



PATIENT

Gracie Wolfe

PRESENTING CLINICAL SIGNS

History: P not eating, picky with food. Prev. AUS report attached. Current meds: Probiotic daily, Miralax 1/8 tsp bid, O d/c Denamarin and Metronidazole 9/2.
Abnormal PE/Chem/CBC/UA Results: ALT 528

SPECIES

Feline

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.

BREED

Domestic Shorthair

SEX

Spayed female

AGE

7 years

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.44 cm. The left kidney measured 3.15 cm.

WEIGHT

8.1 lbs

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. The right adrenal gland measured 0.3 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

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.

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Hallihan

Liver

The **liver** revealed slight coarse architecture with mildly increased portal markings. The hepatic size and architecture was otherwise unremarkable. Vasacular volume was normal. The gallbladder and common bile duct were unremarkable.

INVOICE

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Gastrointestinal

DATE

9/6/22

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

The **pancreas** was slightly hypoechoic in the left limb and measured 0.73 cm.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable liver, likely reactive hepatopathy/non-specific inflammatory hepatopathy.

SEX

Spayed female

Minor, heterogenous left pancreatic limb.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

7 years

Ultrasound-guided FNA was performed without complication. I recommend examination of inflammatory cell type in this patient with baseline cytology.

WEIGHT

8.1 lbs

The hepatic clinical sonographic presentation is most consistent with Reactive Hepatopathy which is the most common cause of liver enzyme elevation in dogs and cats. The presumption is that gut and other organ antigen stimuli may be causing a low-grade immune response through portal system with which the liver is reacting to causing low-grade enzyme elevations. US-guided FNA could be performed to assess if low grade lymphoplasmacytic inflammation is present that would support this theory. If FNA is performed, please ask the cytologist to emphasize the primary inflammatory cell type. Empirical treatment measures to address this issue can include diet change to hydrolyzed diet, probiotics, deworming, nutraceuticals (SAME, Actigall...), dental exam and cleaning, and potentially antibiotics such as Clavamox. Metronidazole and Tylosin have traditionally been utilized for this purpose but new studies show that both these antibiotics can disrupt the normal intestinal bacterial flora (intestinal dysbiosis) for weeks and up to 4-6 months. Therefore, Metronidazole and Tylosin should be utilized as a last resort if other efforts have not been effective and sonographic organ appearance remains benign.

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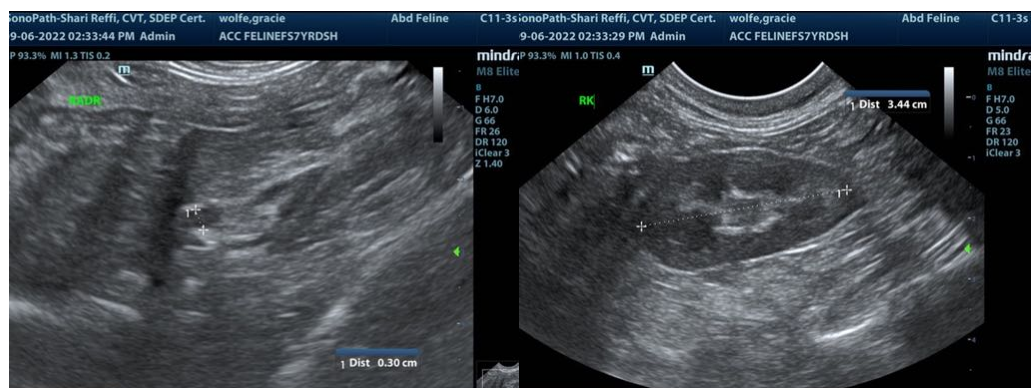
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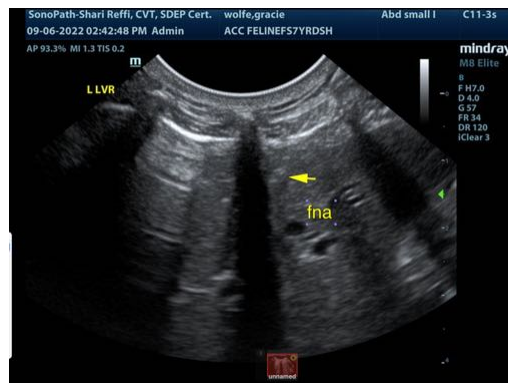
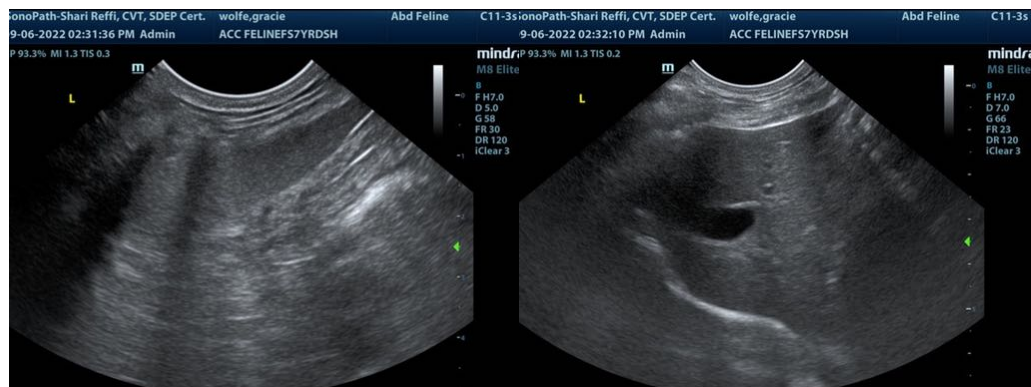
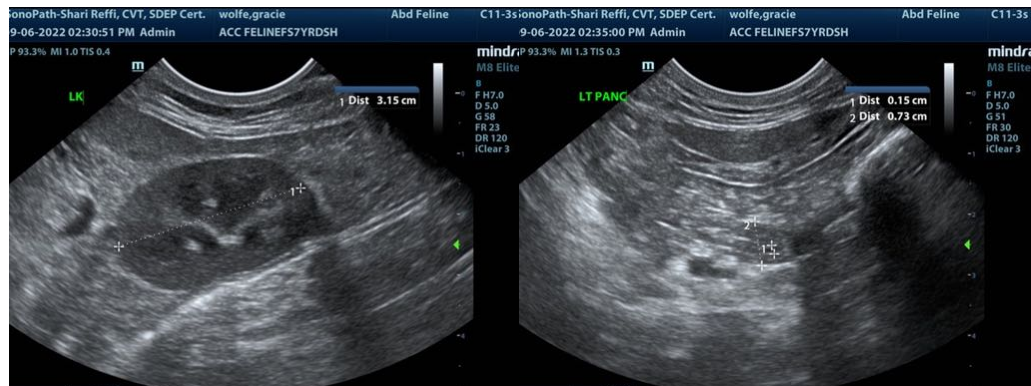
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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