

PATIENT

Peeves Spencer

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

5.9 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Barron

INVOICE

16995

DATE

8/22/22

PRESENTING CLINICAL SIGNS

History: Icteric, increased liver enzymes; was missing for 5 weeks, anorexic, is drinking water. Current meds: Unasyn, metro, ondansetron

Abnormal PE/Chem/CBC/UA Results: BUN 14.4, Cr 0.4, ALT 353, ALP 118, GGT 26, T bili 8.1, Na 136, K 2.1, Cl 95

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal is size (3.79 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.

Right kidney is normal is size (4.26 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

Left adrenal gland is normal in size (0.44 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.49 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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.

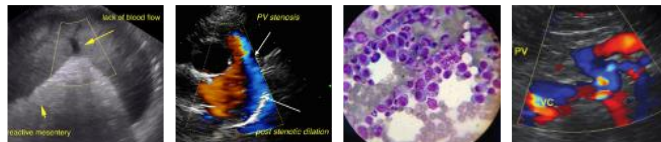
Liver

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.

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 visible stomach wall is normal in thickness 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

Peeves Spencer

The visible small intestines are normal in wall thickness and layering. 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 and layering. Contents are consistent with normal formed feces and gas.

BREED

DSH

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.

SEX

Spayed Female

Free Abdomen

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

AGE

6 Years

ULTRASONOGRAPHIC 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 acute pancreatitis suspected

WEIGHT

5.9 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of posthepatic cholestasis in these images. Without concurrent anemia to support prehepatic, the top differential is hepatic cholestasis, most likely secondary to hepatic lipidosis given this patients history. If not recently evaluated, recommendations are to rule out concurrent anemia and then institute medical management for hepatic lipidosis with fluid therapy, antiemetics, gastroprotectants, hepatic nutraceuticals (as tolerated), broad spectrum antibiotics, B vitamins and most importantly, nutritional support up to and including the placement of a feeding tube, if necessary.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Newton VH

REFERRING VET

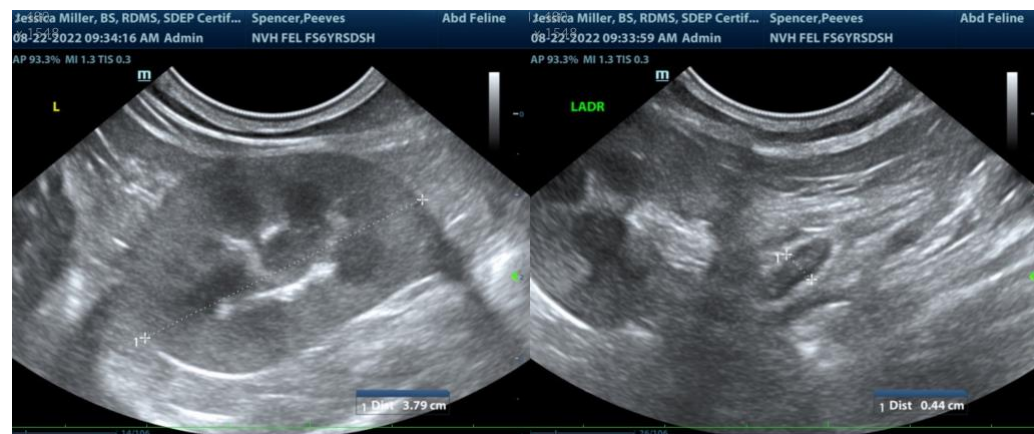
Dr. Barron

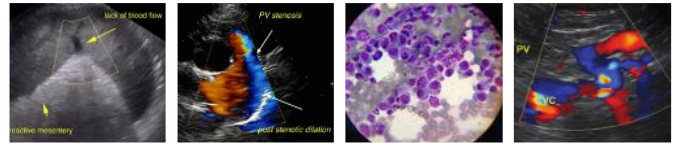
INVOICE

16995

DATE

8/22/22





PATIENT

Peeves Spencer

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

5.9 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Newton VH

REFERRING VET

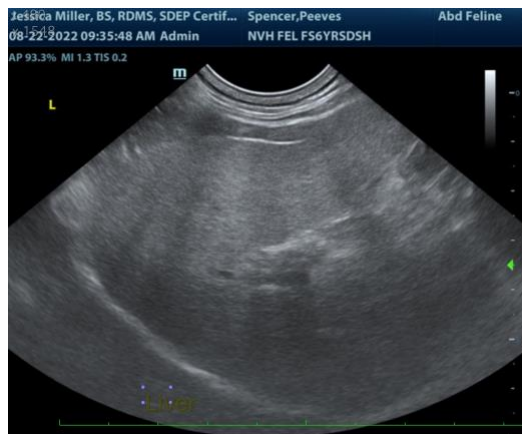
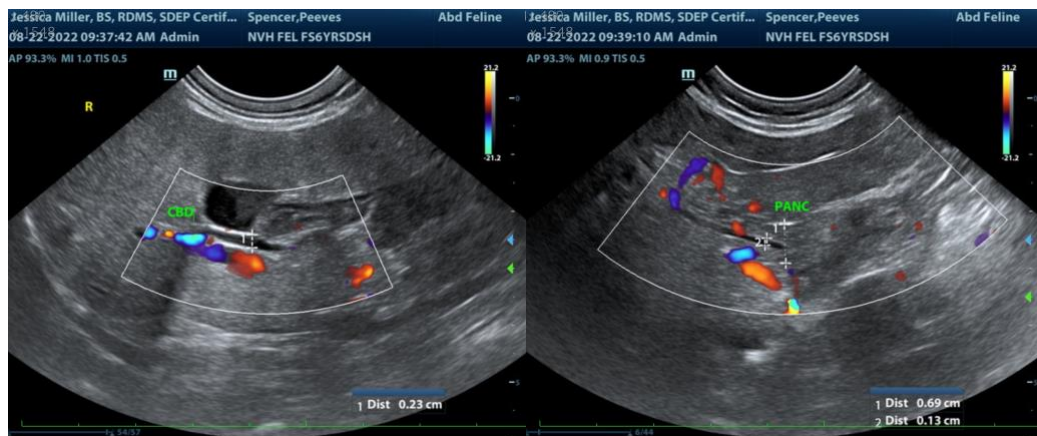
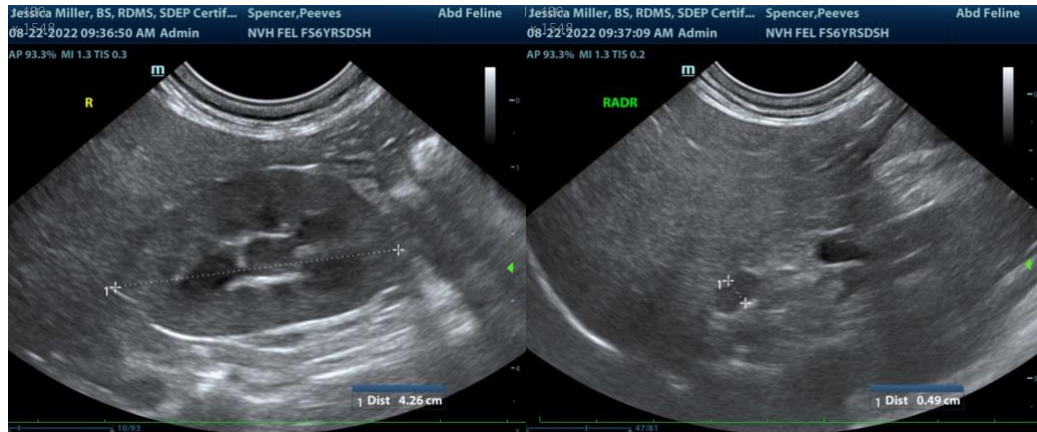
Dr. Barron

INVOICE

16995

DATE

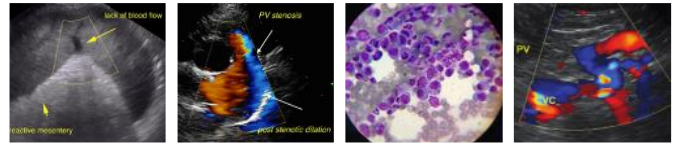
8/22/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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



PATIENT

Beth.Johnson@SonoPath.com

Peeves Spencer

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

5.9 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Jessica Miller

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Barron

INVOICE

16995

DATE

8/22/22