



PATIENT PRESENTING CLINICAL SIGNS

Caiiou Hartman

P presents for anorexia, lethargy, and head bobbing. Started about 1 month ago, improved after supportive care, but took a sharp decline recently. Icteric on exam.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Moderate increase in ALT, ALKP, T. Bili, GGT. Lab work attached.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

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.

AGE

9 Years

The left kidney has a normal shape and size (3.43 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.

WEIGHT

4.5 Pounds

The right kidney has a normal shape and size (3.47 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 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. Pinpoint mineralization noted in the parenchyma.

IMAGING PERFORMED BY

Dr. Saum Hadi

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 is visualized.

HOSPITAL NAME

Nimbus Pet Hospital

Spleen

The spleen is subjectively normal in size (0.48 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. Saum Hadi

Liver

The liver is large with rounded margins. The parenchyma is severely hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

INVOICE

44543

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile duct appear slightly prominent and tortuous, measuring at 0.39 cm proximally.

DATE

8/9/23



PATIENT

Gastrointestinal

Caiiou Hartman

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. Jejunum wall measures 0.16 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

DSH

SEX

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.

AGE

9 Years

Pancreas

The area of 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.

WEIGHT

4.5 Pounds

Free Abdomen

There is scant free abdominal fluid. No 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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PRIMARY FINDINGS

- Large, hyperechoic liver with rounded margins – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Mildly prominent/tortuous bile duct – No evidence of an obstructive process is visualized. This finding can be normal in some geriatric patients. Also consider the possibility of a partial obstruction not visualized or an inflammatory process.
- Scant free abdominal fluid.

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SECONDARY FINDINGS

- Pinpoint mineralization in the left adrenal – This can be a normal finding in some older cats.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is severely enlarged and hyperechoic. Given the history and the bloodwork findings, these changes are most concerning for a primary hepatopathy. Hepatic lipidosis would be a primary differential, although other differentials such as round cell neoplasia, etc. cannot be ruled out. If coagulation parameters permit, consider a fine needle aspirate. Additionally, consider aggressive nutritional support with a feeding tube and treatment for liver failure.

The bile duct appears slightly prominent, but there is no significant gallbladder dilation or pathology noted. Recommend continued monitoring, but I suspect this is an incidental finding.



PATIENT

Caiiou Hartman

The primary cause for the lipidosis is not readily identified. Some patients can have a flare up of pancreatitis, GI disease, etc. that resolves but the hepatic disease persists, or there could be an underlying factor that is not yet identified.

SPECIES

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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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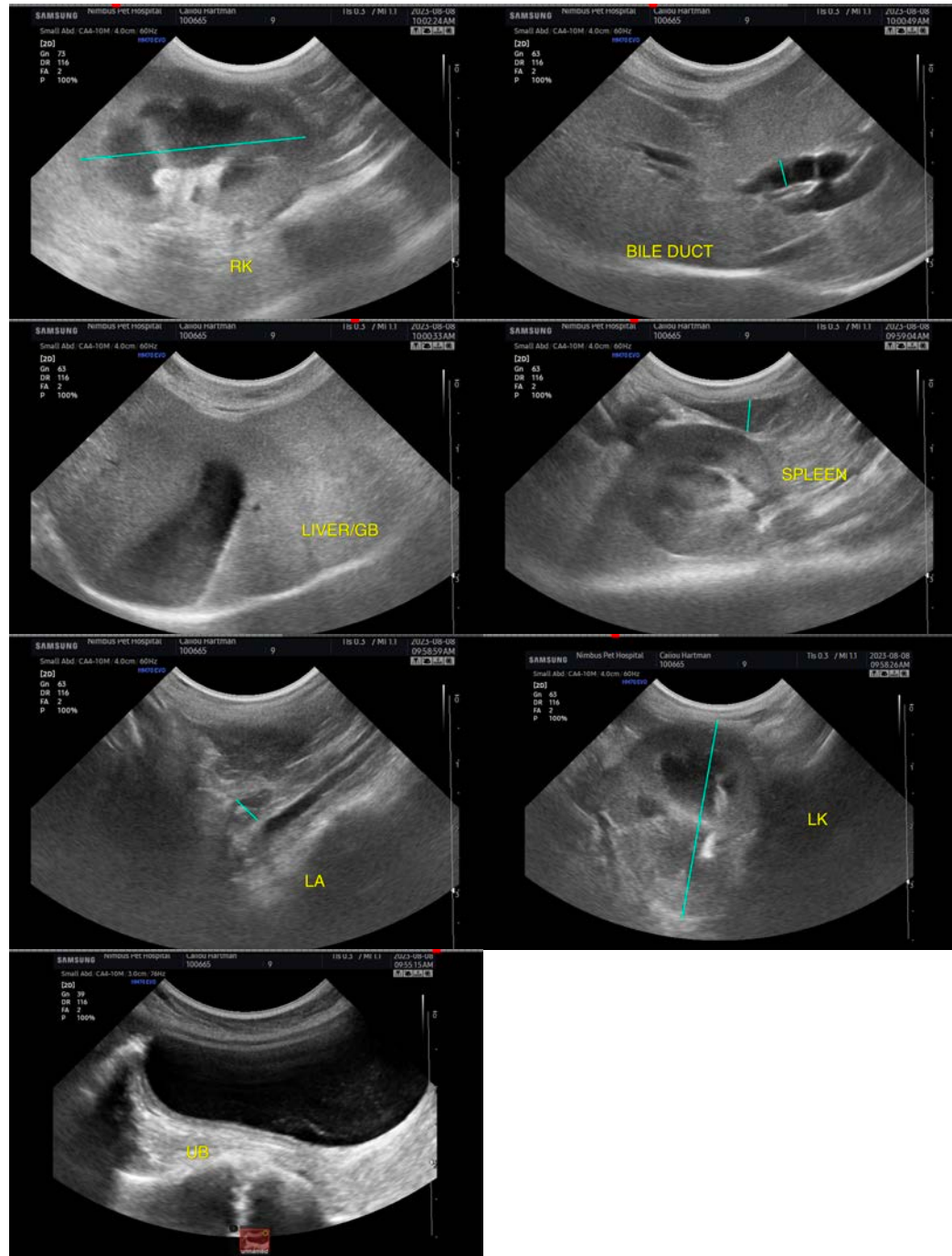
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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