



PATIENT

Grey Johansen

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7yr

WEIGHT

3.83kg

PRESENTING CLINICAL SIGNS

History: Presented as a referral for US: On 6/17: EENT, chest auscultation, abdominal palpation, nodes WNL. BAR Very dull hair color, shedding a lot but greasy on dorsal midline. Bladder expressed for sample without struggle. Clear yellow urine.

Abnormal PE/Chem/CBC/UA Results: 6/20 Bun 44 Alt 301 Ast 561 T4 WNL 7/14: RBC: 6.98 WBC: 23.6 NEU: 15.34 Lym: 6.986 Bun: 65 ALT: 279 Ast: 479 t4: wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A mild hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The right kidney measured 4.5 cm in length. The left kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

IMAGING PERFORMED BY

Dr. Raul Casas Dolz

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.

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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.

REFERRING VET

Dr. Raul Casas Dolz

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental to generalized nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.24 cm in width. The jejunum wall measured 0.22 cm in width. The ileocolic wall measured 0.38 cm in width.

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

Pancreas

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific mild renal medullary rim sign
- Hepatopathy
- Sonographically unremarkable GI tract with GI ingesta/chyme

WEIGHT

3.83kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall the appearance of the liver was nonspecific yet given the elevated ALT/AST combination, underlying inflammatory hepatic parenchymal or hepatobiliary etiology is suspected. Assuming normal clotting status a hepatic FNA using a 25g needle could be considered for screening cytology primarily to identify inflammatory cell type. No evidence of post hepatic stasis.

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Hepatosupportive medications +/- antibiotic trial appropriate for cholangiohepatitis initially for two weeks with reassessment of hepatic enzymes could be considered.

IMAGING PERFORMED BY

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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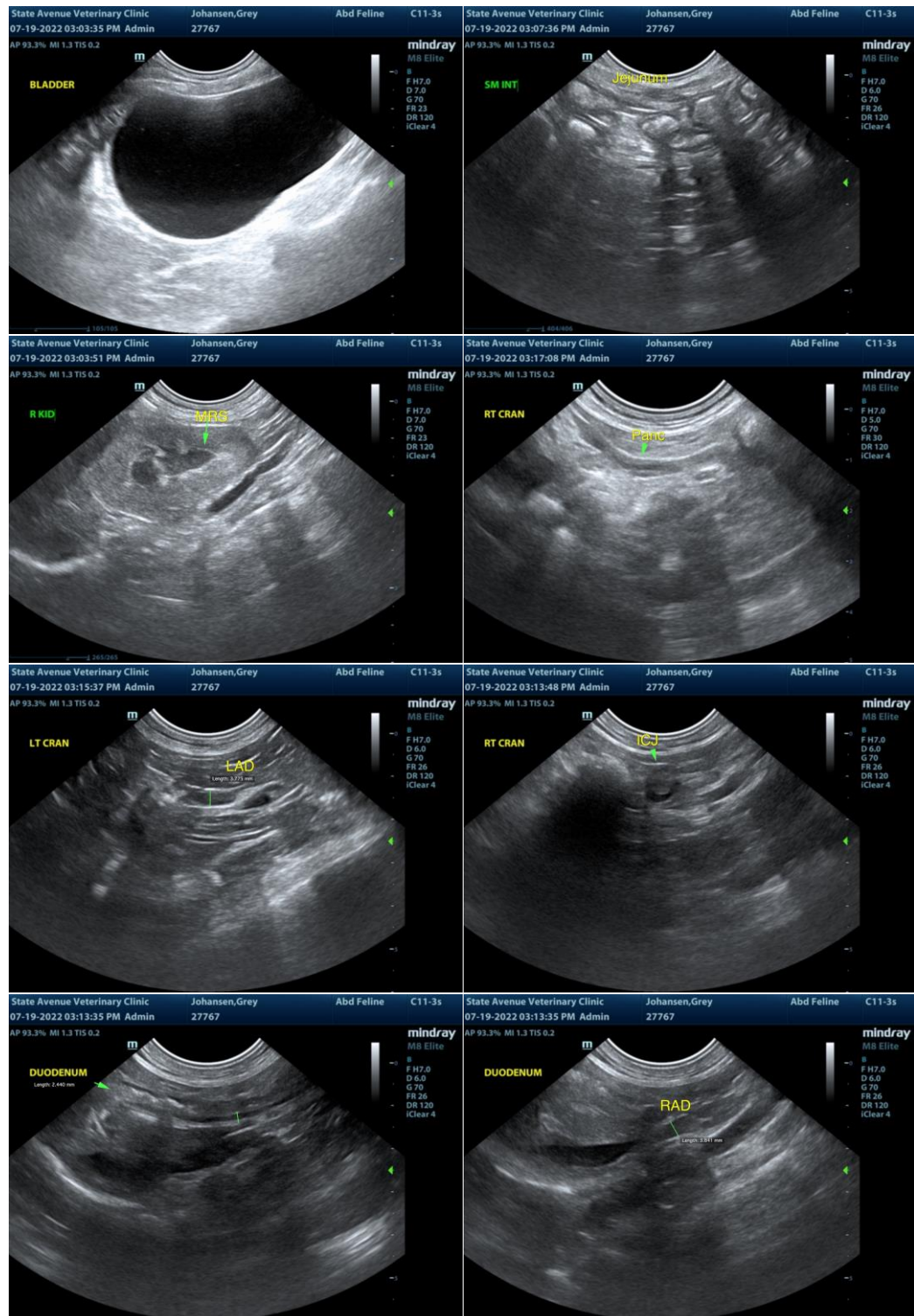
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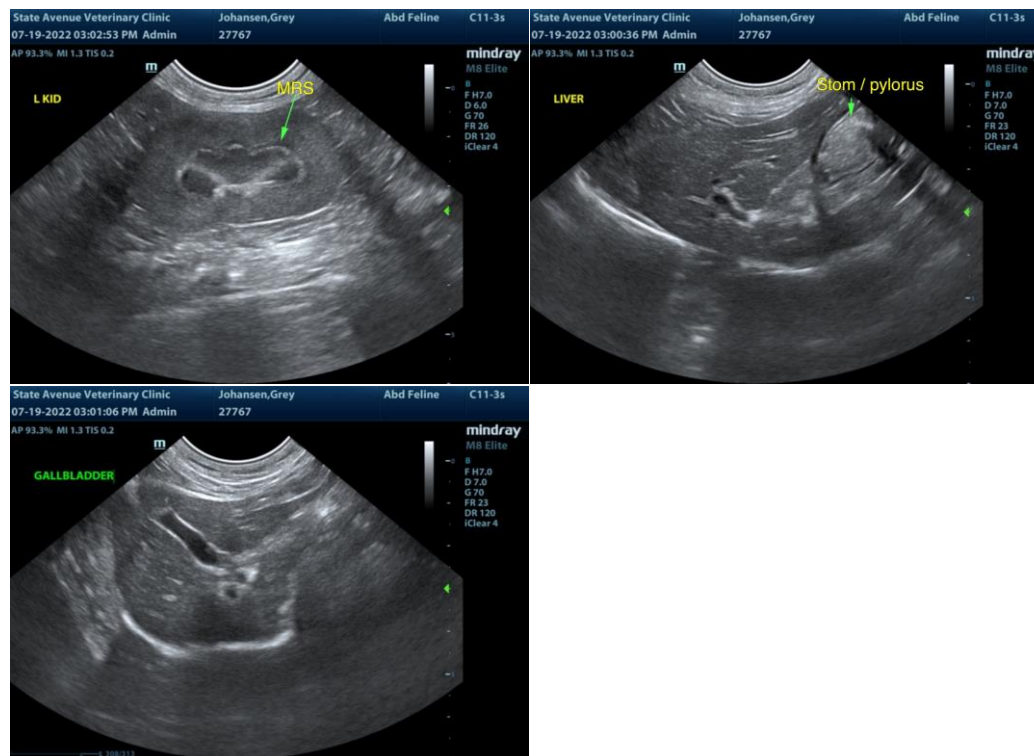
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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