



PATIENT

Shady Gambino

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 years

WEIGHT

9.2 lbs

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Dr. Shannon Matthies

HOSPITAL NAME

Saugerties Animal
Hospital

REFERRING VET

Dr. Crystal Winkler

INVOICE

11029

DATE

1/5/2025

PRESENTING CLINICAL SIGNS

Currently hospitalized for recurrent vomiting and diarrhea, marked ALT elevation and neutropenia after being treated for pancreatitis 2 weeks ago.

Abnormal PE/Chem/CBC/UA Results: PE - WNL CBC/Chem - marked ALT elevation (2641), neutropenia (1.63), elevated pancreatic lipase.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. Left kidney measures 3.8 cm, and the right kidney 3.6 cm.

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 acceptable. Left adrenal measures 0.81 cm x 0.47 cm. Right adrenal measures 0.71 cm x 0.22 cm.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS



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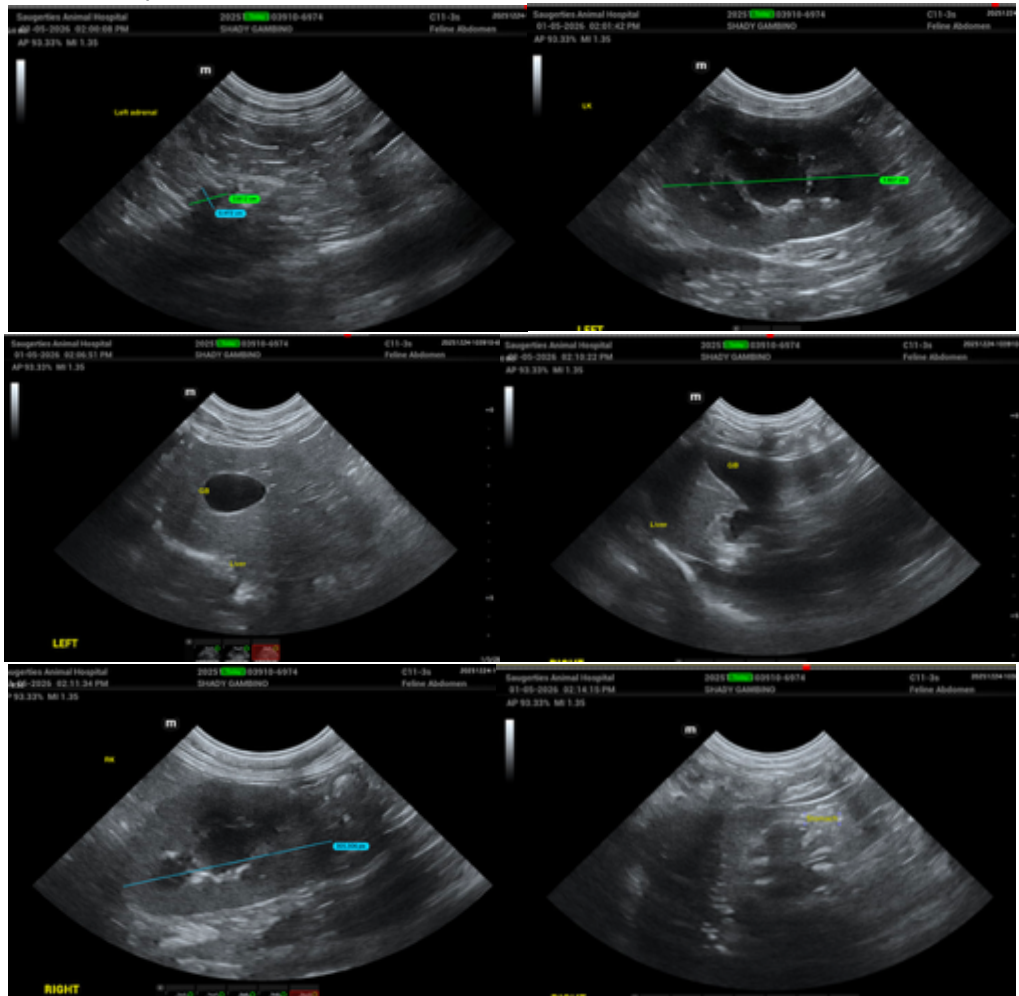
DATE

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- Normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have a normal appearing abdomen with no evidence of enlarged lymph nodes or discrete masses within the images provided. There was no evidence of free abdominal effusion present. Since this patient does have a dramatically elevated ALT on bloodwork, it is recommended to consider performing a PT and PTT to ensure that the clotting function is normal and then perform a fine needle aspirate for hepatic cytology. This will help to better determine or characterize if there's underlying reactive hepatopathy versus inflammatory hepatitis or infiltrative neoplasia. It is felt that infiltrative neoplasia is less likely since there's no evidence of discrete masses or enlarged lymph nodes present. This patient should continue to receive generalized supportive care for abnormal clinical signs such as IV fluids, appetite stimulants, cerenia, and nutritional support. The liver enzymes should be carefully monitored for evidence of change and generalized liver support with denamarin can be provided.



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.



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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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com