



PATIENT

Isabelle Torinus

SPECIES

Feline

BREED

Siamese

SEX

Spayed female

AGE

16 years

WEIGHT

6.59 lbs

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

M Kermendy CVT

HOSPITAL NAME

Wauwautosa VC

REFERRING VET

Dr. Binor

INVOICE

42862

DATE

2/16/23

PRESENTING CLINICAL SIGNS

History: History of elevated liver enzymes that have been progressing over the last six months. also has a history of recent UTI--urine culture is pending. Concern for structural liver disease such as neoplasia/cyst, etc. No response to milk thistle and antibiotic treatment. Cannot rule out hepatitis or neoplasia. Imaging to check for cause of significantly elevated liver enzymes.

Abnormal PE/Chem/CBC/UA Results: ALT = 812 (12-130) AlkPhos = 191 (14-111) GGT = 5 (0-4) BUN = 59 (16-36) The rest of the CBC/Chem is WNL, T4 was WNL January of 2023

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is moderately distended with anechoic urine and there is a moderate amount of suspended, echogenic debris within the lumen that could be consistent with lipid.

The left kidney is at the smaller side in size with normal shape and architecture with smooth peripheral margins and measures 3.18 cm. There is moderately decreased corticomedullary distinction and normal echogenicity. There is a mild amount of pyelectasia measuring 0.13 cm. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is at the smaller side in size with normal shape and architecture with smooth peripheral margins and measures 3.33 cm. There is moderately decreased corticomedullary distinction and normal echogenicity. There is a mild amount of pyelectasia 0.16 cm. There is no evidence of nephroliths infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size at 0.45 cm. The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size at 0.47 cm. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

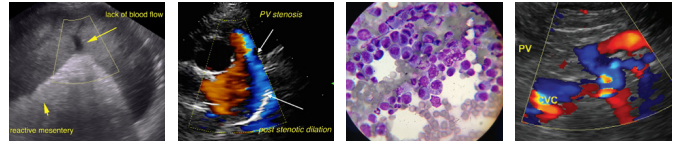
Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis. The spleen measured 0.8 cm.

Liver

The liver is normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears coarse with normal portal markings. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder had a large amount of anechoic bile, yet was otherwise normal.



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Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

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The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

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The section of colon is visualized with formed fecal material and gas shadowing distally.

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Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

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Peritoneum

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

Coarse echotexture to the liver.

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Secondary Findings

Chronic kidney disease with pyelectasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The provided radiographs were evaluated and there were no significant abnormalities seen. There are no masses or other obvious structural changes to the liver and the pancreas was also normal. Causes of increased liver enzymes in a cat include inflammatory hepatitis, bacterial hepatitis or infiltrative disease such as Toxoplasmosis, FIP or neoplasia (e.g. small, intermediate or large cell lymphoma or mast cell tumor). Copper storage disease is also becoming more recognized in cats, but typically they are younger. Consider bile acids testing, coagulation testing and FNA of the liver. Liver biopsy will likely be necessary to get a definitive diagnosis.

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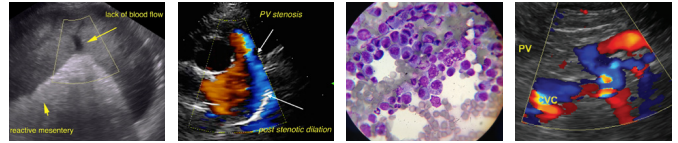
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The kidneys measure small and there is evidence of moderate, chronic renal degeneration. The pyelectasia may be from polydipsia associated with chronic renal disease or with pyelonephritis; however, there are no other changes to suggest pyelonephritis on the ultrasound.

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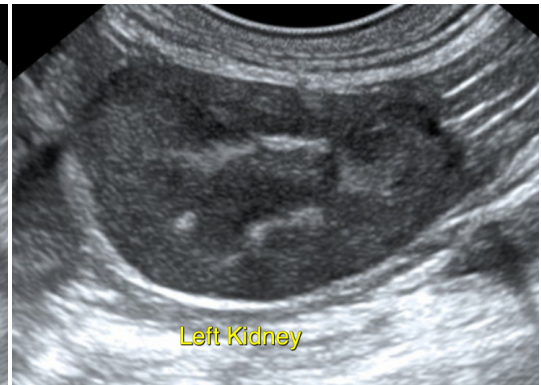
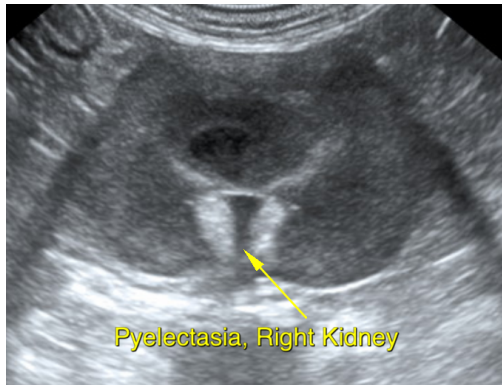
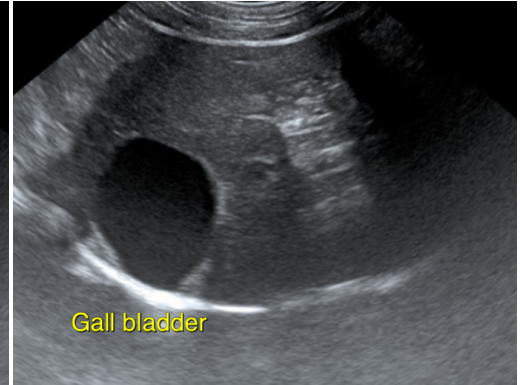
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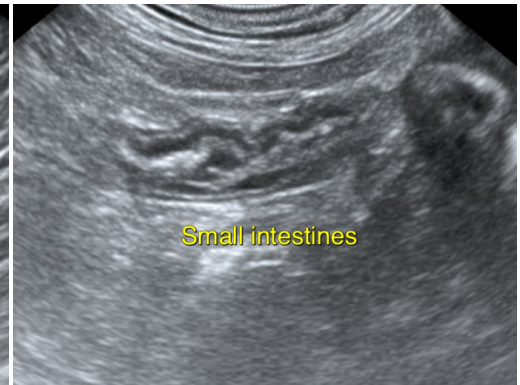
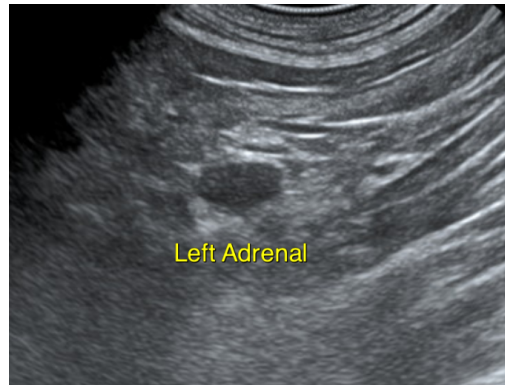
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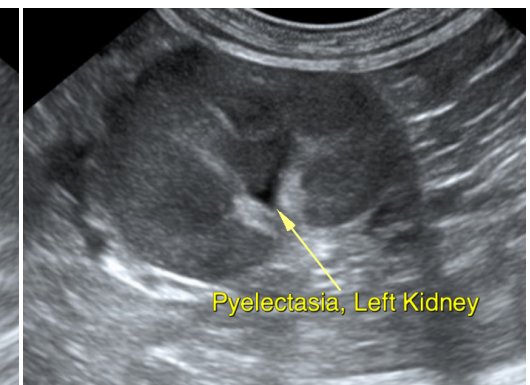
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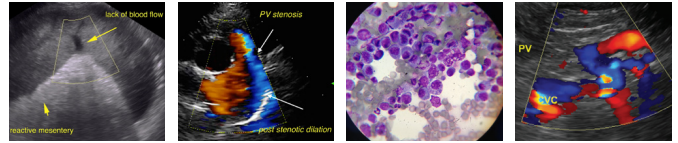
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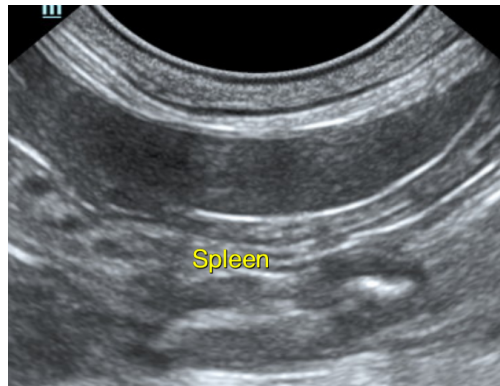
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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