**DATE**

9/7/21

**PRESENTING CLINICAL SIGNS**

History: Presenting Complaint: Constipation, not eating.

09-03-2021 Notes: Cat and 2 others most likely from same household were dropped off at shelter outside in carriers about 4-6 weeks ago. One of the other cats ("Beau") came down with a viral infection soon after that; was febrile and had oral ulcerations; treated w/SQ fluids for multiple days, Onsior, Gabapentin, Famciclovir; he recovered. Beatrix has been hiding since coming into shelter; for past couple weeks hasn't been eating well and seemed depressed. For past 4 days has not defecated and not sure if she's eaten. Fever has resolved, no URI- but persistent elevation of the liver values- has worsened in the last 24 hours; starting to develop icteric coloration of the skin. Still not eating.

**PATIENT**

Beatrix Chesapeake  
Feline Association

**SPECIES**

Feline

**BREED**

Domestic Shorthair

Current Medications: Doxycycline, Metronidazole, Denamarin, Gabapentin, Maropitant, Omeprazole.

Lab Results: Attached separately.

Radiographs: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

Stat Report: not requested

**SEX**

Spayed Female

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

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

**AGE**

9/3/18

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The left kidney revealed slight pyelectasia measuring 0.29 cm. The left kidney measured 4.19 cm. The right kidney measured 4.5 cm with slight pyelectasia.

**WEIGHT**

9.1 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

**HOSPITAL NAME**

Animal Emergency  
Hospital

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**REFERRING VET**

Dr. Martinolli

**INVOICE**

91707

**Liver**

The **liver** parenchyma was enlarged and uniformly hyperechoic to falciform fat without disruption of architecture. No masses were noted. The gallbladder and common bile duct were unremarkable. This presentation is most consistent with hepatic lipidosis with the minor potential for underlying lymphoma or inflammatory hepatopathy. There is no evidence of post hepatic obstruction. The potential for these latter pathologies would be based on hepatic enzyme elevations and clinical profile. A 25-gauge US-guided FNA is warranted if any elevation in SAP or bilirubin is present or if anorexia is present to assess cytological disease (lipidosis or round cell neoplasia). Biopsy is warranted if an elevation in ALT is present to assess

hepatic portal infrastructure yet should be done with caution owing to parenchymal fragility in these presentations.

### **Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### **Pancreas**

The **pancreas** revealed undulating, hypoechoic parenchymal changes compared to the falciform fat.

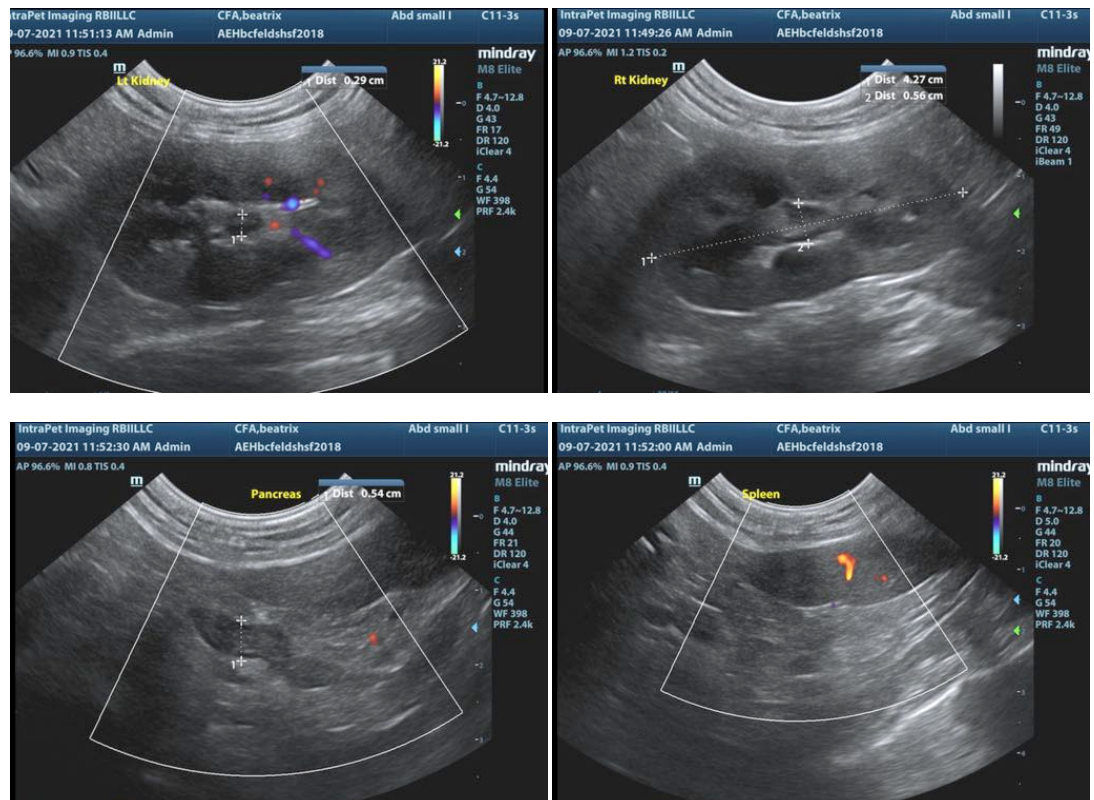
## **ULTRASONOGRAPHIC FINDINGS**

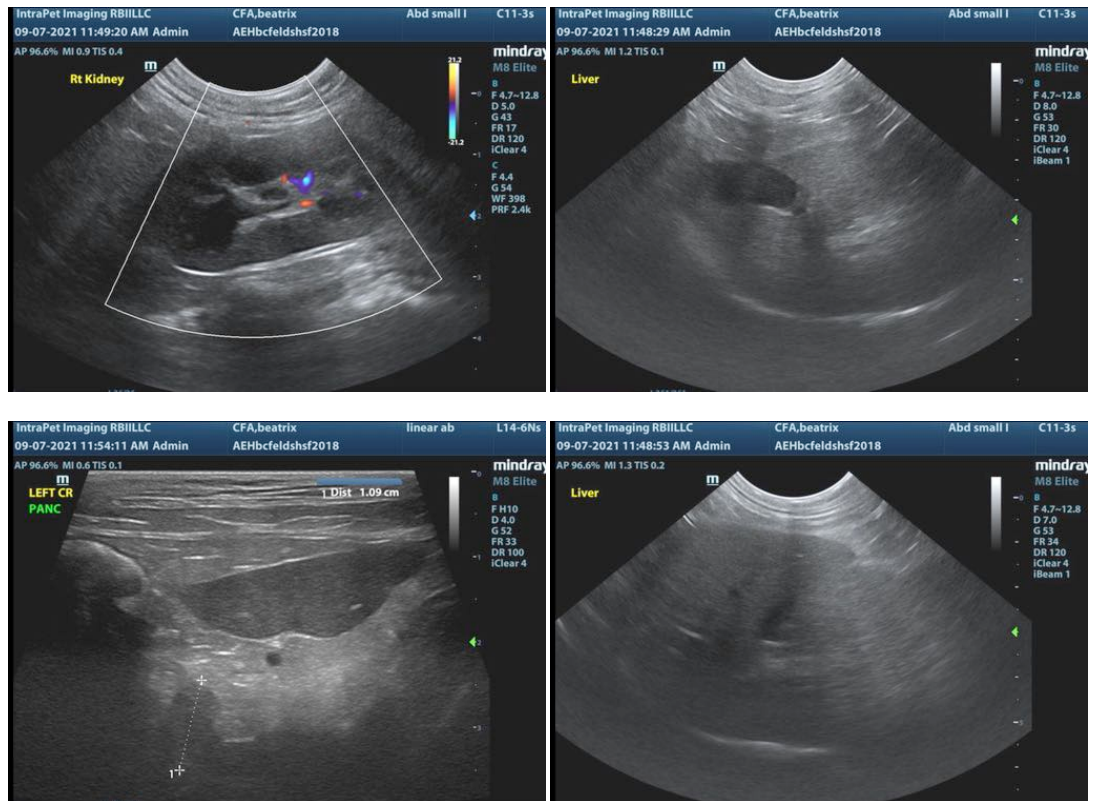
Pancreatitis.

Cholangiohepatitis, lipidosis type presentation.

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

Ultrasound-guided FNA of the liver is warranted to ensure that an underlying lymphoma is not emerging. The pattern is suggestive of lipidosis. This may be secondary to an underlying pancreatitis. Lipidosis type protocol is warranted. Broad spectrum antibiotics, pain management and fluid support are all recommended. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected.





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.

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
 Eric.Lindquist@SonoPath.com