



**PATIENT**

Abby Gregg

**PRESENTING CLINICAL SIGNS**

History: Weight loss, panting, increased heart rate. Elevated ALT, ALKP.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Very minor non-dependent particulate sediment, likely indicative of minor cellular or crystalline debris was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

**BREED**

DSH

**SEX**

Spayed Female

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.3 cm in length.

**AGE**

11 Years

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.28 cm width.

**WEIGHT**

6.5 Lbs.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.9 cm in width at the level of the hilus.

**IMAGING PERFORMED BY**

Rachel Runnells, RVT

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

Dr. Mike Esau

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm.

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The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio. No overt evidence of loss of intestinal wall layering or intestinal masses visualized. The duodenum wall measured 0.22 cm. The jejunum wall measured 0.21 cm.

**DATE**

1/24/22

Normal visible colon wall layers were present with apparent formed feces in lumen.



**PATIENT** *Pancreas*

Abby Gregg The pancreas was normal in size and contour with mildly hypoechoic parenchyma compared to adjacent omentum.

**SPECIES** *Free Abdomen*

Feline No omental masses, lymphadenopathy or effusion was present.

**BREED** *ULTRASONOGRAPHIC FINDINGS*

- Mild chronic renal changes
- Suspect mild pancreatitis
- Possible inflammatory enteropathy
- Nonspecific hepatopathy- subjectively benign

**AGE** *INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS*

11 Years Overall, no overt evidence of significant abdominal visceral pathology as an obvious cause of the patient's weight loss.

**WEIGHT** The overall appearance of the liver was nonspecific with considerations including inflammatory hepatopathy or hepatobiliary process given the ALT elevation with potential for vacuolar hepatic changes and hepatic cholestasis given the ALP elevation. Occult hepatic neoplasia is considered a less likely differential diagnosis. Ultrasound guided FNA of the liver could be considered for screening cytology, primarily to assess for evidence of inflammatory cells and rule out less likely neoplasia.

**INTERPRETED BY** Potential for triad disease may be a consideration in this patient, although evidence of structural gastrointestinal pathology was not sonographically present. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Three-view chest radiographs are also suggested to rule out occult thoracic pathology.

**IMAGING PERFORMED BY** Empirical therapy for triad disease, which may include cobalamin supplementation, novel protein or hydrolyzed diet, mild analgesia, if evidence of cranial abdominal or subxiphoid discomfort on palpation associated with the pancreas +/- prednisolone trial at the lowest effective dose to control clinical signs could be considered with assessment of clinical response.

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**AGE**

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**WEIGHT**

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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.



**PATIENT**

Abby Gregg

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.

**SPECIES**

Feline

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**info@SonoPath.com**

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