PATIENT

Rosie Fisher

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

12 Years 9 Months

WEIGHT

12.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Vetco Total Care Teterboro

REFERRING VET

Dr. Rodriguez

INVOICE

73789

DATE

3/18/26

PRESENTING CLINICAL SIGNS

Hx/Dx of pemphigus foliaceas- managed with Pred 5 mg 1/4 tab q 4 days. Acute icterus jaundice and vomiting green bile. Inner pinna icteric and rostral base of pinnae icteric, E/D normal, normal activity

Meds: Prednisolone 5 mg 1/4 tab po q 4 days, Denamarin 1 tab po SID

Abnormal PE/Chem/CBC/UA Results: Dild dec. Cre (0.8), Mod ^ ALT (554) ^ AST (215)^ ALP (221) ^ GGT (10) Tbili (2.7) unconjugated bili (1.1) ^ Conjugated BIli (1.6) ^ Chol (583)

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 (3.94 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.

The right kidney has a normal shape and size (4.0 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.24 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.

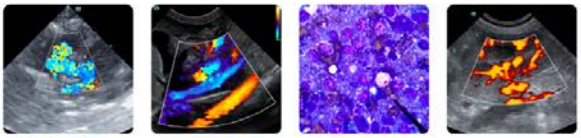
The right adrenal gland is normal in size measuring 0.30 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is borderline large, measuring 1.23 cm in width at the level of the hilus. The spleen echotexture is subjectively mildly mottled, 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 subjectively mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The wall of the gall bladder appears slightly prominent and hyperechoic, measuring at 0.20 cm. Luminal contents are mild and likely incidental at this time. The cystic duct is slightly prominent measuring at 0.30 cm, and the common bile duct is visible in some areas distally and mildly dilated measuring 0.22 cm.

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. Duodenum wall measures 0.27 cm. Jejunum wall measures 0.18 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The duodenal papilla is visible measuring 0.38 cm.

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 visible/mildly mottled. is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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.

ULTRASONOGRAPHIC FINDINGS

- Borderline large/mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Pancreatic changes most consistent with mild pancreatic remodeling.
- Subjectively mildly heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Slightly prominent/hyperechoic gallbladder wall with a prominent/mildly dilated bile duct – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).

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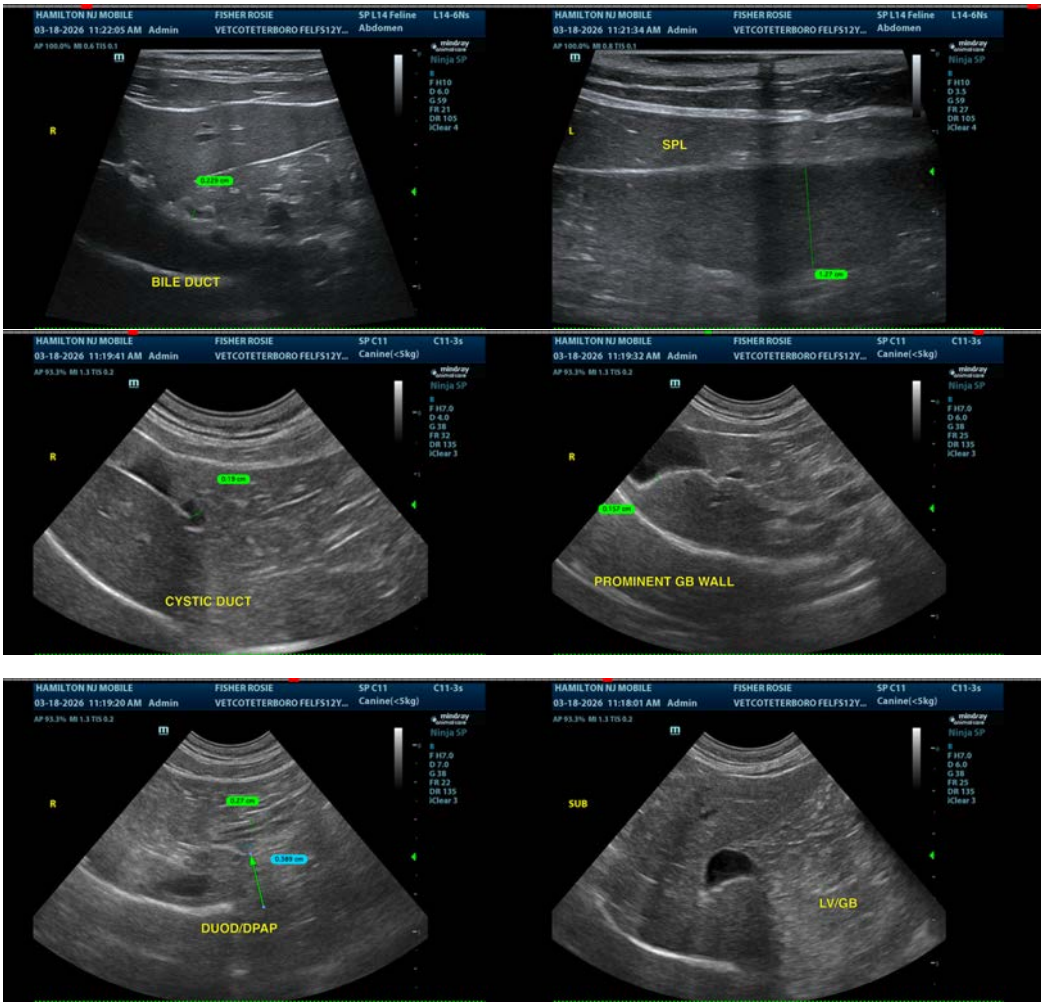
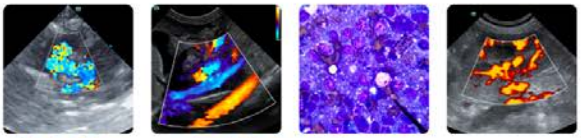
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are surprisingly mild. No focal lesions are visualized associated with the liver. Subjectively, it could be mildly mottled. Similarly, the gallbladder has minimal debris. On some views the gallbladder wall appears slightly hyperechoic and mildly thickened. The bile duct is prominent and very mildly dilated. Findings could be consistent with mild cholecystitis or cholangiohepatitis. Recommend a fine needle aspirate of the liver (provided coagulation parameters are normal). If possible, sampling of the bile (cholecystocentesis) with samples submitted for cytology and culture would be idea. In the meantime, you could consider empirical therapy for cholangiohepatitis with a course of Ursodiol, Denamarin, and antibiotics, with close monitoring. If symptoms are progressive or persistent, you could consider repeat imaging in the future, as it is possible that further evaluation could be warranted.

When evaluated with the high frequency probe, the spleen appears mildly mottled and subjectively mildly enlarged. This is a big cat, so this could be an anatomic variation, but given the current illness, a fine needle aspirate of the spleen could be considered.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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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.

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

info@sonopath.com