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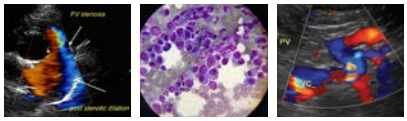

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**DATE**

9/2/21

**PATIENT**

Sophie Wallce

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

2018

**WEIGHT**

9.1 Pounds

**INTERPRETED BY**

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

**HOSPITAL NAME**

Eastern AH

**REFERRING VET**

Dr. Warner-Jones

**INVOICE**

25132

## PRESENTING CLINICAL SIGNS

Presented for @ 3-4 weeks of intermittent decreased appetite and vomiting with an acute exacerbation of anorexia in the last week or so when client was out of town. Working diagnosis is Hepatic Lipidosis possible Triadtitis. Patient is jaundiced at time of presentation.

Current Medications: IV fluids 2x maint, Cerenia iv sid, Convenia once, Elura 0.40 cc po sid, Dex sp 4 mg x1.
Planning to place feeding tube 9/1.
Lab Results: BLood tests t bil 2.9, ALT 201, ALKP 585, HCT normal at 39.4 % BUT MAJOR reticulocytosis.. T4 normal, FPL abnormal, BNP normal, Felv/Fiv/hwt all neg. Ua usg 1.049 inactive sediment, neg glucose, protein or blood.
Radiographs: liver looks big/ swollen, remainder nsf
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: STAT requested

## 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 right kidney has a normal shape and size (4.65 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. Pild pyelectasia noted at 0.12 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The left kidney has a normal shape and size (4.53 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. Mild pyelectasia noted at 0.15 cm. There is no evidence of 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 0.53 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 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.

### *Liver*

The liver is large in size, with normal echogenicity and smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the biliary tract appear relatively normal (see gallbladder). The vasculature appears prominent/dilated. No focal nodules or cystic lesions are observed.

The gallbladder appears empty with a prominent wall, likely due to lack of distention. It is devoid of luminal contents, but the bile duct does appear mildly dilated at 0.25 cm and tortuous. No masses, stones or other obstructions are visualized, and the duodenal papilla appears normal and unobstructed.

### *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. Jejunum wall measured 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 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

### *Free Abdomen*

Evaluation of the peritoneal cavity revealed a scant amount of anechoic free fluid. 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 uniform echogenicity.

### *Other*

A brief view of the heart was submitted and there appears to be a scant amount of pericardial effusion and likely pleural effusion.

## PRIMARY FINDINGS

- Large, hyperechoic liver with prominent vasculature – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

- Prominent, hypoechoic pancreas surrounded by hyperechoic mesentery – The pancreatic changes are most consistent with moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

## SECONDARY FINDINGS

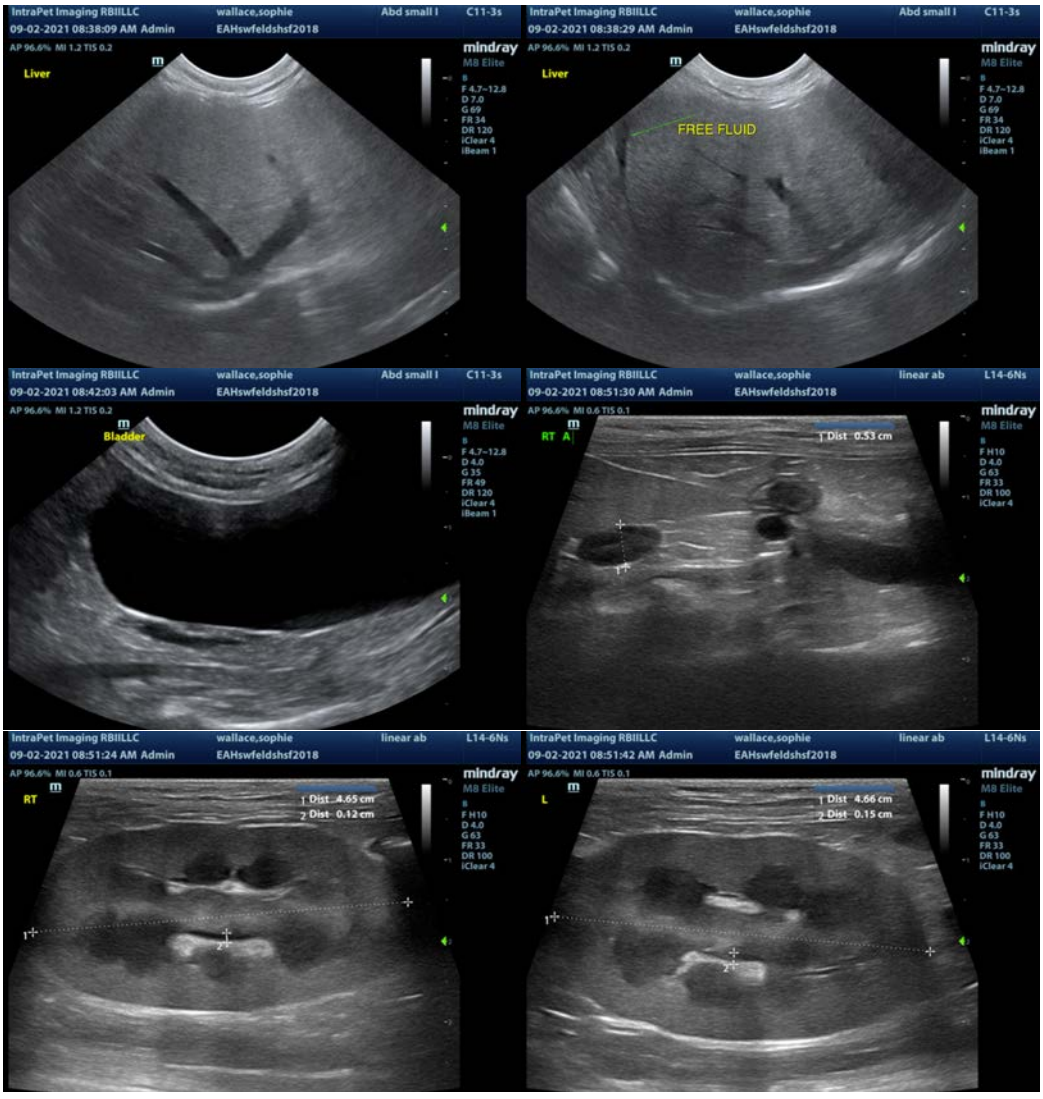
- Mild bilateral renal pyelectasia – Pyelectasia of both kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

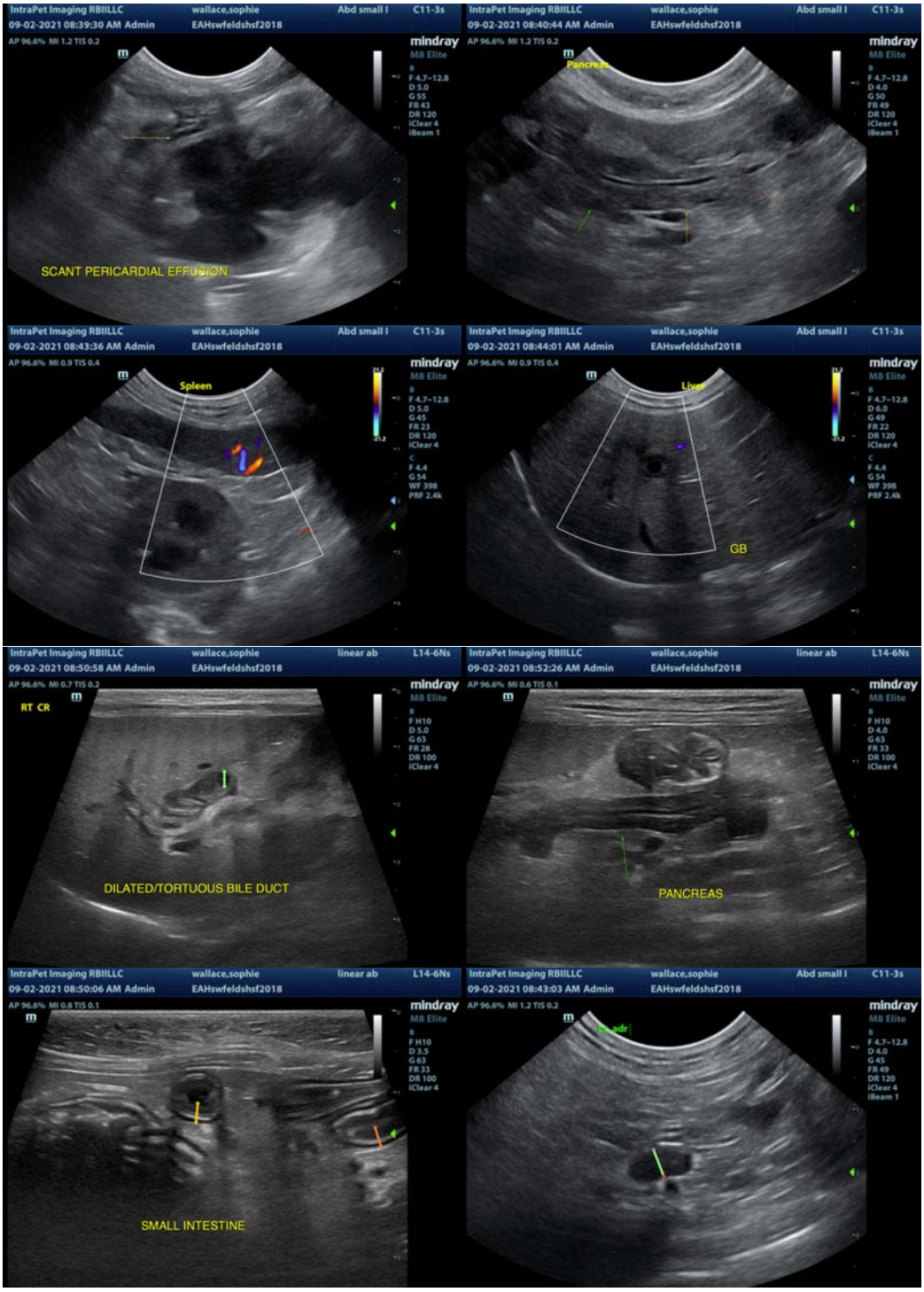
- Tortuous common bile duct – I do not see any evidence of an obstruction. This can be a normal finding in some cats. Recommend continued monitoring.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I agree with your assessment that hepatic lipidosis/Triaditis is the most likely diagnosis at this point. Recommend fine needle aspirate of the liver if coagulation parameters persist to rule out round cell neoplasia, placing a feeding tube for long-term supportive care is an excellent next step. Consider adding in Ursodiol. Although I see no evidence of a biliary obstruction, a tortuous bile duct in this young of a cat is somewhat unusual, so recommend continued monitoring in case it was previously obstructed.

The free fluid in the abdomen could be due to portal hypertension from the swollen liver, but there is prominent vasculature in the liver, which could be consistent with passive congestion. The scant pericardial effusion is likely insignificant, but a cardiac ultrasound could be helpful in fully evaluating this in addition to 3-view thoracic radiographs.

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**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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com