

**DATE**

8/24/21

**PRESENTING CLINICAL SIGNS**

ADR, Icterus (Jaundice), Vomiting.

History: Date: 08-22-2021 Notes: Patient has been having vomiting for the past couple of days. P has had a decrease in appetite. Patient has been ADR.

**PATIENT**

Current Medications: Lactulose, Metronidazole, Denamarin, Ampicillin/Sublactam, Protonix, Maropitant.

Daisy Franke

Lab Results: Attached

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested / declined

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

2016

**WEIGHT**

15.8 lbs

**INTERPRETED BY**Kathleen Sennello  
DVM, MS, Diplomate  
ACVIM (Small Animal  
Internal Medicine)**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 (4.33 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 (4.55 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.

**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.

The right adrenal gland is normal in size measuring 0.32 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.

**HOSPITAL NAME**Animal Emergency  
Hospital**Spleen**

The spleen is subjectively normal in size, 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. Roper

**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. 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.

**INVOICE**

91464

### ***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. The pancreatic duct measures 0.23 cm.

### ***Free Abdomen***

A moderate amount of anechoic free abdominal fluid was noted. There was no lymphadenomegaly. The mesentery is of normal echogenicity.

### ***Other***

A small volume of pleural effusion was noted. There was no pericardial effusion.

## **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.
- Prominent, hypoechoic pancreas with dilated pancreatic duct. The pancreatic changes are most consistent with mild/moderate pancreatitis/pancreatic infiltration. I recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider FNA if not improving.
- Free abdominal fluid. I recommend fluid analysis and cytology.

### **SECONDARY FINDINGS:**

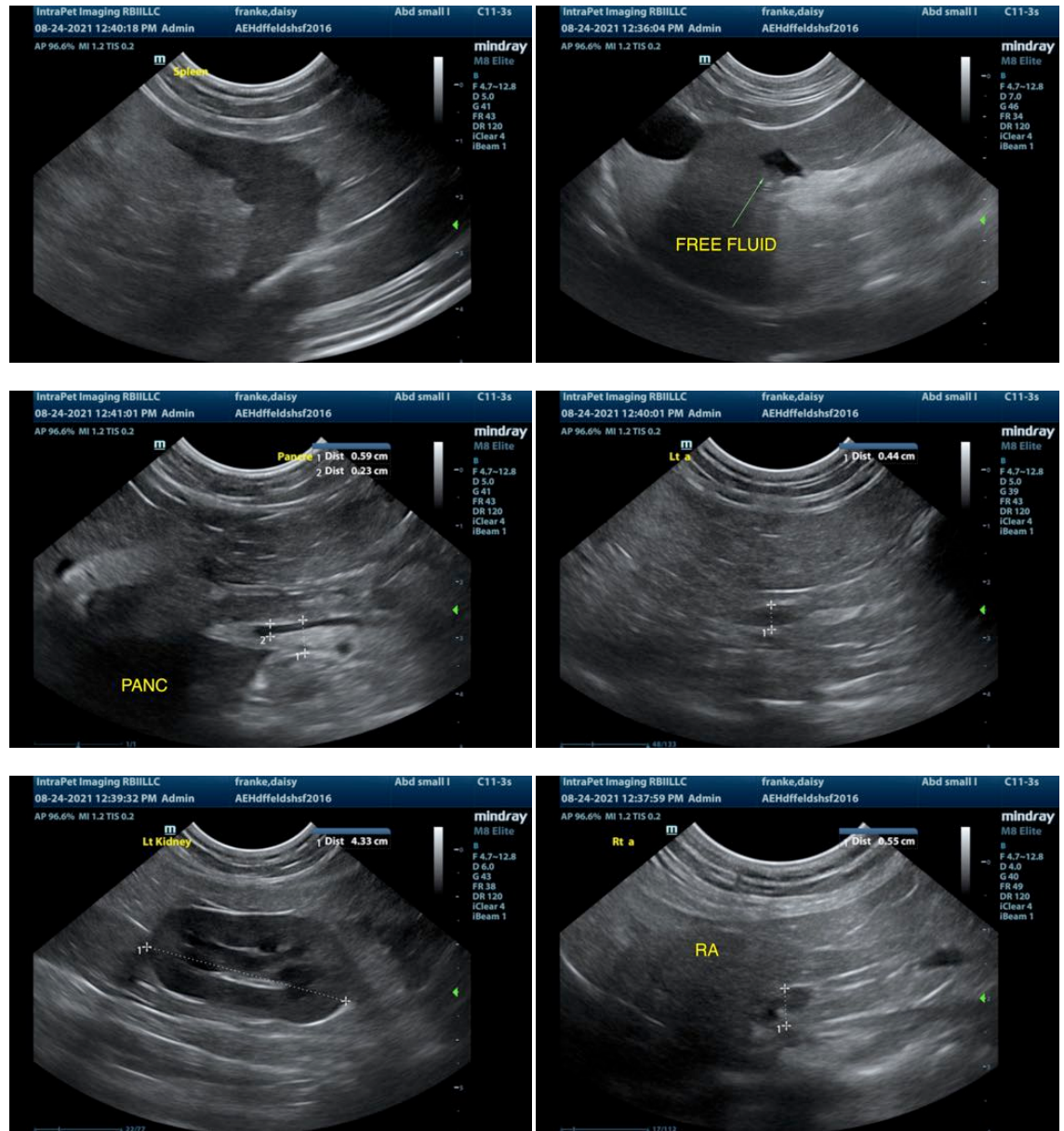
- Small volume of pleural effusion.

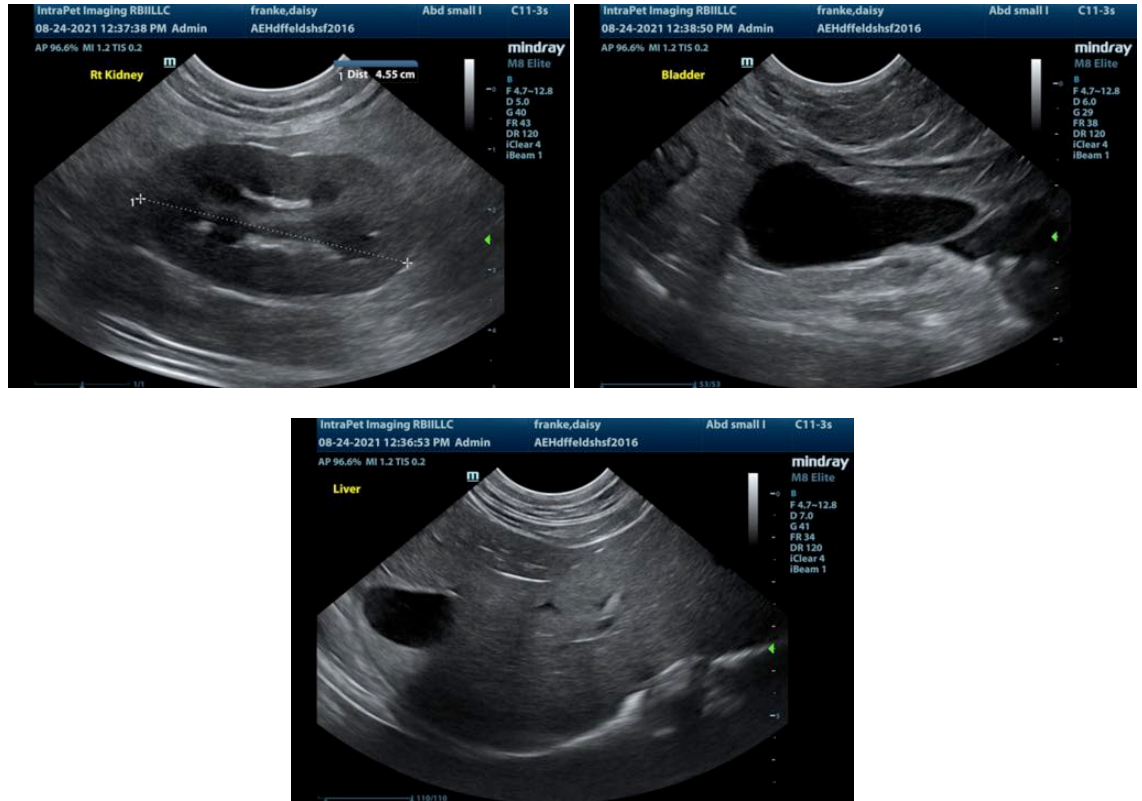
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ultrasonographic images suggest a primary hepatic cause of icterus. Likely differentials include lipidosis, lymphoma, cholangiohepatitis, other. If clotting parameters permit I recommend sampling of the liver (FNA

or biopsy if needed) with feeding tube placement if the patient is not eating well. I recommend three view thoracic radiographs to further evaluate the pleural effusion and intensive supportive care.

Additionally the pancreas is prominent. I recommend a quantitative fPLI level to obtain a baseline for continued follow-up.





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.

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