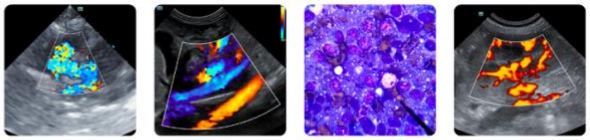

PATIENT

Mittens Simm

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

7 lbs

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Arthur Newman, DVM

INVOICE

16303

DATE

06/03/26

PRESENTING CLINICAL SIGNS

Significant liver enzyme elevation and azotemia. Started Clavamox and scheduled AUS

Abnormal PE/Chem/CBC/UA Results: ALT 326 ALP 168 WBC 43k, Neuts 27k

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urine in the **urinary bladder** presented with an anechoic background but contained a moderate amount of hypoechoic cells suspended within the urine.

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 or dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney measured 3.81 cm length. The right kidney measured 3.48 cm length.

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. The left adrenal gland measured 0.64 cm x .23 cm. The right adrenal gland measured 0.67 cm x 0.43 cm.

Spleen

The **spleen** generally had a homogeneous echogenicity. However, there was a single hypoechoic nodule in the main body of the spleen, measuring 0.38 cm x 0.4 cm in size.

Liver

The **liver** parenchyma was homogeneous echogenicity. However, there were multiple abnormal structures noted, including a discrete, round, fluid-filled structure in the right lateral aspect of the liver. The structure had a thick capsule and contained anechoic fluid with a moderate amount of suspended hyperechoic debris within the central aspect. This structure measured 2.23 cm x 1.68 cm in size. There was also a cystic nodule within the right mid-aspect of the liver, which was color flow negative. This nodule measured 1.52 cm x 1.57 cm in size. There were many images provided of a very large fluid-filled structure with a hyperechoic debris-filled fluid. It was determined this is most likely a very large gallbladder. However, the common bile duct was not able to be traced from its origin to the level of destination at the duodenum in the images provided.

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. There are multiple enlarged hypoechoic lymph nodes present within the abdomen. The largest was measured to be 2.85 cm x 0.53 cm in size. There was no evidence of free abdominal effusion present.

Pancreas

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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

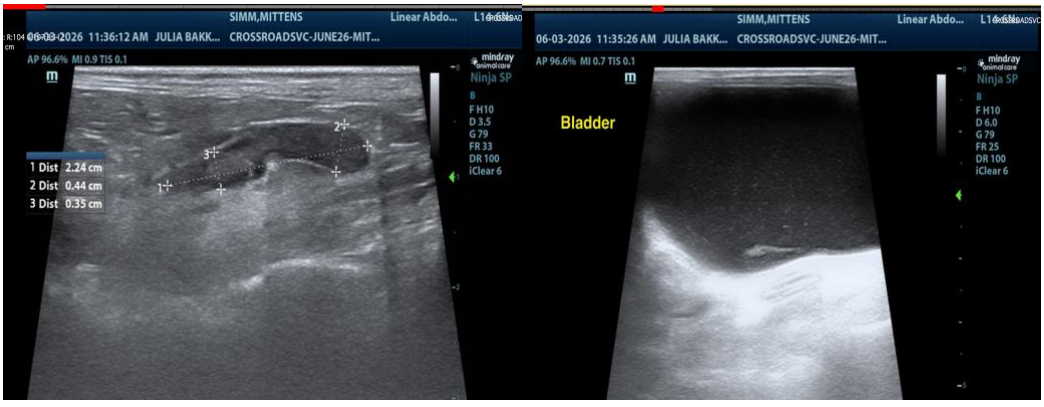
- Color flow negative cystic nodule within the liver.
- Fluid filled structure with a discrete capsule likely representing a hepatic abscess.
- Large fluid filled gallbladder.
- Enlarged mesenteric lymph nodes.
- Hypoechoic splenic nodule.
- Cellular material suspended within the urine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is concern that this patient has multiple abnormalities within the liver, which are the likely underlying cause of the elevated white blood cell count, neutrophilia, icterus, and elevated liver values. Based upon the concern for the presence of a hepatic abscess, it is recommended to consider an exploratory surgery in order to remove the abscess and evaluate this patient for evidence of a common bile duct obstruction and secondarily, dramatically enlarged gallbladder.

If a surgical approach is declined in this patient, an abdominal CT scan should be considered in order to obtain additional imaging information in regards to the pathology. More conservative approach would be to perform a cholecentesis to remove the abnormal bile from the dilated gallbladder, which will also allow culture/sensitivity information to be obtained.

The hepatic abscess can also be drained in order to have a cytologic diagnosis. Under this procedure, antibiotics can also be injected into the abscess using an IV dosage of Baytril. Supportive care, such as IV fluids, Cerenia and Entyce, as well as four quadrant antibiotics, should also be provided.



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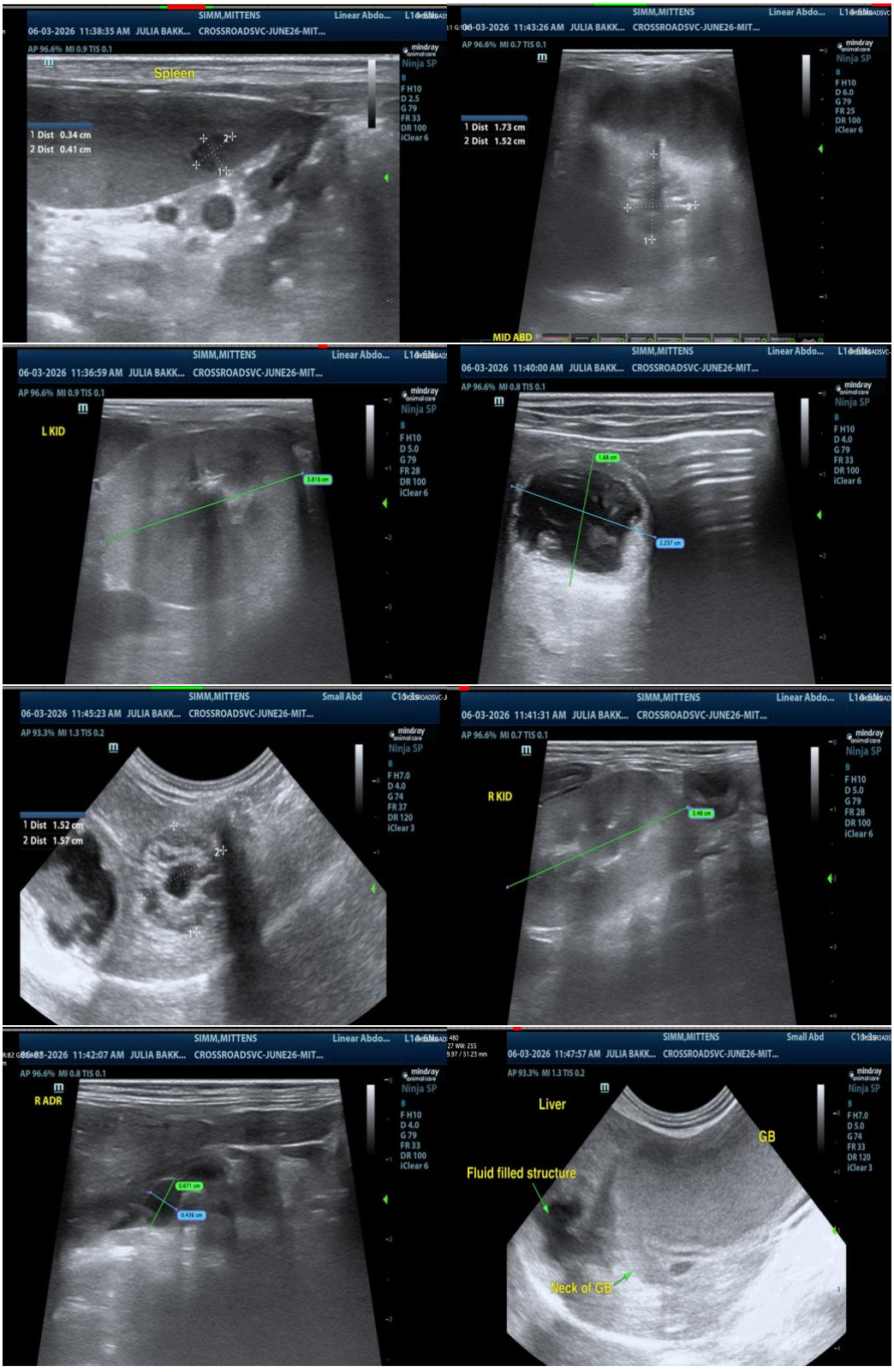

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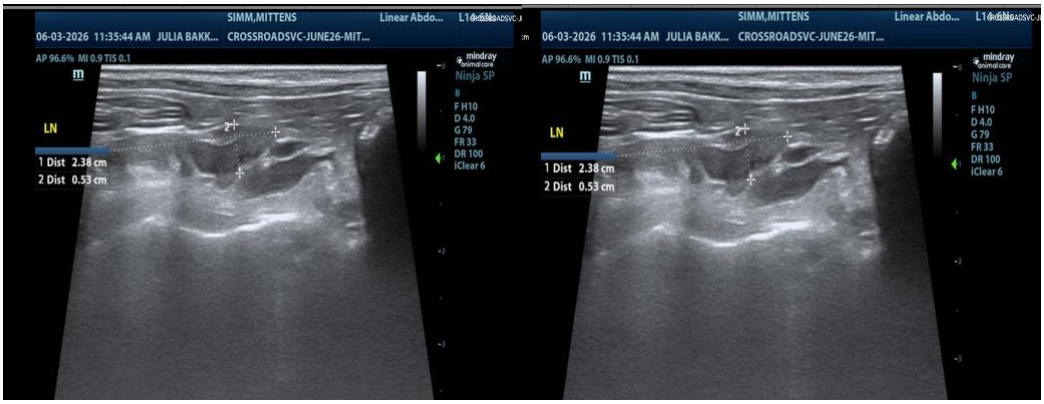

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com