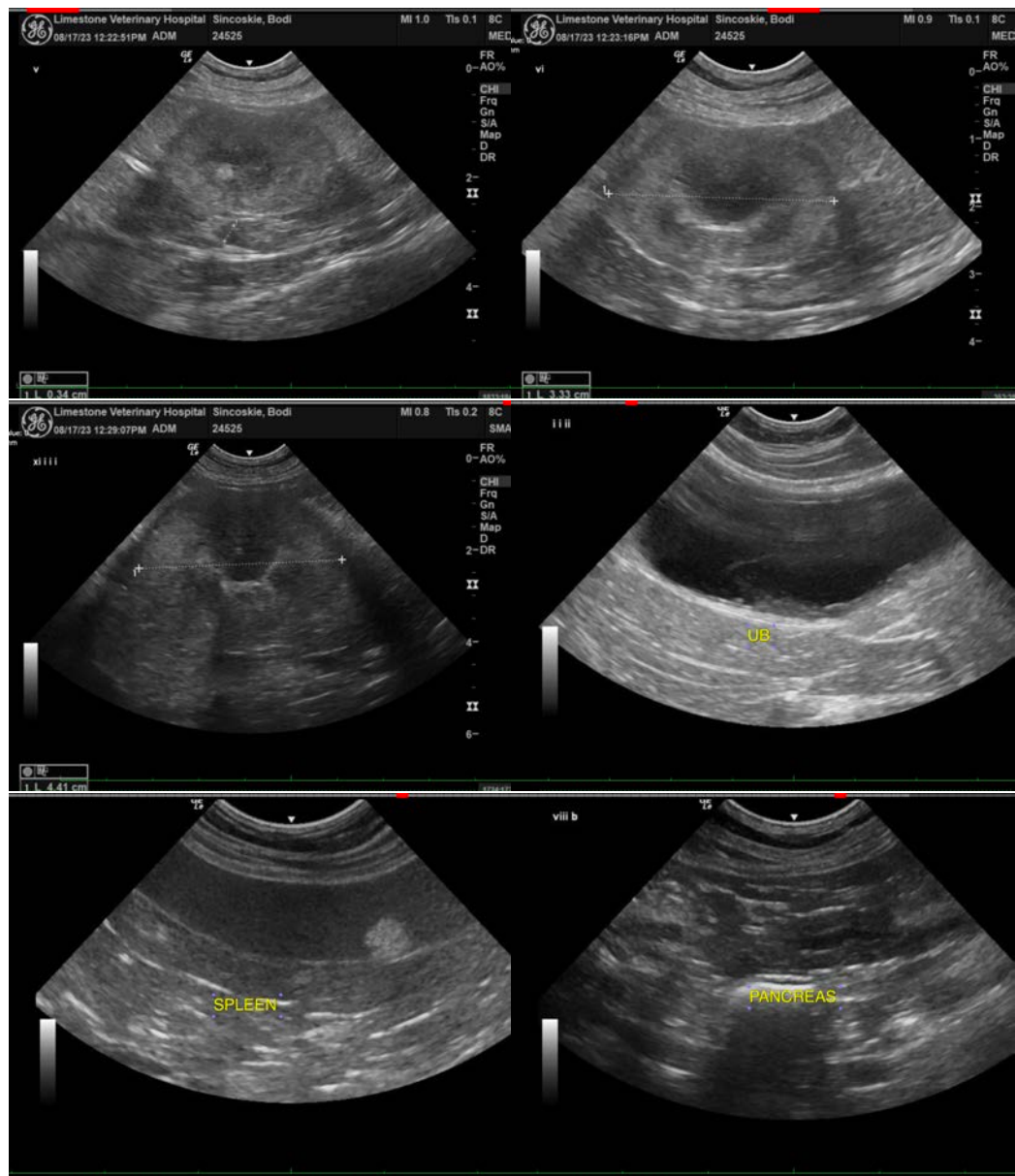
Dr. Masha McCarthy

**INVOICE**

44766

**DATE**

8/17/23





**PATIENT**

Bodi Sincoskie

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

17.2 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Marti Williams

**HOSPITAL NAME**

Limestone VH

**REFERRING VET**

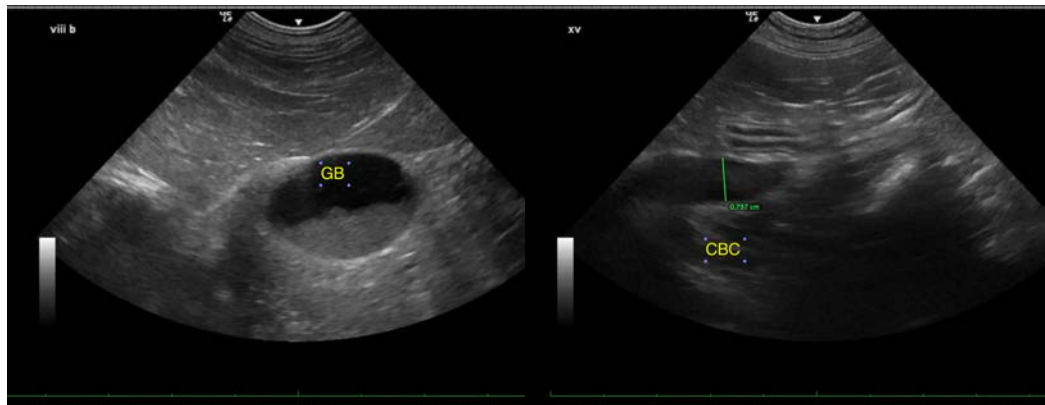
Dr. Masha McCarthy

**INVOICE**

44766

**DATE**

8/17/23



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**  
info@sonopath.com