

PATIENT

Rocky Starbecker

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

8.5 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

New Bridge VP

REFERRING VET

Dr. Abina Glennon

INVOICE

17383

DATE

9/20/22

PRESENTING CLINICAL SIGNS

History: Patient presents for elevated liver enzymes and icteric. Was previously on methimazole for hyperthyroid, started to vomit and became anorexic. Lost 5lbs in 2 weeks. Patient is in-hosp on IVFs, had Baytril and Unasyn. Started eating.

Abnormal PE/Chem/CBC/UA Results: ALT >1000, T4 10.4

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 (4.3 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 (4.38 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 (0.38 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.36 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 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.

The gallbladder is mildly overdistended with anechoic bile, as well as suspended echogenic debris. The wall is mildly thick, measuring 0.3 cm thick with an irregular hyperechoic appearance. The cystic bile duct contains a similar appearing thick hyperechoic irregular wall and is tortuous and dilated. There is a scant amount of anechoic free fluid and enhanced hyperechoic fat around the neck of the gallbladder and the cystic bile duct.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic fluid. No evidence of obstruction or infiltrative disease.



PATIENT	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.
Rocky Starbecker	
SPECIES	The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.
Feline	Pancreas
BREED	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.
DSH	Free Abdomen
SEX	Lymphadenopathy is noted in the area of the gallbladder, either hepatic or pancreaticoduodenal nodes are mildly enlarged and hypoechoic. A scant amount of anechoic free fluid is noted around the gallbladder.
Neutered Male	
AGE	ULTRASONOGRAPHIC FINDINGS
10 Years	<ul style="list-style-type: none"> The described gallbladder changes are most consistent with cholangitis, possibly cholangiohepatitis involving the gallbladder and the cystic duct, however, given the appearance of the thick irregular cystic duct walls, infiltrative biliary neoplasia cannot be definitively ruled out. Chronic active pancreatitis and/or potentially resolving acute pancreatitis is suspected.
WEIGHT	
8.5 Pounds	
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Beth Johnson, DVM DACVIM	The ultrasound findings described above are most consistent with cholangitis and pancreatitis, as is seen with "triaditis" in cats. Infiltrative biliary neoplasia cannot be definitively ruled out, however, recommendations include continued medical management of cholangitis, given the patients reported already improvement, with continued fluid therapy antiemetics, broad spectrum antibiotics, hepatic nutraceuticals, and nutritional support, etc. If laboratory changes do not improve, and /or ultrasound changes do not improve and/or progress, then further evaluation of the described thick irregular cystic duct wall will be warranted at that time via advanced imaging, such as a CT scan, exploratory laparotomy, etc., to be determined based on status at that time.
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Kelly Vazquez	
HOSPITAL NAME	Additionally, while uncommon, an idiosyncratic reaction to methimazole cannot be ruled out as a cause for this patients acute liver enzyme increase. Therefore, if the timing of the methimazole treatment and this patients clinical illness is suggestive of an idiosyncratic reaction to methimazole, discontinuation, as is already reportedly in place, should be continued. Upon clinical and laboratory resolution, methimazole could be restarted at a lower dose with very close monitoring or an alternative therapy, such as YD diet or i131 treatment could be considered instead. Recommendations to reevaluate the cystic duct include recheck ultrasound in 4-6 weeks if patient is doing well, lab values are improving and clinical status has improved, etc., or sooner if not.
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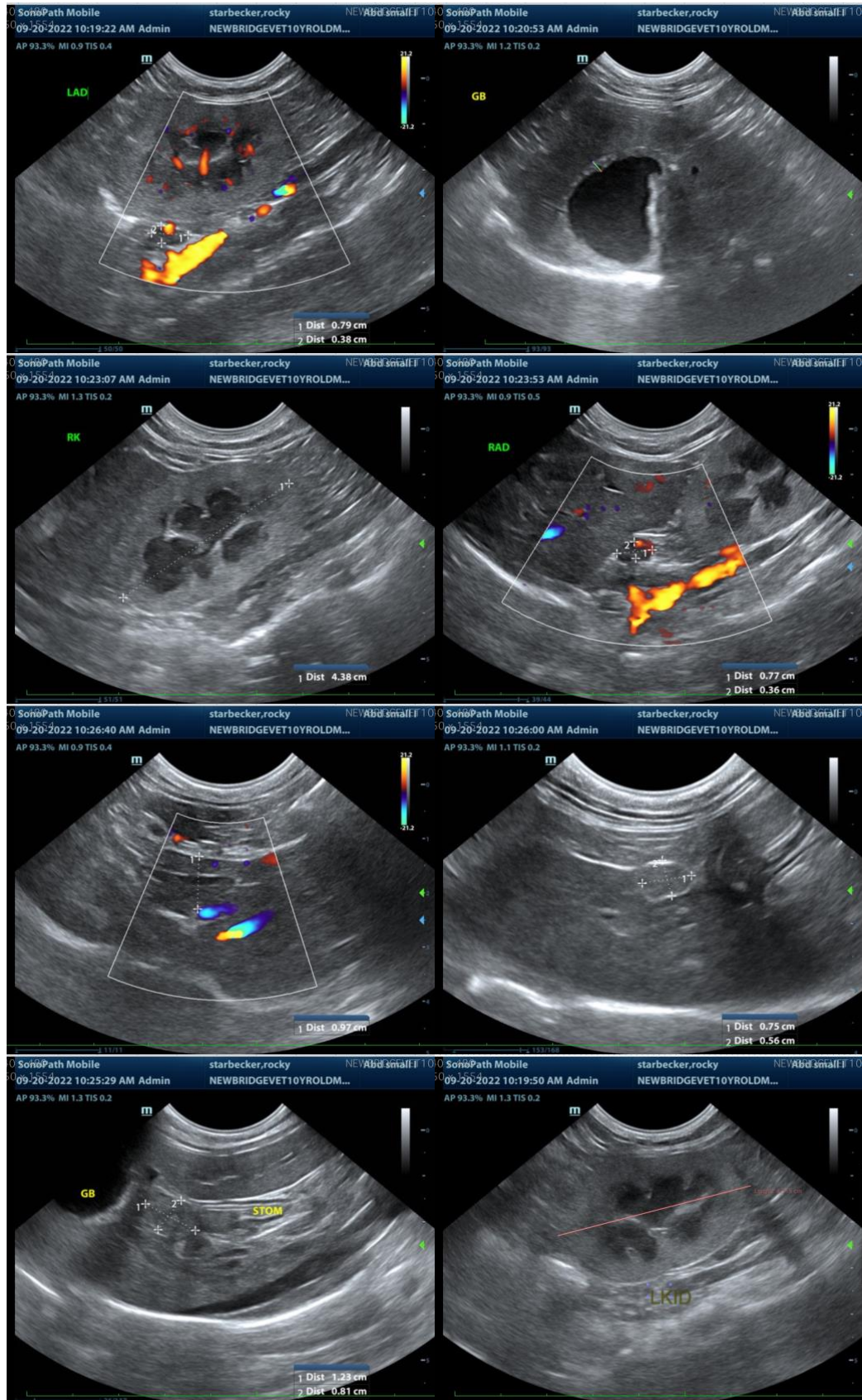
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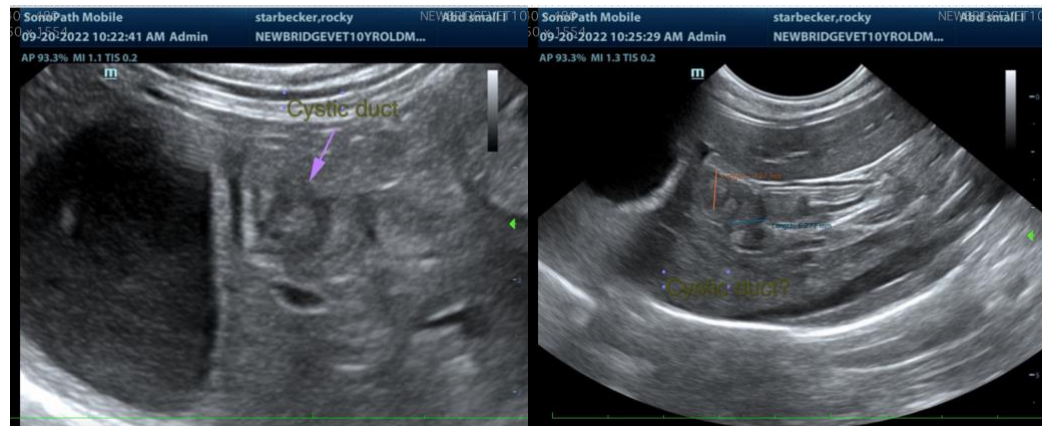
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth.Johnson@SonoPath.com