



PATIENT PRESENTING CLINICAL SIGNS

Squeaky Bowman History: Has been on Prednisone for Stomatitis. Xrays suggestive of splenomegaly. Prednisone 2mg/day
SPECIES Abnormal PE/Chem/CBC/UA Results: High ALP(greater than 1000) and high BUN and Creatinine.

Feline ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED The urinary bladder is well 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.
DSH

SEX Kidneys

Spayed Female The **left** kidney measures 3.31 cm (3.80-4.40 cm). The capsule is mildly irregular. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. Blood flow is mildly decreased. The surrounding mesentery is not hyperechoic.

AGE

10 Years The **right** kidney measures 3.97 cm (3.80-4.40 cm). The capsule is smooth. The cortex is mildly hyperechoic and a very mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. Blood flow is within normal limits. The surrounding mesentery is not hyperechoic.

WEIGHT

6.99 Pounds **Aortic bifurcation/trifurcation**

No abnormalities observed.

INTERPRETED BY

Adrenal Glands

Lisa Carioto, DVM, DVSc, Diplomate The **left** adrenal gland measures 0.35 cm. 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 0.41 cm at the cranial 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.

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HOSPITAL NAME

Spleen

St. Catharines AH The spleen is within normal limits in size 7.2 mm (normal = 10 mm) and echogenicity. It has a diffuse, but subtle granular or miliary echotexture. Occasional pinpoint, hyperechoic foci are noted throughout the parenchyma, suggestive of mineralization, fat or fibrosis. The capsule is smooth. The surrounding mesentery is mildly to moderately hyperechoic. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

REFERRING VET

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Liver

16025 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 vary between sharp to moderately rounded. It is diffusely hyperechoic, i.e. it is isoechoic to the right kidney, which is also hyperechoic compared to normal. A coarse, granular, moderately heterogeneous echotexture is observed in the left liver, however, visibility is affected by the ribs and gas in the surrounding gastrointestinal tract. The right

DATE

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PATIENT	liver is coarse and granular, but not heterogeneous. No abnormalities are observed with the hepatic vessels.
Squeaky Bowman	The gallbladder wall is mildly thicker than normal, but not overtly hyperechoic. It is difficult to visualize, however, there are no obvious signs of echogenic material within the GB or an obstruction.
SPECIES	Gastrointestinal
Feline	A large amount of fluid and ingesta are present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. Peristalsis appears decreased and ineffective; a “to and fro” motion is observed.
BREED	
DSH	The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. A large amount of fluid and ingesta are present within the small intestines and decreased peristalsis is noted, a “to and fro” motion is observed. Subjectively, the mesentery surrounding the small intestines is hyperechoic.
SEX	
Spayed Female	Gas is present within the transverse colon.
AGE	The colonic wall is not thickened and mural detail is considered normal.
10 Years	Abnormally dilated loops of bowel, suggestive of a foreign body or obstruction, are not observed.
WEIGHT	Pancreas
6.99 Pounds	The pancreas has a mildly coarse echotexture, which is considered secondary to age related changes, however, previous episodes of pancreatitis cannot be excluded. There are no signs of active pancreatitis or neoplasia.
INTERPRETED BY	Other
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	Lymph nodes
IMAGING PERFORMED BY	No abnormalities are observed
Crystal Hill	Abdominal effusion is not visualized.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
St. Catharines AH	<ul style="list-style-type: none"> • Liver and Gallbladder: chronic administration of steroids could cause the hyperechogenicity and hepatomegaly, but they should not cause elevated liver enzyme activities in cats. Differential diagnoses for the heterogeneous echotexture and severe increase in liver enzymes include immune-mediated cholangitis/cholangiohepatitis with cholestasis, a secondary ascending bacterial infection is also possible. Other differentials to consider include toxoplasmosis, a chronic hepatotoxin (drug, natural supplement, environmental toxin, etc.). • Spleen: Extramedullary hematopoiesis and reactive hyperplasia are possible differential diagnoses for the subtle changes observed. The echotexture may also be normal for Squeaky. The occasional pinpoint, hyperechoic foci are suggestive of mineralization, fat or fibrosis, and are not considered clinically significant. • Pancreas: Most consistent with age-related changes. No obvious signs of active pancreatitis or neoplasia.
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PATIENT

Squeaky Bowman

- **Gastrointestinal tract:** A delay in gastric emptying may be present if Squeaky was fasted. Underlying GI disease cannot be ruled out despite the absence of sonographic abnormalities, i.e., the diffuse, yet mild ileus may be due to a chronic enteropathy, IBD, food intolerance, etc.

SPECIES

Feline

- **Kidneys:** Age-related degeneration is a likely component of the renal changes observed. Pyelonephritis cannot be excluded, particularly with chronic administration of steroids. Glomerulonephritis and interstitial nephritis are also possible given the hyperechogenicity of the cortices and the surrounding parenchyma.

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following are suggested/recommended

SEX

Spayed Female

A urinalysis and urine culture and sensitivity to exclude pyelonephritis

FeLV/FIV testing, if not already performed

AGE

10 Years

Evaluation for Toxoplasma spp.

A fine needle aspirate of the liver may be performed, however, a tissue biopsy with culture of hepatic tissue would be much more informative.

WEIGHT

6.99 Pounds

A fine needle of the spleen could also be performed.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate

If the client is not yet ready to pursue a hepatic biopsy, treatment for suppurative cholangitis/cholangiohepatitis and cholecystitis may be pursued. Although indiscriminate use of antibiotics is not normally recommended, one could begin treatment with a broad-spectrum antibiotic, including enrofloxacin, and assess clinical response. *If a response is observed, continue antibiotics for a total of 6 to 8 weeks.

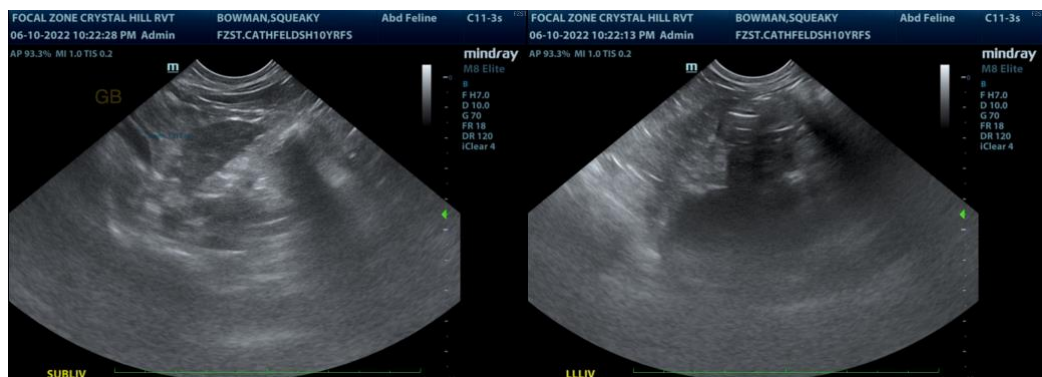
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Note, a single dose of vitamin K (0.5 mg/kg SQ) is suggested due to the high likelihood of cholestasis.

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Squeaky Bowman

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

6.99 Pounds

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HOSPITAL NAME

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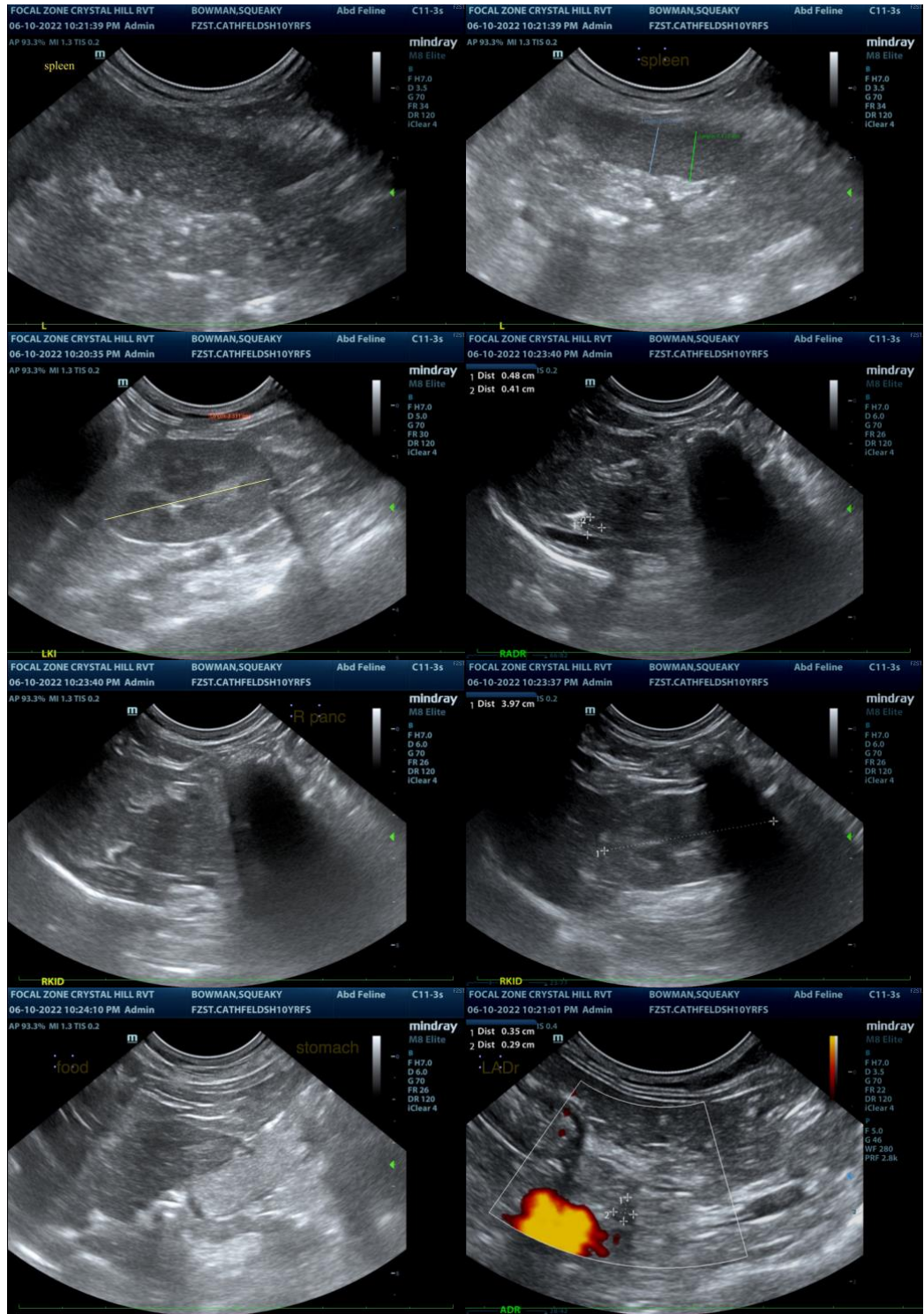
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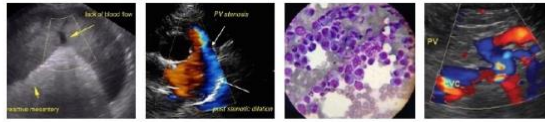
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PATIENT

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SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

6.99 Pounds

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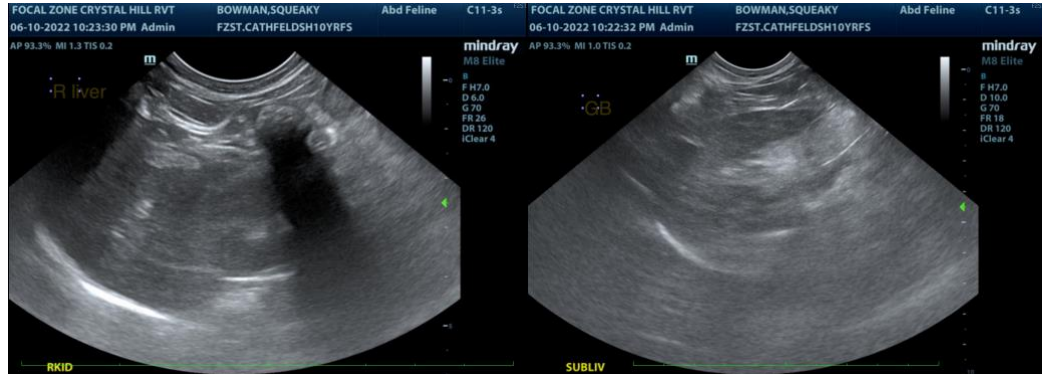
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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