



PATIENT

Tiger Lily Demary

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

14 years

WEIGHT

5.8 lbs

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Summers

INVOICE

99516

DATE

4/25/22

PRESENTING CLINICAL SIGNS

Symptoms: ADR, not eating, hyperthyroid. On methimazole daily. Ultrasound done for further evaluation

Abnormal PE/Chem/CBC/UA Results: Today - Chem: All WNL except K+ is 3.1 mmol/L CBC: All WNL UA: SpGravity 1.046 March 8th- T-4 was a16.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. The wall is mildly irregular. There is no evidence of sediment, cystoliths, polyps or a mass. The proximal urethra is not available for evaluation.

Kidneys

The **left** kidney measures 3.74 cm (3.80-4.40 cm). The capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae are present, without evidence of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is mildly hyperechoic.

The **right** kidney measures 3.81 cm (3.80-4.40 cm). The capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae are present, without evidence of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is mildly hyperechoic.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.47 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.48 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size 7.4 mm (normal = 10 mm), echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.



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Liver

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There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous. It is very mildly hyperechoic. Perivascular cuffing is observed, in addition to mildly prominent walls of the portal veins.

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The gallbladder (GB) is mildly to moderately dilated, which is not abnormal if Tiger Lily was fasted for the ultrasound. The GB wall is within normal limits in thickness and echogenicity. There is a very small amount of echogenic material within the GB, without signs of edema surrounding it. The cystic duct is severely tortuous. The common bile ducts observed is not dilated, i.e. there are no signs of an obstruction.

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Gastrointestinal

A small amount of fluid and gas are present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

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The duodenum is within normal limits in thickness, however, it is mildly corrugated and the submucosa is mildly thicker than usual.

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The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved, however, subjectively, the submucosa is mildly more prominent than usual.

A moderate amount of gas is present in the transverse colon. The colonic wall is not thickened and mural detail is considered normal.

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Pancreas

The left and right limbs are mildly hypoechoic with a mild hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are suspected. There are no overt signs of neoplasia.

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Other

Lymph nodes

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No abnormalities are observed

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Abdominal effusion is not visualized.

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Heart

The apical papillary muscle is mildly prominent, however, there are no obvious signs of chamber enlargement.

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ULTRASONOGRAPHIC FINDINGS

- Active pancreatitis is suspected.
- Inflammatory bowel disease cannot be excluded based on the mildly prominent submucosa.
- Cholangitis/cholangiohepatitis and cholecystitis are differential diagnoses for the sonographic abnormalities observed with the liver, gall bladder and cystic duct. A component of the mild, diffuse hyperechogenicity of the liver may be due to hepatic lipidosis.
- The changes associated with the liver, pancreas and intestinal tract may be due to “triaditis”.
- Mild degenerative changes of both kidneys are present, which are suggestive of age related degeneration. Pyelonephritis cannot be excluded despite the absence of sonographic abnormalities.
- The urinary bladder is mildly irregular, therefore, a urinary tract infection may be present. This may occur in conjunction with pyelonephritis in an older cat, particularly in females.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture and sensitivity are suggested to exclude a urinary tract infection and possible pyelonephritis.

A spec fPL may be considered to confirm a diagnosis of pancreatitis, however, it will not change the treatment plan.

Treatment for pancreatitis is suggested, i.e., analgesia for visceral pain, such as buprenorphine, as well as supportive care, such as maropitant once a day for 4-5 days. Subcutaneous fluids (administered at home, if possible), as well as a 10-14 day trial with famotidine or omeprazole may be considered.

Supplementation with vitamin B12 may be considered, although evaluation of serum concentrations would be ideal.

Small, frequent meals are recommended.

Cholestasis, cholangitis/cholangiohepatitis and cholecystitis may occur, in addition to secondary ascending bacterial infections. Although indiscriminate use of antibiotics is not normally recommended, one could start treatment with a broad-spectrum antibiotic if an improvement is not observed with the above treatment after 48 to 72 hours.



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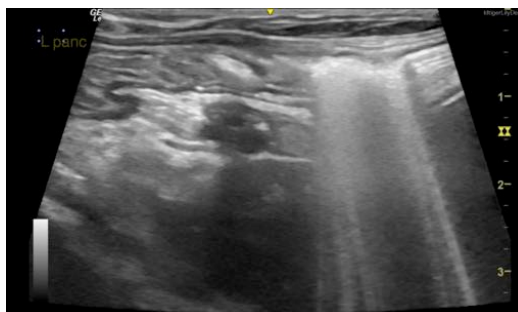
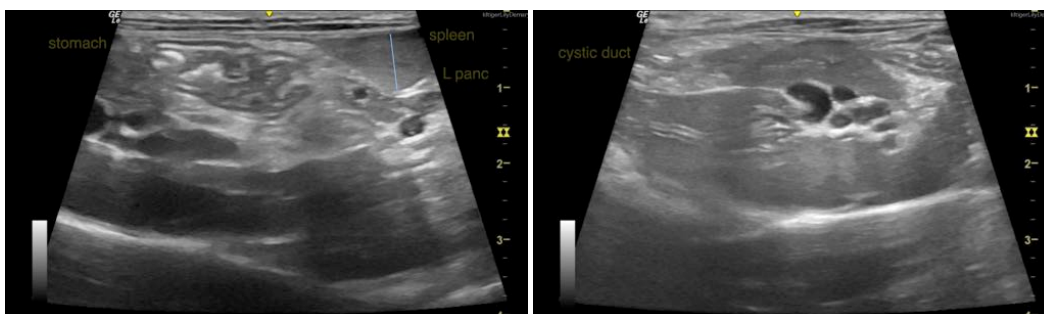
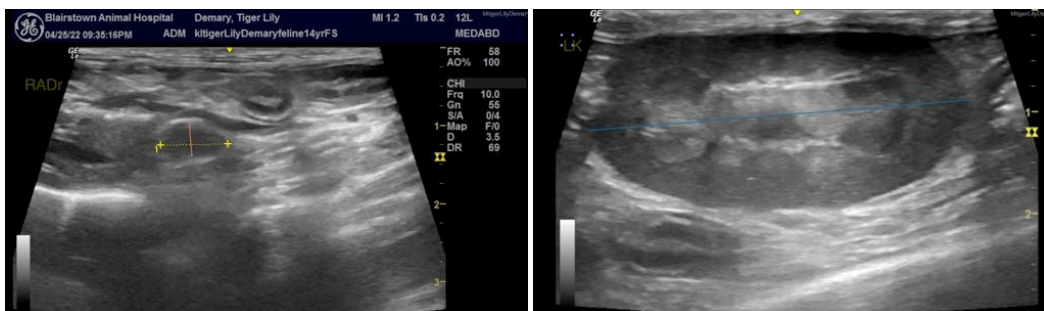
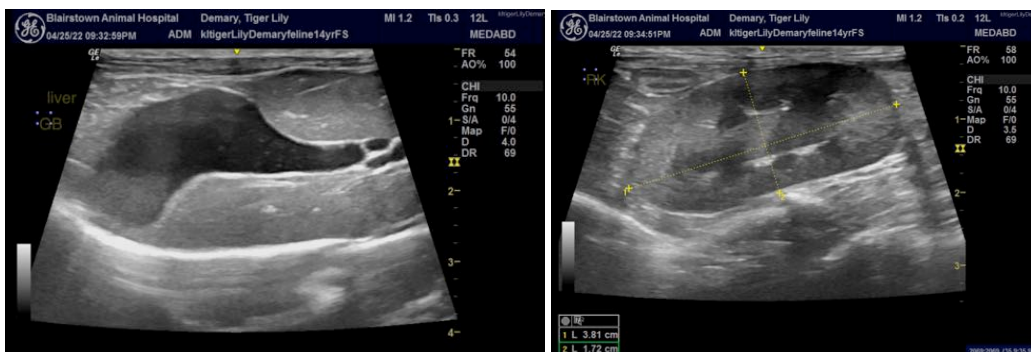
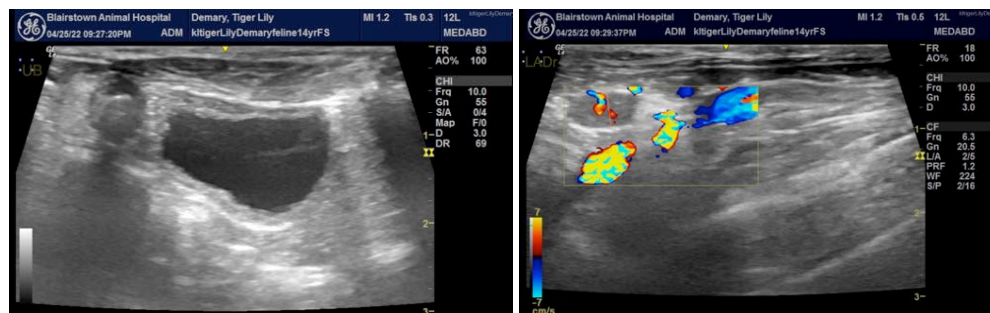
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Lisa.Carioto@sonopath.com

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