



PATIENT

Rosie LaRoche

PRESENTING CLINICAL SIGNS

Elevated liver values noted 1/4/23 with referring DVM, unintentional weight loss

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: BUN decreased 11, ALT 207, AST 180, ALKP 359, normal GGT 3, tbili 1.1; UA: USPG 1.028, pH 6.5, bilirubin 1+, occasional granular casts, bilirubin 2+ crystals reported.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

AGE

9 Years

The left kidney has a normal shape and size (3.63 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

N/A

The right kidney has a normal shape and size (3.83 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is normal in size measuring 0.32 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

IMAGING PERFORMED BY

Diane McFadden

The right adrenal gland is normal in size measuring 0.43 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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Spleen

The spleen is subjectively normal in size (0.72 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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Liver

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The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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1/12/23

The gallbladder lumen is moderately distended. The wall of the gall bladder is mildly prominent (0.14 cm). Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.36cm with some variability due to the



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presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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Feline

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.29 cm. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

SEX

Spayed Female

Pancreas

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

AGE

9 Years

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes, particularly in the region of the ileocecal junction. One of these lymph nodes measures 0.37 cm. The omentum is generally of normal echogenicity.

WEIGHT

N/A

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ULTRASONOGRAPHIC FINDINGS

- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Subjectively prominent gallbladder wall – This could be within normal limits for this individual or could be seen with mild cholecystitis.
- Prominent lymph nodes near the ileocecal junction – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

IMAGING PERFORMED BY

Diane McFadden

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver to explain the liver enzyme elevations reported. The gallbladder wall may be very slightly prominent, but this could also be normal for this individual. These are my recommendations for further evaluation of elevated liver enzymes in a cat with no focal lesions.

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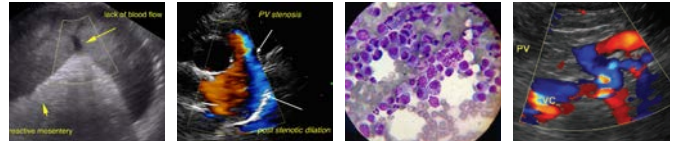
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- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc..
- Recommend thyroid evaluation (if not already done)
- If not already done consider pre and post prandial bile acids to evaluate liver function (this may not need to be done if the bilirubin is persistently elevated)
- Consider screening for toxoplasmosis



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- Consider fine needle aspirate if round cell neoplasia is on your differential list (25 g needle, normal coags)

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- If cytology is not helpful and there is no response to therapy, consider liver biopsy with samples obtained for histopathology and culture.

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- If triaditis is suspected (chronic GI signs, concurrent pancreatic changes on US) consider therapy for cholangiohepatitis (fluids, ursodiol, probiotics, +/- steroids/antibiotics), testing for pancreatitis and evaluation for IBD (GI panel to Texas A&M GI lab)

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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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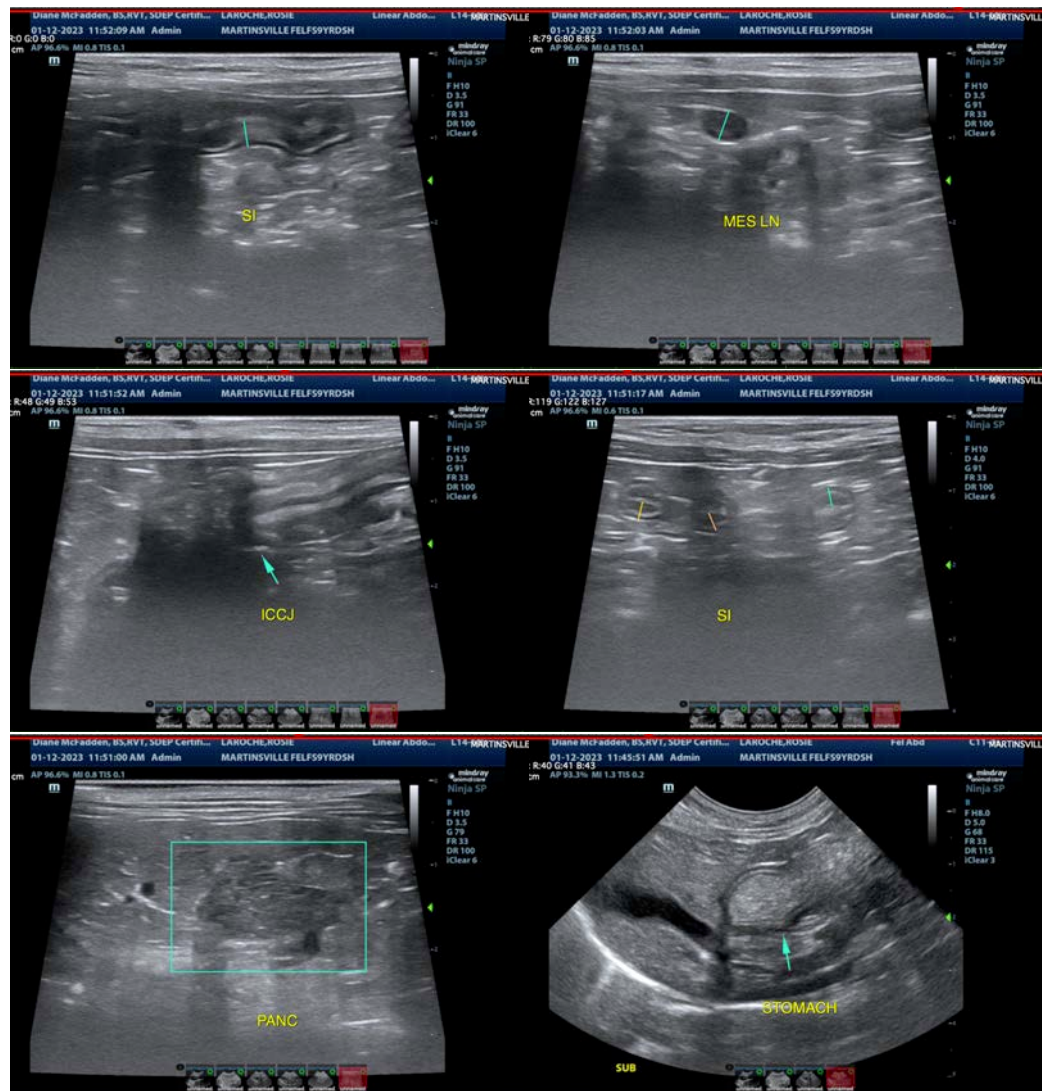
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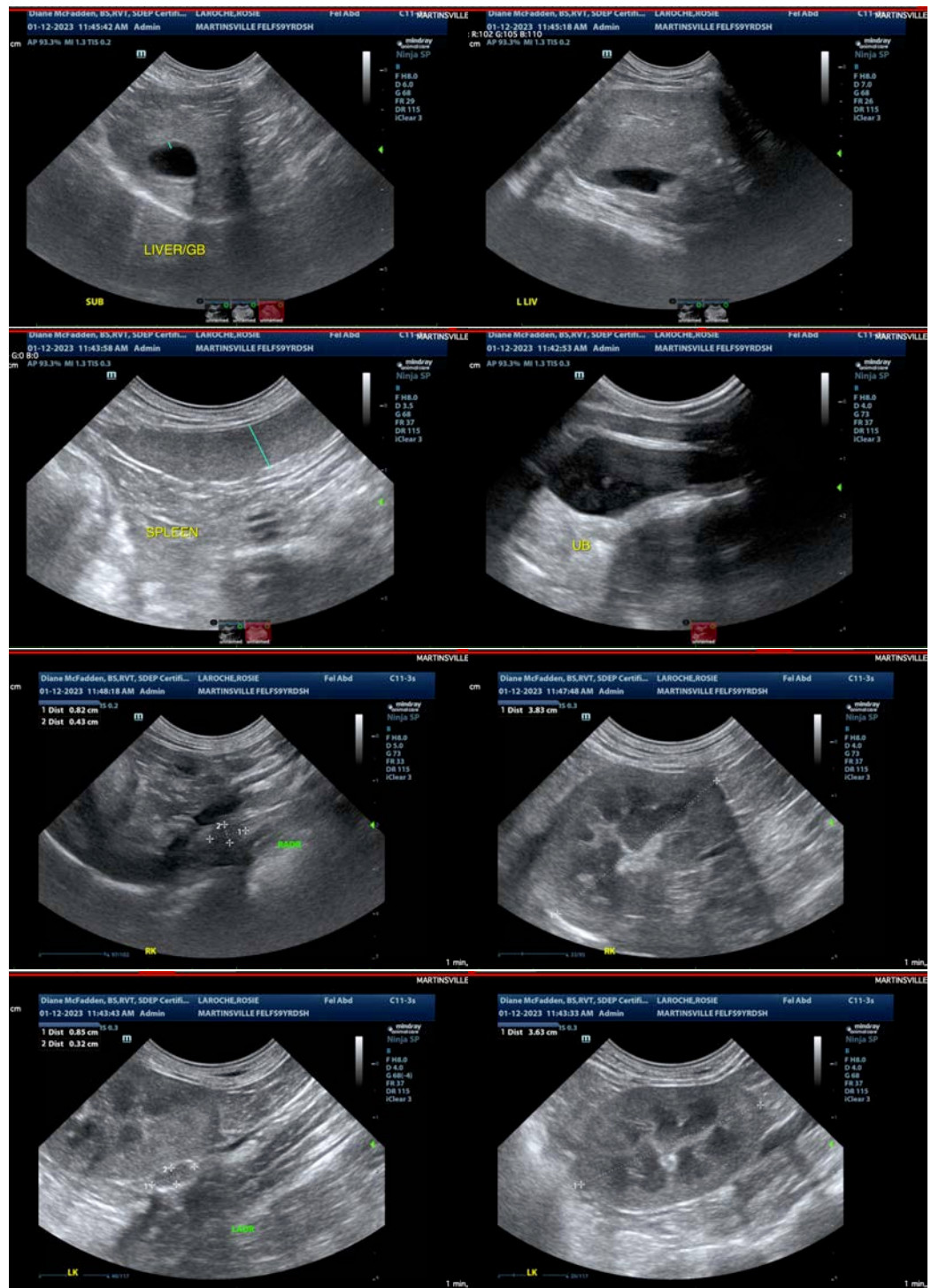
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

BREED

DSH

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

SEX

Spayed Female

kathleen.sennello@sonopath.com

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