

**DATE PRESENTING CLINICAL SIGNS**

9/2/21

History: Inappetence, occasional gastritis. Elevated ALP, elevated ALT.

PATIENT

Current Medications: Amoxicillin/Clavulanate acid 62.5mg tablet Give 1 tablet by mouth every 12 hours until gone. Give medication with food.

Reggie Beahn

Cerenia Tablets 16 mg (4 pk) Give 1/2 tablet by mouth once daily as needed for nausea (next dose due 8/22 noon). Blue Buffalo Natural Diet HF hydrolyzed for food intolerance cat food.

SPECIES

Lab Results: 8/24 - T4 normal, FpL normal. ALT 172. ALP 124.

Feline

Date of Previous IntraPet Ultrasound: No previous

Sedation: Ketamine and Valium.

Stat Report: Not requested.

BREED**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

DSH

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

Neutered Male

The left kidney has a normal shape and size (4.21 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

2010

WEIGHT

11.8 Pounds

The right kidney has a normal shape and size (3.84 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.

INTERPRETED BYKathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.34 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.

HOSPITAL NAME

Warm & Fuzzy VC

The right adrenal gland is normal in size measuring 0.34 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.

REFERRING VET

Dr. Urie

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.

INVOICE

25158

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. It is slightly irregular in shape with a mild bulging of the right side of the liver, but no evidence of a discreet mass effect. 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.

The gallbladder appears empty. The wall of the gallbladder is mildly thickened at 0.25 cm, but this is likely artifact due to lack of distention. The wall of the gallbladder has a smooth mucosal surface. The cystic and common bile ducts appear normal.

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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Small intestinal wall measures 0.22 cm. 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 large volumes of formed solid fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild mesenteric lymphadenopathy. Lymph nodes measure 0.53, 0.36, 0.38, 0.28 cm. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is generally of normal echogenicity, but there are hyperechoic pockets surrounding clusters of mesenteric lymph nodes.

ULTRASONOGRAPHIC FINDINGS

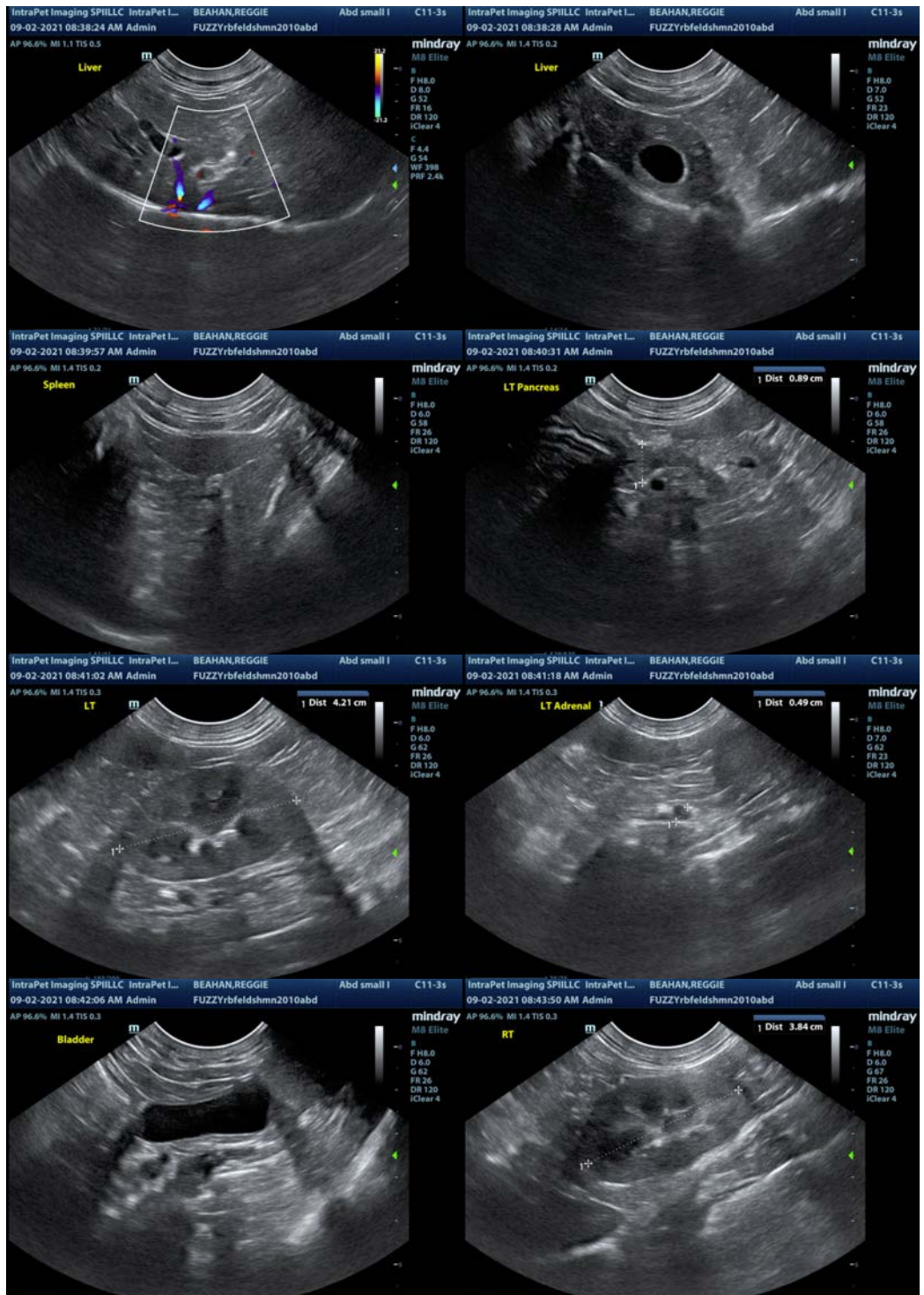
- Heterogeneous, irregularly shaped liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Prominent muscularis layer to the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

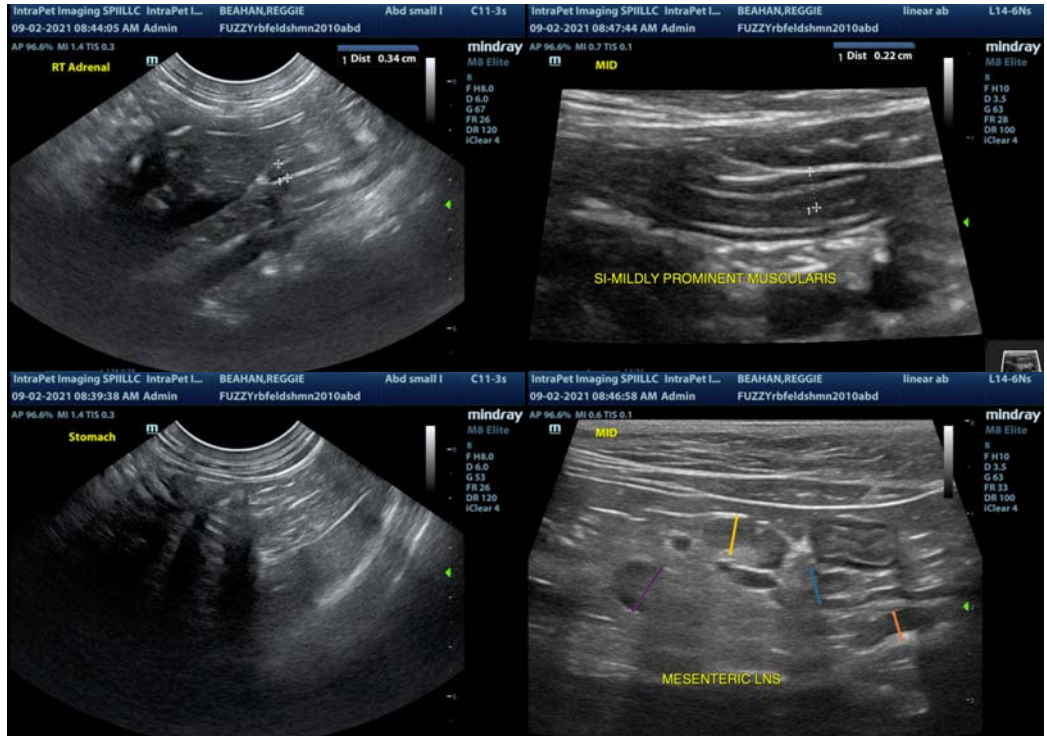
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed in the liver are subtle and non-specific. Liver enzymes can be elevated from both systemic and primary hepatic causes. No focal lesions were observed, and the biliary tract appeared relatively normal. Recommend:

- 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
- Consider fine needle aspirate if round cell neoplasia is on your differential list. Additionally recommend fine needle aspirate of a mesenteric lymph node in this case where they are prominent

- If cytology is not helpful and there is no response to therapy, consider liver biopsy with samples obtained for histopathology and culture.
- If triaditis is suspected consider therapy for cholangiohepatitis (fluids, antibiotics, +/- ursodiol, +/- steroids), testing for pancreatitis and evaluation for IBD (GI panel to Texas A&M GI lab)





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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