



PATIENT

Blusha Brikker

PRESENTING CLINICAL SIGNS

History: Hx of asymptomatic UTI and mild hypocalcemia, weight loss, intermittent vomiting
Abnormal PE/Chem/CBC/UA Results: CBC wnl, chemistry - calcium 7.8 mg/dl

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone, and there is no evidence of sediment, cystoliths, polyps or a mass. The proximal urethra is not visualized.

BREED

Domestic Longhair

SEX

Spayed Female

Kidneys

The **left** kidney measures 4.10 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. There is no evidence of mineralization or calcification. The surrounding mesentery is not hyperechoic.

AGE

8 years

The **right** kidney measures 4.23 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. There is no evidence of mineralization or calcification. The surrounding mesentery is not hyperechoic.

WEIGHT

8.84 lbs

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

Aortic bifurcation/trifurcation

No abnormalities observed.

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Dr. Favis

Adrenal Glands

The **left** adrenal gland measures 0.35 cm. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. No obvious abnormalities are observed with the surrounding vasculature.

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The **right** adrenal gland measures 0.31 cm. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. No obvious abnormalities are observed with the surrounding vasculature.

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Spleen

The spleen is within normal limits in size 6.4 mm (normal = 10 mm), echotexture, and echogenicity. The capsule is smooth. Two small, hyperechoic, well circumscribed nodules are noted mid-body (e.g., 1.2 mm x 1.4 mm). They do not cast an acoustic shadow. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

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Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. It is diffusely hyperechoic, i.e., it is isoechoic to the spleen, and a diffuse, mildly coarse or granular echotexture is observed. Focal lesions are not observed and no abnormalities are observed with the hepatic vessels.

The gallbladder (GB) wall is within normal limits in thickness and echogenicity. A small amount of free floating echogenic material is present within the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

Gastrointestinal

Gas is 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.

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Gas is present within the small intestines. Abnormally dilated loops of bowel are not observed.

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.

Pancreas

The **left limb** is mildly hypoechoic. Its contours are regular. The surrounding mesentery is mildly to moderately hyperechoic.

Other

Lymph nodes

No abnormalities are observed

Abdominal effusion is not visualized.

Mesentery

The mesentery surrounding the liver, stomach and spleen is mildly to moderately hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- **Liver:** Vacuolar and reactive hepatopathies may be present. Differential diagnoses include cholangitis/cholangiohepatitis and cholestasis. A secondary bacterial infection may also be present. Subclinical hepatic lipidosis may also be present. There are no signs of neoplasia.
- **Gallbladder:** Obvious signs of cholecystitis are not appreciated.
- **Pancreas:** A subtle, smoldering pancreatitis is suspected.



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- “Triaditis” could be causing the vomiting and weight loss, despite the absence of sonographic abnormalities of the gastrointestinal tract, or the liver and pancreas alone may be involved.

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- **Spleen:** The two hyperechoic nodules are very small and likely due to mineralization or possibly deposition of fat. They are not considered clinically significant, in spite the hypercalcemia.
- **Kidneys and urinary bladder:** There are *no* signs of calcification or calciuria

BREED

Domestic Longhair

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following are suggested/recommended

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A total serum thyroxin (TT4) if not already performed.

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An ionized calcium, PTH, PTHrP and vitamin D may be performed to exclude idiopathic hypercalcemia.

Another option is to feed a diet that is high in soluble fibre to bind the additional calcium. A diet with the s/o index by Royal Canin is another option.

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A spec fPL, serum cobalamin, and folate, to confirm pancreatitis and assess for underlying maldigestive, malabsorptive disease and dysbiosis.

Fine needle aspirate of the liver, culture of bile, pending PT/PTT *or* attempt medical therapy first, i.e.

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Deworm with broad-spectrum dewormer (fenbendazole) depending on risk of exposure (including other pets in household who go outdoors)

Dietary trial (veterinary prescription brand hypoallergenic, i.e., hydrolyzed or novel protein); ensure appetizing to prevent hepatic lipidosis, sarcopenia and cachexia (*keeping in mind diet for hypercalcemia if ionized calcium is elevated*).

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Monitor Blusha’s weight, body and muscle condition score every 2 weeks

If no response to the above therapy, fine needle aspirate of liver and culture of bile, *or*

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Cholestasis, cholangitis/cholangiohepatitis and cholecystitis cannot be excluded, including and secondary ascending bacterial infections. Although indiscriminate use of antibiotics is not normally recommended, one could administer a broad-spectrum antibiotic and assess clinical response. *If a response is observed, continue antibiotics for a total of 4 to 6 weeks.

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If still no response despite treatment with antibiotics, consider fine needle aspirate of liver and culture of bile once off antibiotics for a minimum of 4 weeks.

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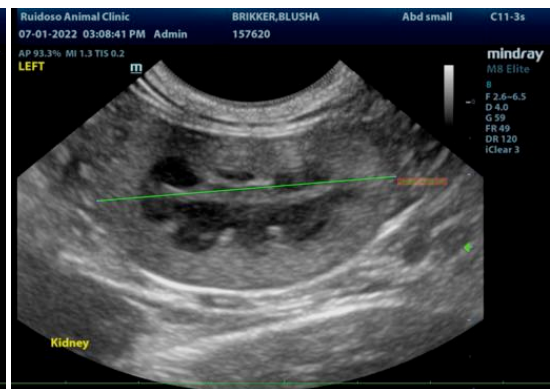
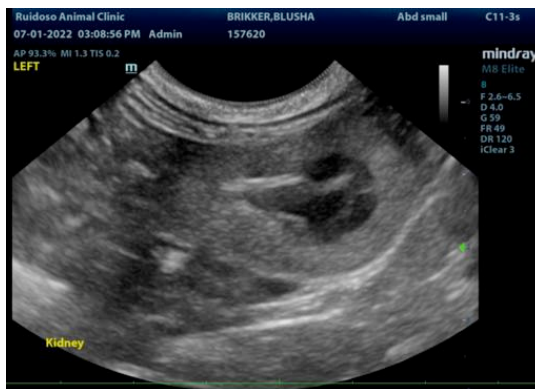
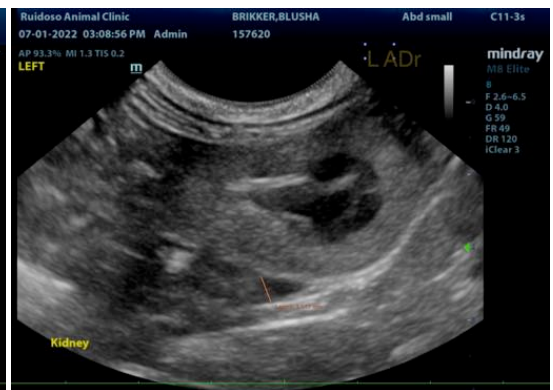
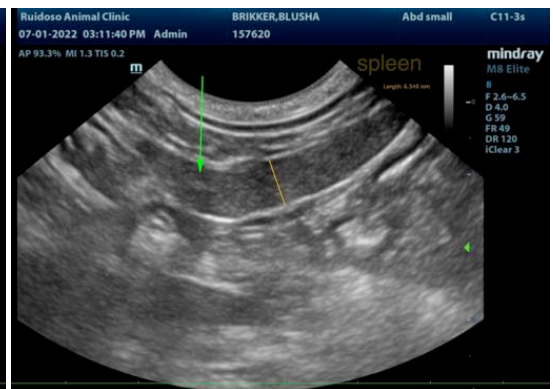
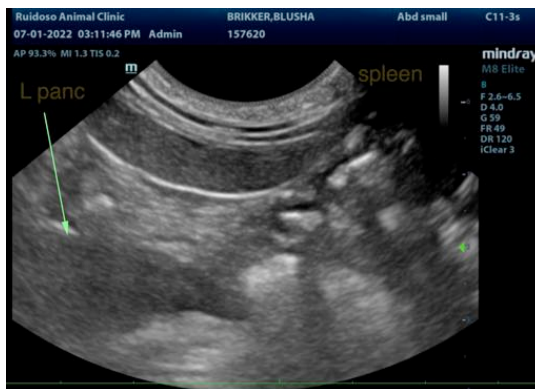
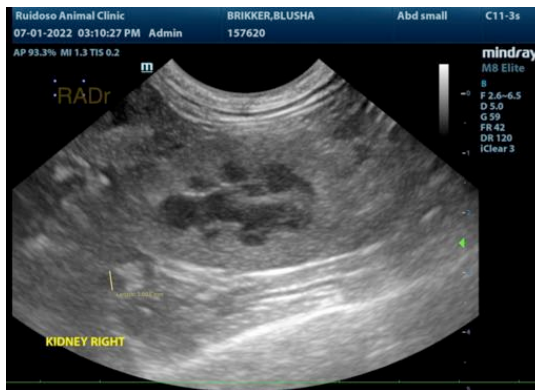
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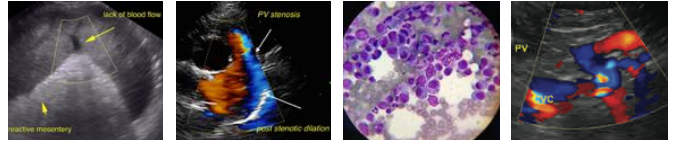
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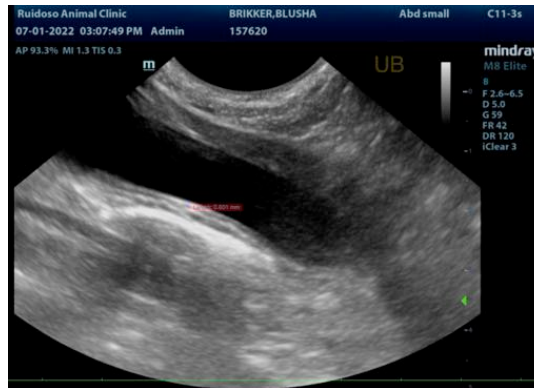
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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