

**PATIENT**

Lucky Miller

**History**

Disappeared for 2 days and when came back was lethargic, anorexic, and dehydrated. Was normal prior to go missing.

**SPECIES**

Feline

**Current therapy**

None.

**BREED**

DSH

**Physical Examination**

Dental disease, severe dehydration.

**SEX**

MN

**Urine Analysis**

SG 1.036, bilirubinuria, urobilirubinuria, and bacteruria.

**AGE**

13 years

**Hematology**

Mild non-regenerative anemia, band neutrophilia, lymphocytosis, monocytosis. Negative in-saline agglutination.

**WEIGHT**

5 kg

**Serum biochemistry**

Azotemia, hyperglobulinemia, severely elevated ALT activity and bilirubin, elevated osmolality.

**Survey Abdominal radiographs**

- Good fat definition.
- Hepatomegaly.
- Gas and fecal material in colon.

**HOSPITAL NAME**

Central Island Veterinary  
Emergency Hospital

**Abdominal Ultrasound**

- Hepatopathy with a normal echogenic appearance.
- Small gall bladder with edema surrounding the gall bladder.
- Small amount of ascites around the cranial liver lobes.

**REFERRING VET**

Dr Catherine Daniel

**INTERPRETATION OF THE FINDINGS/DIFFERENTIAL/PERTINENT DIAGNOSES**

**DATE**

6/10/22

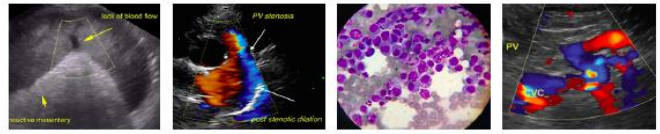
With the acute onset, severely elevated ALT activity, and bilirubinemia and bilirubinuria, an acute hepatopathy would be the most likely diagnosis with etiologies being trauma, hepatotoxicity (plants, microcystitis from algae, mushrooms, etc.), viral or bacterial hepatitis, and Leptospirosis.

Etiologies for the gall bladder edema would be anaphylaxis and cardiac disease.

The normal SG with the dehydration (clinical finding and elevated osmolality) and normal appearance of the kidneys, the azotemia can be described as pre-renal in origin.

The band neutrophilia and monocytosis can be ascribed to inflammation from the hepatopathy.

The anemia would be a non-specific finding but with the ascites around the liver, hemorrhage from trauma would need to be considered.



<b>PATIENT</b>	Although the lymphocytosis could be associated with the hepatopathy, underlying lymphoproliferative disease needs to be considered, especially as there is hyperglobulinemia present, although the latter may merely be secondary to the dental disease.
Lucky Miller	
<b>SPECIES</b>	As there is no evidence of an inflammatory reaction in the urine, the bacteria would be asymptomatic bacteruria.
Feline	
<b>BREED</b>	<b><u>RECOMMENDATIONS</u></b>
DSH	Initial assessment would be to rule out Leptospirosis with PCR and initial management would be to correct the dehydration, control abdominal pain from the hepatopathy with opioid analgesics, and support the liver with ursodiol. Repeating ALT activity in 36-48 hours is indicated and if the value is decreasing then further damage to the liver is not occurring.
<b>SEX</b>	
MN	Once stabilized further assessment would be:
<b>AGE</b>	<ul style="list-style-type: none"> <li>• Repeat CBC and if lymphocytosis is still present then reviewing the CBC and blood smear by a clinical pathologist.</li> <li>• Survey thoracic radiographs.</li> <li>• Repeat urea, creatinine, and SDMA to ensure that levels have normalized.</li> <li>• Serum protein electrophoresis.</li> <li>• FNA cytology of the liver if there is not a drop in ALT activity after 36-48 hours.</li> <li>• Repeat abdominal ultrasound after 24 hours to monitor the ascites and if it has become progressive that it be tapped and analyzed.</li> </ul>
13 years	
<b>WEIGHT</b>	
5 kg	
<b>HOSPITAL NAME</b>	
Central Island Veterinary Emergency Hospital	
<b>REFERRING VET</b>	
Dr Catherine Daniel	Once the cat has been stabilized, feeding a good protein source would be indicated and if not eating then tube feeding should be considered.
<b>DATE</b>	As abdominal trauma is a possible etiology, monitoring for pancreatitis (ultrasound, fPL/PSL assay) would be recommended if there is not a satisfactory improvement or there is deterioration after a few days.
6/10/22	

Thank you for the referral. Please do not hesitate to contact me if you require any further advice concerning this case and if there is further diagnostic data available.

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