



**PATIENT PRESENTING CLINICAL SIGNS**

Harley Barrett  
Elevated ALT.  
Abnormal PE/Chem/CBC/UA Results: ALT 204.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**Urinary System**

**BREED**

ASH

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 (4.06 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.

**AGE**

9 Years

The right kidney has a normal shape and size (3.87 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.

**WEIGHT**

13 Pounds

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.44 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 0.38 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 PERFORMED BY**

Kelly Vazquez

**Spleen**

The spleen is normal/borderline large in size (1.19 cm at the level of the hilus), 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.

**HOSPITAL NAME**

Pompton Lakes AH

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is 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.

**REFERRING VET**

Dr. George Cattiny

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 proximal bile duct is dilated and tortuous, measuring 0.47 cm in diameter. There is no obvious calculi or mucoid material within the lumen. More distally, it is visualized at 0.34 cm, and the duodenal papilla is visualized at 0.97 cm with some mildly hyperechoic material possibly consistent with some mineralization at the level of the duodenal papilla.

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37260

**DATE**

4/28/22



**PATIENT**

**Gastrointestinal**

Harley Barrett

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.

**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**

ASH

**SEX**

Spayed Female

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**

**AGE**

9 Years

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.

**Free Abdomen**

**WEIGHT**

13 Pounds

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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Medicine)

**ULTRASONOGRAPHIC FINDINGS**

- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Borderline large spleen – The spleen has a normal appearance, and I suspect this is within normal limits for this larger cat.
- Dilated, tortuous bile duct – The bile duct appears dilated and somewhat tortuous, but no obvious obstruction is visualized. There is some hyperechoic material at the level of the duodenal papilla that could represent some mineralization/small stone, etc.

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Pompton Lakes AH

**REFERRING VET**

Dr. George Cattiny

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver is heterogeneous. This is a non-specific finding. No focal lesions are visualized. The bile duct is dilated and somewhat tortuous. I am able to follow it to the level of the duodenal papilla, where there is a small amount of hyperechoic material, which could be consistent with some mineralization or even a small stone. Recommend continued monitoring of this area for progressive dilation.

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Additionally, the pancreas is visible and slightly prominent. These findings could be consistent with cholangiohepatitis or even Triaditis. There are my recommendations for cats with elevated liver values



**PATIENT**

Harley Barrett

and some mild biliary changes, as it can sometimes be difficult to differentiate between a primary hepatopathy and a partial post-hepatic biliary obstruction combined with a hepatopathy:

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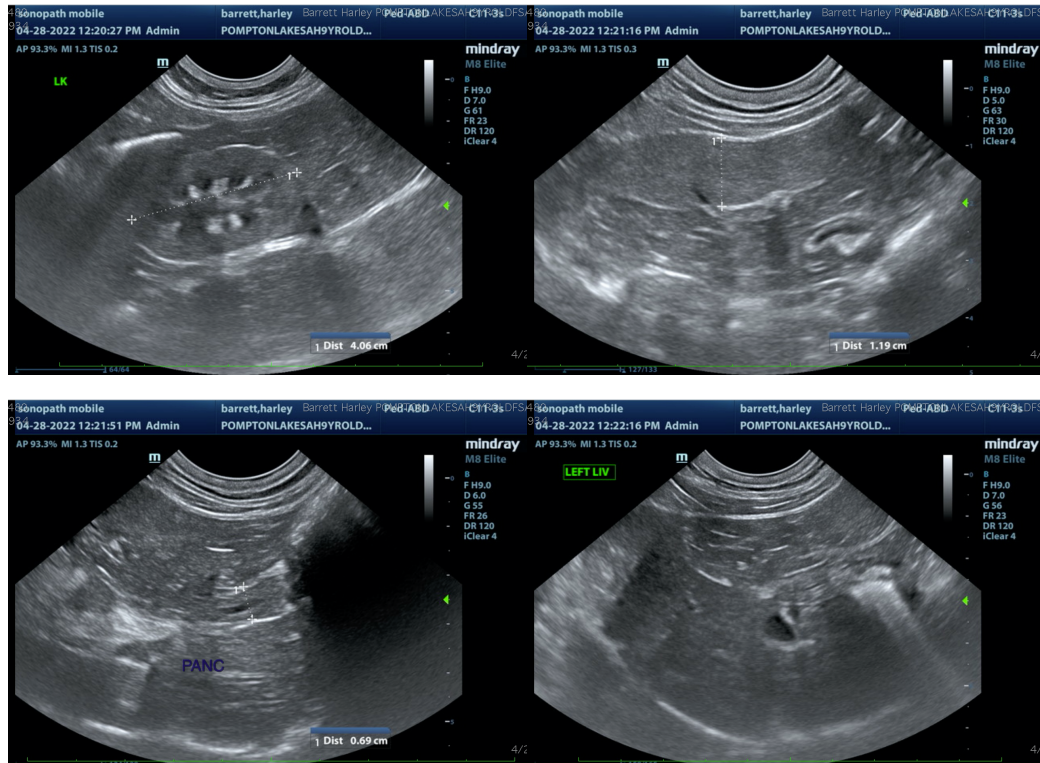
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- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc..
- Recommend thyroid evaluation (if not already done)
- If not already done, consider pre and post prandial bile acids to evaluate liver function (can skip if bilirubin is elevated)
- Consider fine needle aspirate if round cell neoplasia is on your differential list (25 g needle, normal coags)
- If cytology is not helpful and there is no response to therapy, consider liver biopsy with samples obtained for histopathology and culture.
- Recheck gall bladder and bile duct in 48-72 hours to look for progressive distension.
- If triaditis is suspected consider therapy for cholangiohepatitis (fluids, antibiotics +/- steroids), testing for pancreatitis and evaluation for IBD (GI panel to Texas A&M GI lab)
- Consider a feeding tube if patient is not eating for a prolonged period of time





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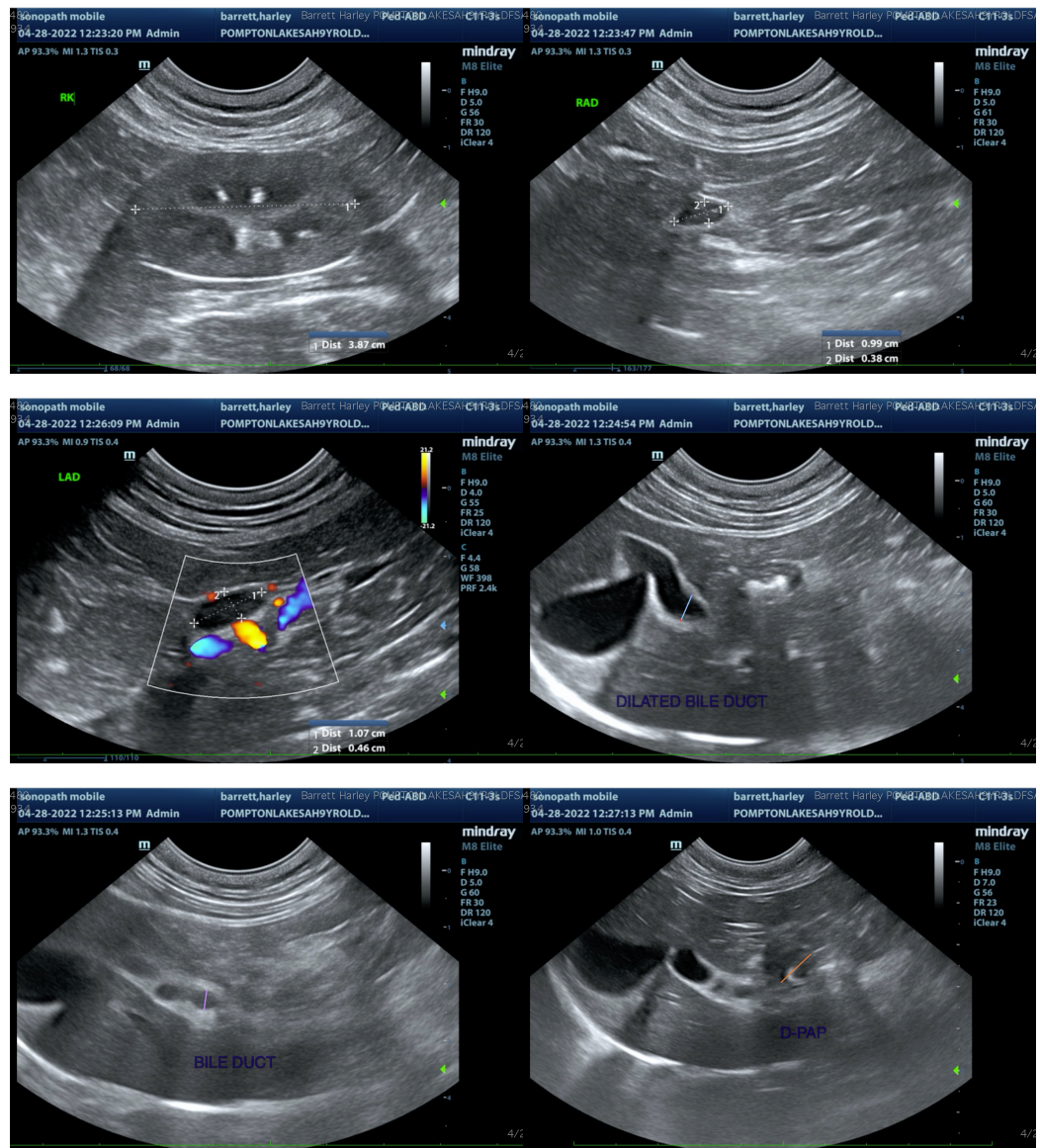
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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