



PATIENT	PRESENTING CLINICAL SIGNS
Han Solo Koegler	History: Presented for acting lethargic, hiding, reduced appetite since 5/24. No c/s/v/d/PUPD P started on Clavamox and Flagyl pending AUS results Leukocytosis with left shift ALT 257, AST 100 See attached lab work
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	<i>Urinary System</i>
BREED	The urinary bladder is adequately distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.
Domestic Shorthair	
SEX	<i>Kidneys</i>
Neutered male	The left kidney measures approximately 4.48 cm (3.80-4.40 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is mildly hyperechoic.
AGE	The right kidney measures 4.35 cm (3.80-4.40 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. Blood flows within normal limits. The surrounding mesentery is not hyperechoic.
6 years	
WEIGHT	<i>Aortic bifurcation/trifurcation</i>
5.45 kg	No abnormalities observed.
INTERPRETED BY	<i>Adrenal Glands</i>
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	The left adrenal gland measures 0.33 cm at the cranial pole, 0.34 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
IMAGING PERFORMED BY	The right adrenal gland measures 0.29 cm at the cranial pole, 0.26 cm at the caudal pole, 0.31 cm at the centre and 1.37 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
Matthew Olcha	
HOSPITAL NAME	<i>Spleen</i>
East Meadow VC	Splenomegaly 12.8 mm (normal = 10 mm). However, it is within normal limits in architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.
REFERRING VET	
Dr. Olcha	
INVOICE	
30774	
DATE	
5/28/22	



PATIENT	Liver
Han Solo Koegler	Mild hepatomegaly is suspected, however, this is better characterized at the time of the ultrasound or with radiographs. The liver's borders are smooth and sharp, with some that are mildly rounded. A diffuse, mildly coarse or granular echotexture is observed. Focal lesions are not visualized. Increased portal markings are noted, however, no other obvious abnormalities are noted with the hepatic vessels.
SPECIES	
Feline	The gallbladder (GB) is within normal limits in size. A small amount of free floating echogenic material is present. The GB wall is within normal limits in thickness and echogenicity, however, the wall is mildly hyperechoic and thicker than normal (1.8 mm) along the cystic duct. The cystic duct is mildly dilated in one view (4.89 mm), but not tortuous. The common bile duct cannot be followed due to gas and ingesta in the stomach.
BREED	
Domestic Shorthair	
SEX	Gastrointestinal
Neutered male	A small amount of ingesta and gas are present in the lumen of the entire gastrointestinal tract (GIT). No obvious abnormalities are observed with peristalsis. Wall thickness of the GIT is within normal limits and the definition of the wall layers is preserved. No obvious abnormalities are observed with the ileocecal colic junction. The colonic wall is not thickened and mural detail is considered normal. There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.
AGE	
6 years	
WEIGHT	Pancreas
5.45 kg	An in-depth evaluation of the pancreas is not possible due to gas and ingesta in the surrounding gastrointestinal tract however no overt abnormalities are observed with the small portions visualized. The mesentery throughout the abdomen is mildly hyperechoic.
INTERPRETED BY	
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	
IMAGING PERFORMED BY	Other
Matthew Olcha	Lymph nodes
	No abnormalities are observed
HOSPITAL NAME	Abdominal effusion is not visualized.
East Meadow VC	
REFERRING VET	Mesentery
Dr. Olcha	Despite the lack of abnormalities with the gastrointestinal tract, the mesentery is mildly, but diffusely hyperechoic. This may be clinically insignificant, i.e. due to the settings of the machine, or possibly secondary to deposition of fat depending on the patient's body condition score. It may also occur secondary to smoldering inflammation.
INVOICE	
30774	
DATE	
5/28/22	



PATIENT

Han Solo Koegler

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

6 years

WEIGHT

5.45 kg

ULTRASONOGRAPHIC FINDINGS

- **Liver:** A reactive hepatopathy could explain the echotexture. Increased portal markings may occur due to inflammation, deposition of fat, mineralization, and/or fibrosis. Cholestasis and cholangitis/cholangiohepatitis cannot be excluded. Rule out exposure to infectious diseases, including, parasites.
- **Gallbladder (GB):** Suppurative cholecystitis is suspected. As mentioned above, cholestasis and cholangitis/cholangiohepatitis cannot be excluded.
- **Gastrointestinal tract:** The absence of sonographic abnormalities of the gastrointestinal tract does not rule out underlying inflammation, including, inflammatory bowel disease.
- **Spleen:** Splenomegaly with preservation of the normal architecture may occur due to antigenic stimulation and secondary inflammation, including immune mediated disease. Exclude exposure to infectious diseases. Other differential diagnoses include extramedullary hematopoiesis, hypersplenism and reactive hyperplasia. Neoplasia, such as lymphoma, or other round cell tumour, is considered much less likely. A fine needle aspirate is required to obtain a definitive diagnosis.
- **Kidneys:** Although unlikely, pyelonephritis should not be excluded despite the absence of classical sonographic signs, as it cause vague clinical signs of malaise.
- **Mesentery:** The mildly, but diffusely hyperechoic mesentery may be clinically insignificant, however, smoldering inflammation, due to IBD or pancreatitis, cannot be excluded.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Matthew Olcha

HOSPITAL NAME

East Meadow VC

REFERRING VET

Dr. Olcha

INVOICE

30774

DATE

5/28/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following are suggested

- T4 (10% of cats may show signs of apathy)
- A urinalysis, +/- urine culture and sensitivity to exclude pyelonephritis, i.e. false negative possible with current administration of antibiotics
- Analgesia trial for visceral pain, e.g., buprenorphine, for 5-7 days. Continue for 2-4 weeks if an improvement is noted.
- If signs of GERD, 10-14 day trial with famotidine or omeprazole (0.7-1 mg/kg PO q12h)
- Deworm depending on risk of exposure, including other pets in house that go outdoors
- Diet trial (veterinary prescription brand hypoallergenic, i.e., hydrolyzed or novel protein)
- Depending on response to above therapy, consider TLI, serum cobalamin, and folate, SNAP PLI or Spec fPL to assess for underlying maldigestion and malabsorption disease and dysbiosis.
- *If a response is observed, continue antibiotics for a total of 4 to 6 weeks.
- If there is no response to the above, fine needle aspirates (FNAs) of the liver and spleen are suggested, however, a hepatic tissue biopsy is ideal (evaluates hepatic architecture). Coagulation profile prior to liver biopsy (+/- prior to FNA) and spleen. A single dose of vitamin K (0.5 mg/kg SQ q8-12h suggested 30-45 minutes prior to the procedure, even coagulation profile within normal limits.



PATIENT

Han Solo Koegler

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

6 years

WEIGHT

5.45 kg

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Matthew Olcha

HOSPITAL NAME

East Meadow VC

REFERRING VET

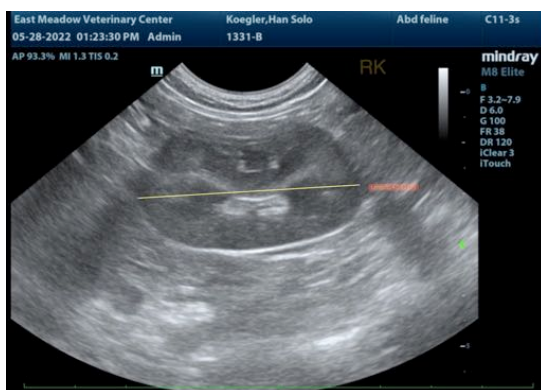
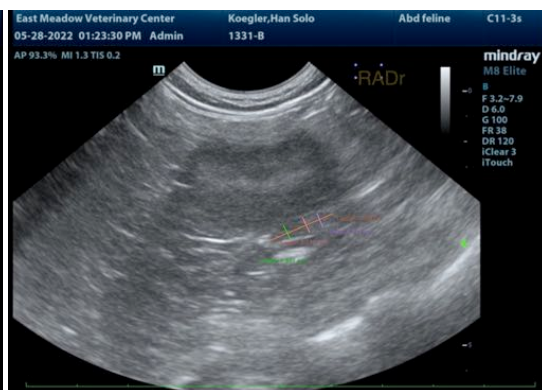
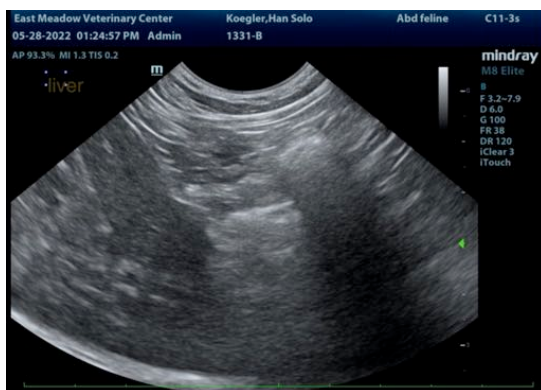
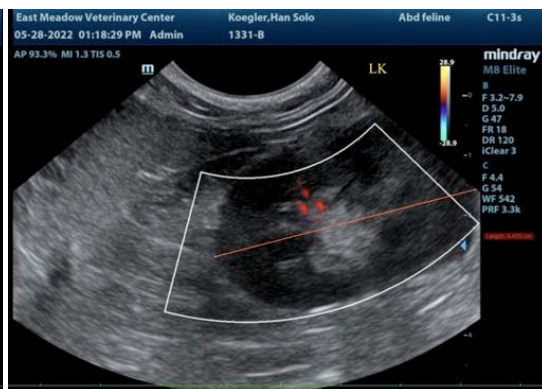
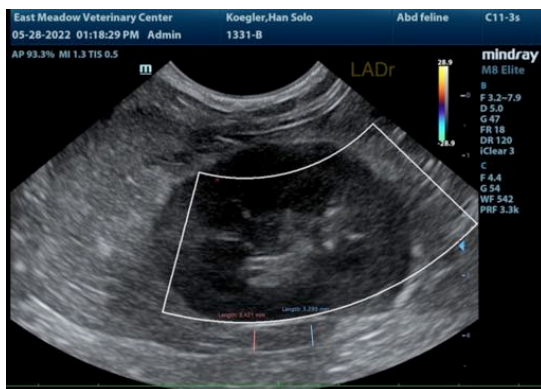
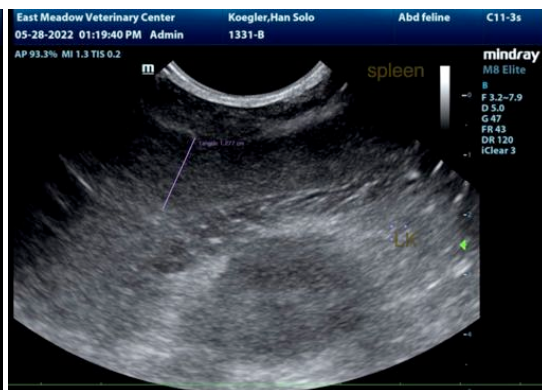
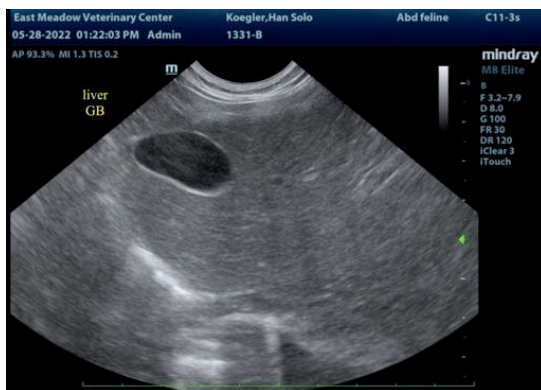
Dr. Olcha

INVOICE

30774

DATE

5/28/22





PATIENT

Han Solo Koegler

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

6 years

WEIGHT

5.45 kg

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Matthew Olcha

HOSPITAL NAME

East Meadow VC

REFERRING VET

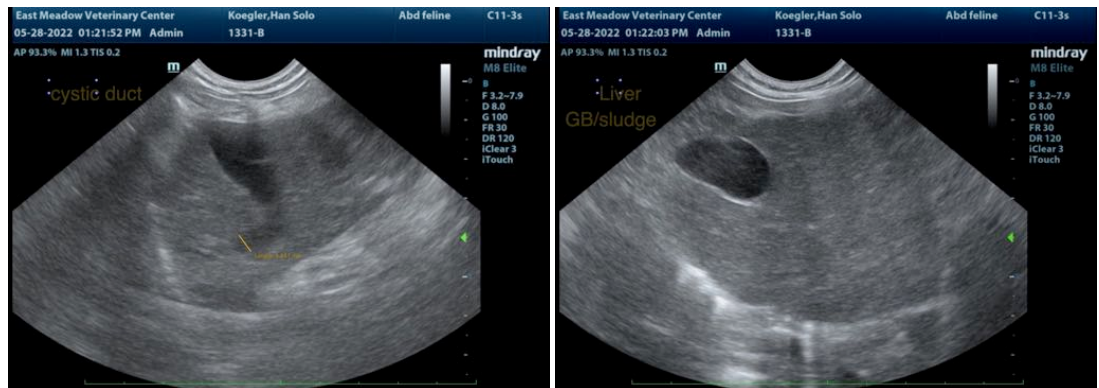
Dr. Olcha

INVOICE

30774

DATE

5/28/22



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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com