

**DATE**

10/22/21

PRESENTING CLINICAL SIGNS

History: Eating very little food past 6 days. Moved to new home 2 weeks ago. PE findings-obese, formed firm stool in rectum. Exam otherwise normal.

Current Medications: Convenia 8mg/kg (10/20), Vit B-12 inj 0.5 ml (10/20), Elura 0.8 ml PO daily since 10/19.

Lab Results: Very elevated ALT (886), AST 541, AlkPhos 227, mild tbil elevation (1.1), decreased BUN 10. Normal T4 2.2. Felv-FIV (-). Urine to be collected today.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

PATIENT

Winslow Scherer

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8/12/19

WEIGHT

19 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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.

The left kidney has a normal shape and size (4.45 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.21 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

HOSPITAL NAME

Timonium AH

Spleen

The spleen is borderline enlarged in size at 1.01 cm (normal is <1.0 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.

REFERRING VET

Dr. Kauder

Liver

The liver is subjectively large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

INVOICE

92578

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

Pancreas

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.

Free Abdomen

A scant anechoic free fluid was seen around the liver lobes. No lymphadenopathy is noted and the omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

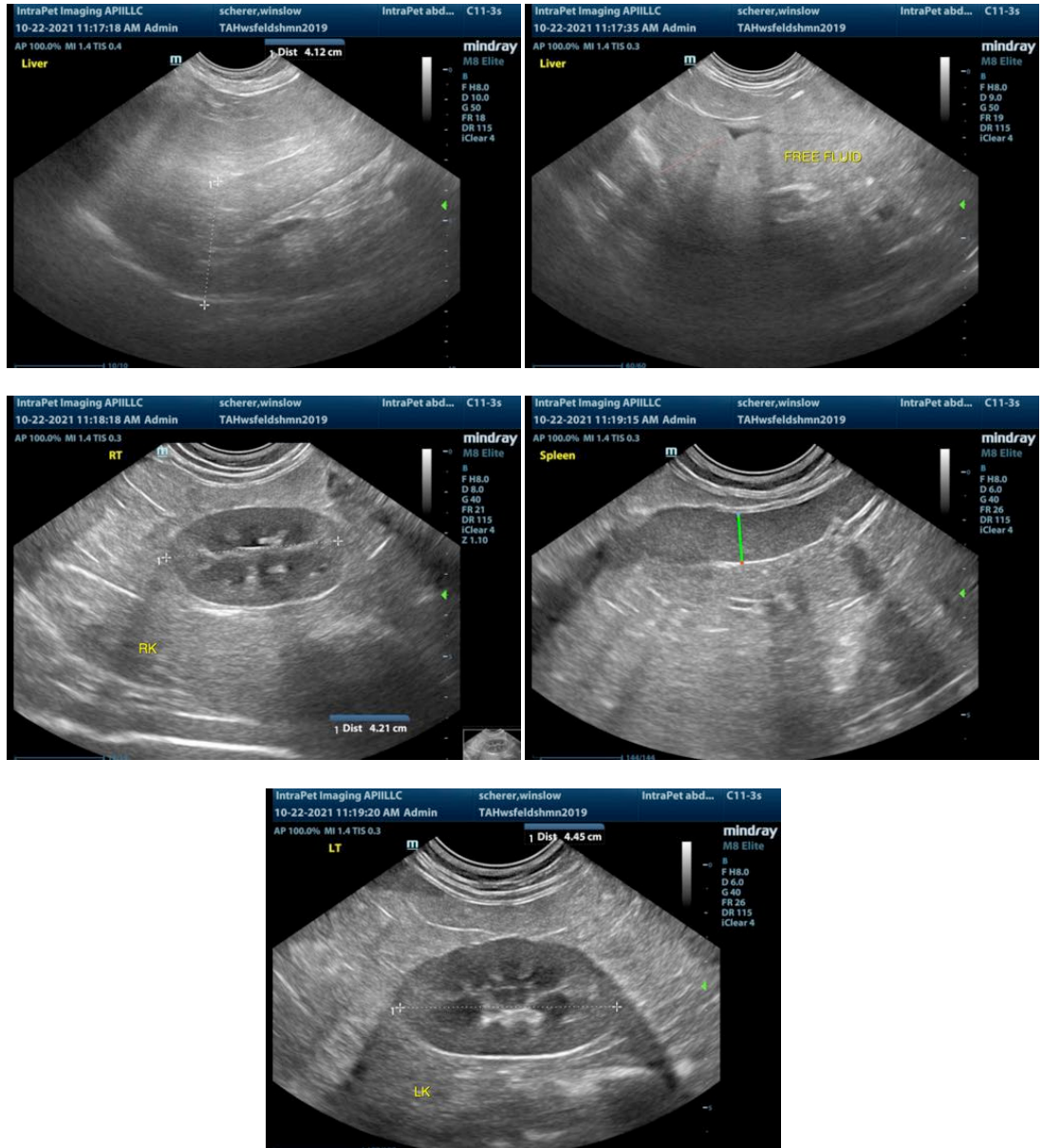
- Large hyperechoic liver. Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Trace abdominal free fluid.

SECONDARY FINDINGS:

- Borderline enlarged spleen. This could be consistent with infiltrative disease, but is also likely normal for this larger cat.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is bright, large and almost the same echogenicity as the surrounding omental fat. This is concerning for possible lipidosis, less likely but possible would be round cell neoplasia. Consider a FNA (providing coagulation parameters are normal) of the liver and feeding tube placement (per history already done). If the patient continues to deteriorate despite supplemental feedings and supplemental care then consider a liver biopsy, three view thoracic radiographs and possible placement of a long term feeding tube if necessary. After the



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
 kathleen.sennello@sonopath.com