

## PATIENT

Lanabug McCoy

## PRESENTING CLINICAL SIGNS

## SPECIES

attacked by a dog 2/7/2022- cat needs enucleation- sx postponed to examine liver for any trauma from the attack .... elevated ALT 622.

Feline

## BREED

DLH

### 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.

## SEX

Spayed Female

The left kidney has a normal shape and size (2.7 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 hydronephrosis. Renal vasculature is normal.

## AGE

6 Years

The right kidney has a normal shape and size (3.98 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 hydronephrosis. Renal vasculature is normal.

## WEIGHT

8.9 Pounds

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.35 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.

## INTERPRETED BY

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

The right adrenal gland is normal in size measuring 0.28 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.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

### Spleen

The spleen is subjectively normal in size (0.71 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.

### Liver

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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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

### Gastrointestinal

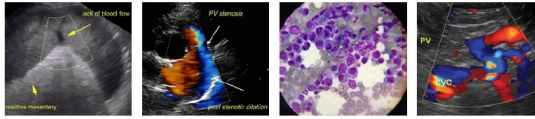
The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is

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adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

**SPECIES**

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. 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.

**BREED**

DLH

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 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.

**AGE**

6 Years

**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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**ULTRASONOGRAPHIC FINDINGS**

- No significant ultrasonographic lesions visualized.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No focal lesions were visualized within the liver to explain the elevation in ALT reported.

Possible systemic causes for liver enzyme elevations in cats would include hyperthyroidism, sepsis, toxicity (medications, etc). In this situation, hepatic trauma, hypoxia, or possibly even muscle trauma could contribute to the ALT elevation reported. ALT has a short half life in cats. If this is rechecked and has not improved significantly, then I would be more inclined to think the trauma is not related. If systemic casues seem unlikely, then consider a primary hepatopathy (infectious, inflammatory, lipidosis, neoplasia, etc. If liver enzyme elevations persist:

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- Consider pre- and post-prandial bile acids to evaluate liver function.
- Consider a fine needle aspirate of the liver.

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Additionally, as with any cases of trauma, recommend 3-view thoracic radiographs to look for any evidence of intrathoracic disease.

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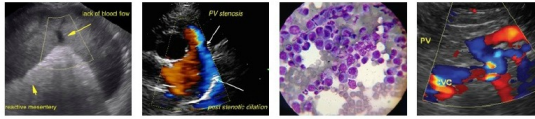
A diaphragmatic hernia was listed as a possibility in the history. Evaluation of the diaphragm with radiographs wuld likely be the most helpful indicator of this. I do not see any evidence of abdominal contents missing in the abdomen, but if concern is high, additional imaging should be performed.

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Portable Animal Western Sonography, Inc.

IMAGING PERFORMED BY  
pawsonography@gmail.com 530-786-8340

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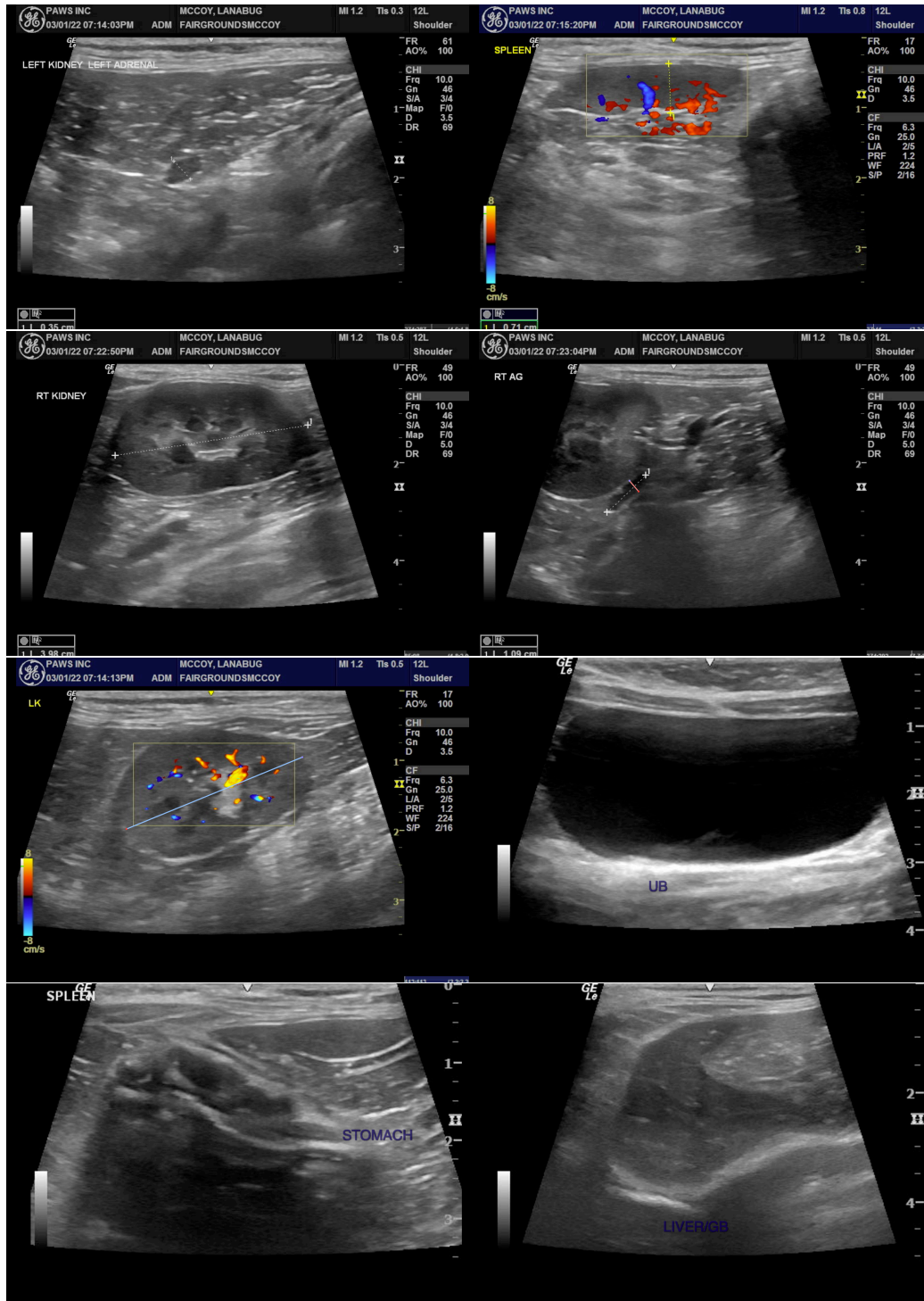
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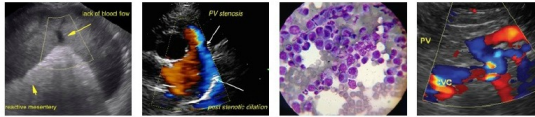
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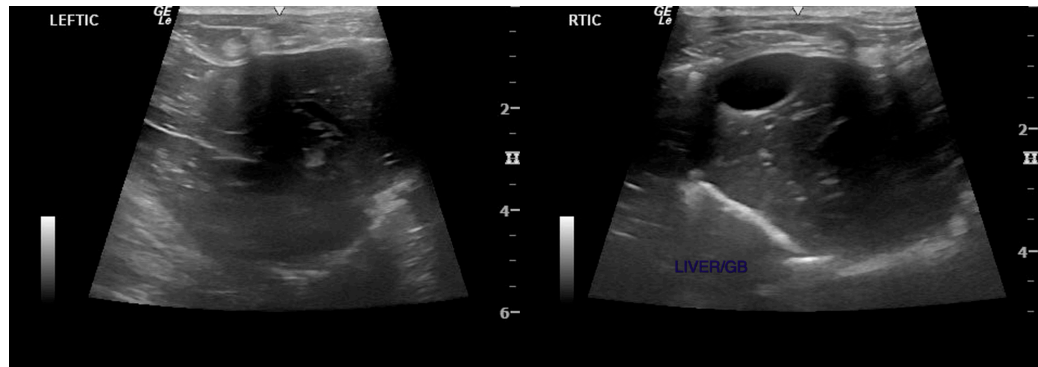
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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