



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Daisie Nichol	elevated liver enzymes, very jaundiced, anorexic meds: hepato support, clavamox, metronidazole (owner unable to get most meds in kitty)
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder is moderately 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.
Ragdoll	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 or infarcts observed. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted in both kidneys. The left kidney measures 3.17 cm. The right kidney measures 4.43 cm.
<b>SEX</b>	<b>Adrenal Glands</b>
Spayed Female	The right adrenal gland is normal in size (0.45 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>AGE</b>	<b>Spleen</b>
17 Years	The left adrenal gland is normal in size (0.27 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>WEIGHT</b>	<b>Liver</b>
8.66 kg	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.
<b>INTERPRETED BY</b>	<b>Gastrointestinal</b>
Beth Johnson, DVM DACVIM	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>IMAGING PERFORMED BY</b>	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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.
Kelly Reschny	
<b>HOSPITAL NAME</b>	
Maples AH	
<b>REFERRING VET</b>	
Dr. Kazienko	
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9/14/22	



**PATIENT**

Daisie Nichol

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

**Pancreas**

**SPECIES**

Feline

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.

**BREED**

Ragdoll

**Free Abdomen**

There is a large amount of anechoic free fluid.

There is no apparent lymphadenopathy noted in these images.

**SEX**

Spayed Female

**PRIMARY FINDINGS**

- **Honeycomb Spleen** – This finding is strongly suggestive of infiltrative disease such as round cell neoplasia. Benign disease cannot be ruled out but is considered less likely.
- **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.
- **Thick, irregular, hyperechoic gallbladder wall** – may be suggestive of chronic cholangitis and secondary benign hyperplasia. However, infiltrative neoplasia cannot be definitively ruled out without tissue sampling.
- **Large amount of anechoic free fluid** – Differentials include increased hydrostatic pressure secondary to cardiac disease or portal hypertension or lymph obstruction versus decreased oncotic pressure if the albumin is low, versus paraneoplastic effusion, which is the most likely cause of this fluid, given the concurrent pathology.

**AGE**

17 Years

**WEIGHT**

8.66 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**SECONDARY FINDINGS**

- Age related kidney changes with non-obstructive dystrophic mineralization bilaterally

**IMAGING PERFORMED BY**

Kelly Reschny

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Top differential for this patient's underlying etiology is infiltrative neoplasia, especially given the appearance of the spleen. Infiltrative neoplasia also involving the liver and/or gallbladder could be resulting in this patient's reported cholestasis. However, given the reported anorexia, secondary hepatic lipidosis is considered probable. Therefore, recommendations include a fine needle aspirate of the spleen +/- the liver if patient's coagulation status is appropriate.

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Dr. Kazienko

Given the abdominal fluid, fluid sampling may also be considered and/or an echocardiogram, especially if there are physical exam changes consistent with cardiac disease.

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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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**PATIENT**

Daisie Nichol

**SPECIES**

Feline

**BREED**

Ragdoll

**SEX**

Spayed Female

**AGE**

17 Years

**WEIGHT**

8.66 kg

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**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

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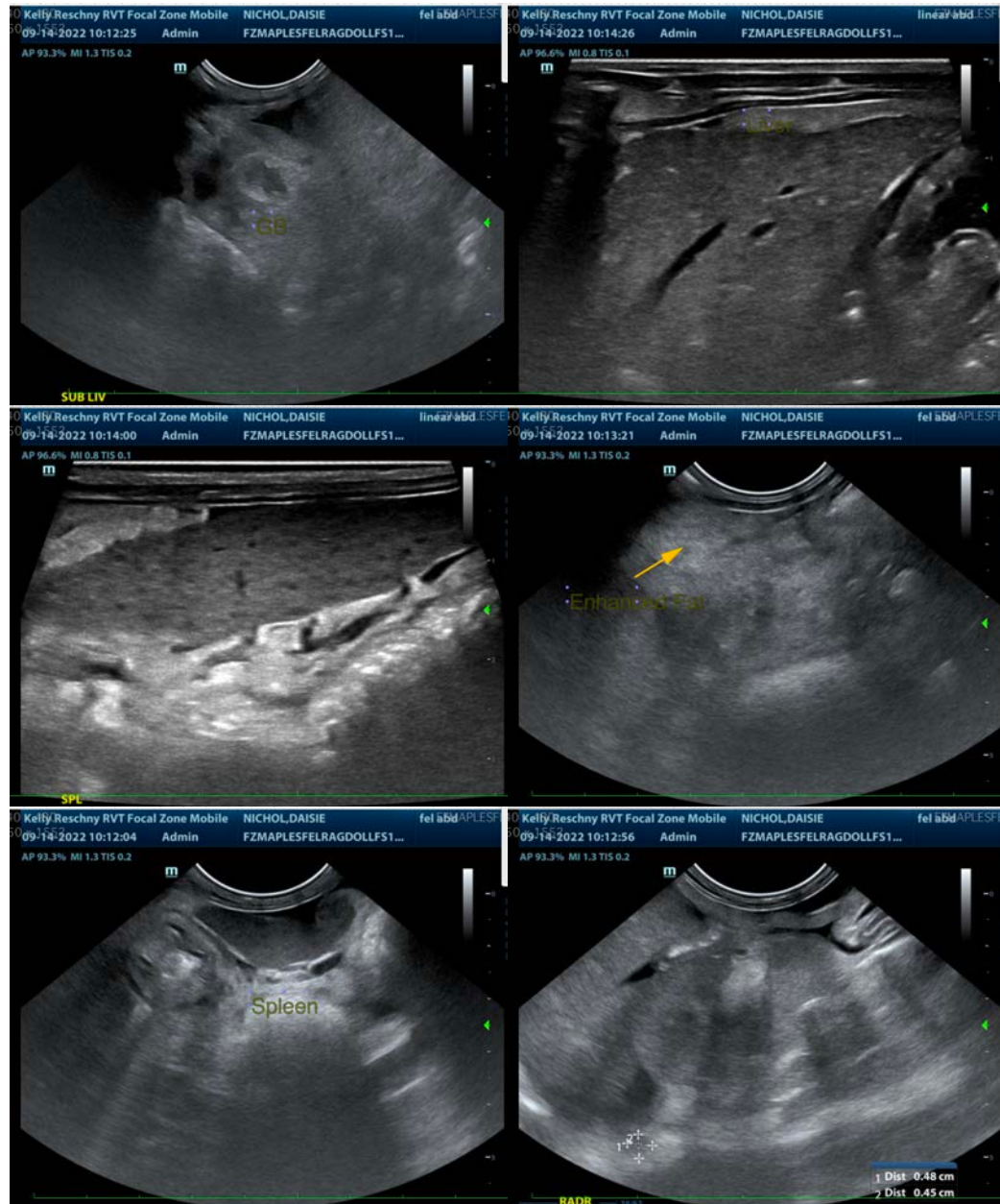
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**PATIENT**

Daisie Nichol

**SPECIES**

Feline

**BREED**

Ragdoll

**SEX**

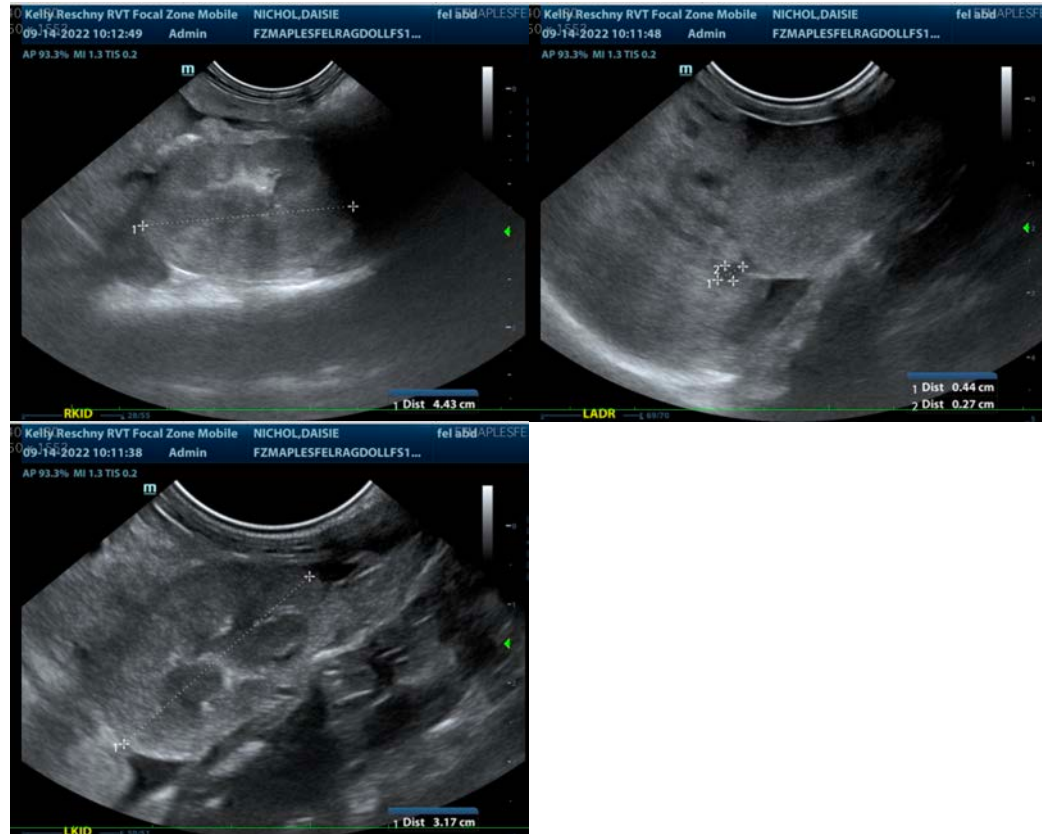
Spayed Female

**AGE**

17 Years

**WEIGHT**

8.66 kg



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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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