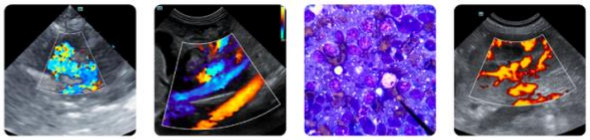


PATIENT

Nugget Fasnacht

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

3.98 kg

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Sarah Mosser

INVOICE

35651

DATE

2/1/26

PRESENTING CLINICAL SIGNS

- Nugget presented on 2/1/26 at 1am for not defecating for 3 days. She also has had a decreased appetite, thirst, and urination over the past several days. She had a few episodes of vomiting foamy bile as well. Nugget has a history of hyperthyroidism which is currently managed with methimazole and receives Miralax for a history of constipation.

- Abnormal PE/Chem/CBC/UA Results: Moderate tartar/gingival erythema Unkempt appearance Mild generalized muscle atrophy CBC: Neutrophils 12.62 (H), Monocytes 1.6 (H), Platelets 101 (L) Invue: Neutrophils 13.40 (H), Monocytes 1.76 (H), Platelets > 150 (adequate) Chem + Lytes: BUN 54 (H), Ca 13.2 (H), ALT 776 (H), ALP 1156 (H), GGT 29 (H), Tbili 1.1 (H) UA: RBC 41/hpf, WBC > 50/hpf, unclassified crystals 1-5/hpf Radiographs: Thorax: appears unremarkable; Abdomen: moderate amount of gas within stomach, gritty heterogenous material within colon, two circular radio-opaque cystic calculi

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment evident. Two uroliths were present, measuring approximately 0.7 cm in size. Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 3.5 cm. The right kidney measured 3.4 cm. Normal colorflow pattern was evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.9 cm in length x 0.32 cm in width. The right adrenal gland measured 0.97 cm in width x 0.52 cm in width.

Spleen

Normal size (0.7 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

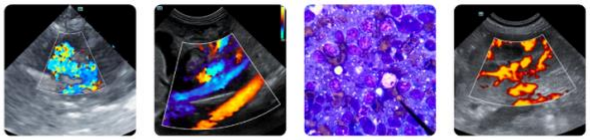
Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal



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A small amount of fluid was present within the stomach. Normal appearance of the duodenum, small intestine, and ileo-cecal junction, with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Fecal material was present within the colon.

Pancreas

Visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Uroliths

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the elevated liver enzyme activity. Although the liver appears ultrasonography normal, with the elevated liver enzyme activity, an underlying hepatopathy such as reactive hyperplasia, vacuolar, metabolic (secondary to the hyperthyroidism) as well as a possible drug reaction should still be considered.

Further Assessment would be urinalysis, possibly urine culture, T4 assay and FNA cytology of the liver. A Tru-Cut or wedge biopsy of the liver may, however, be required for a final diagnosis.

Specific therapy would be dependent on an etiological diagnosis. Management of the uroliths would either be surgical removal or medical dissolution.

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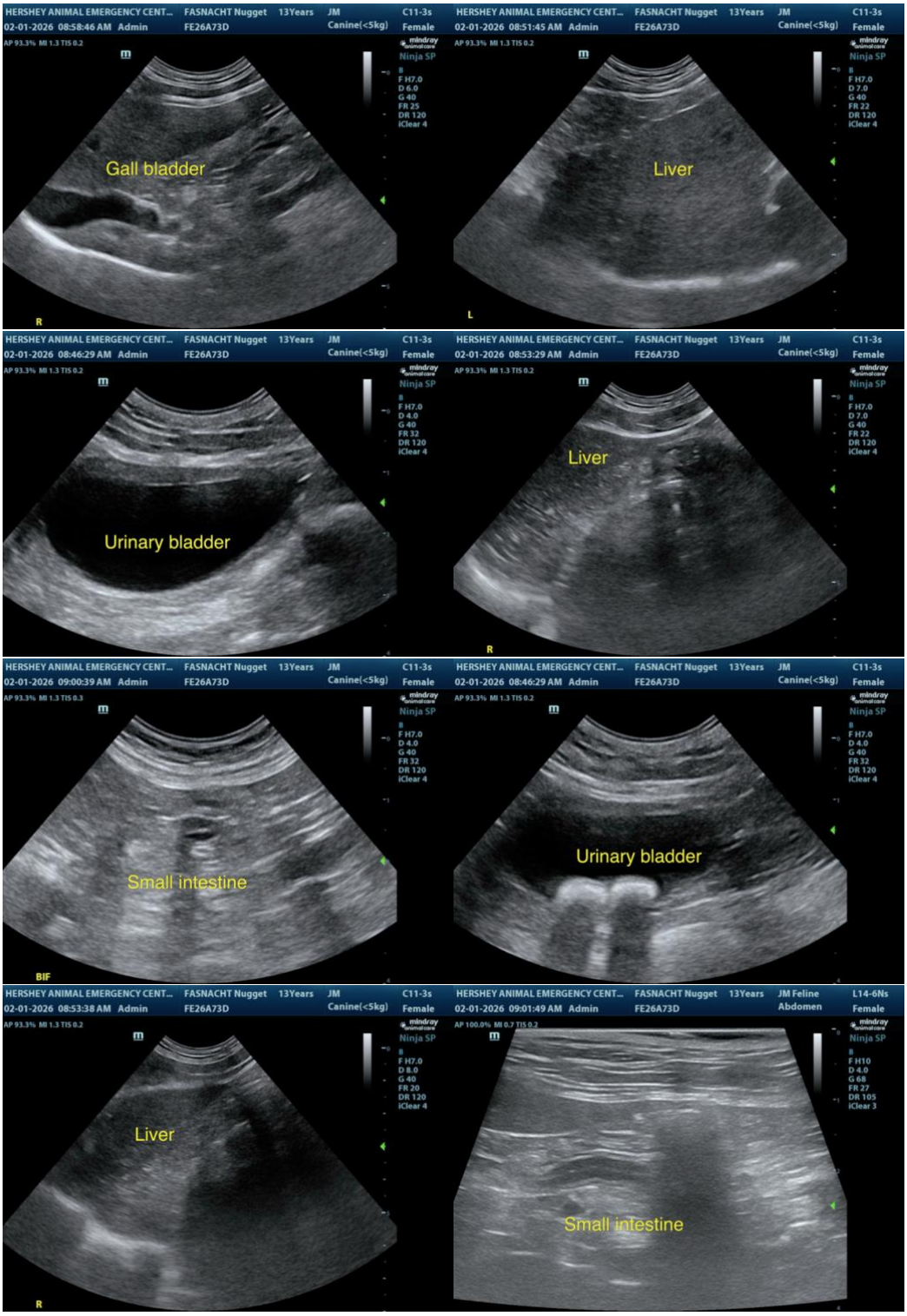

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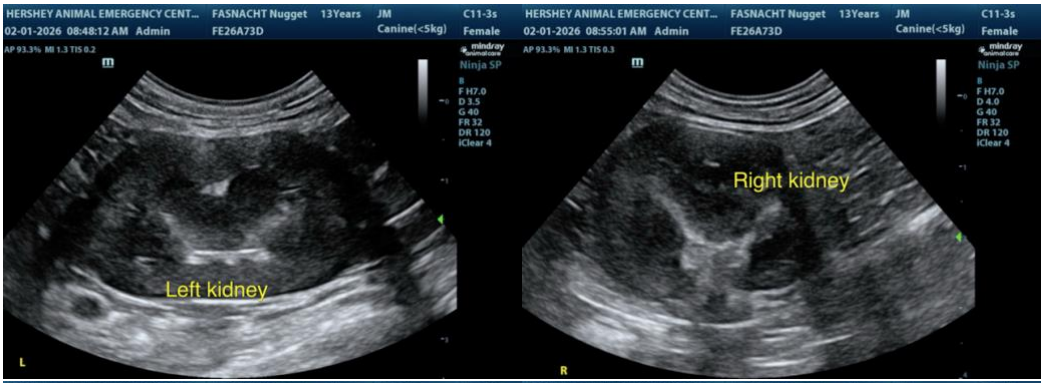

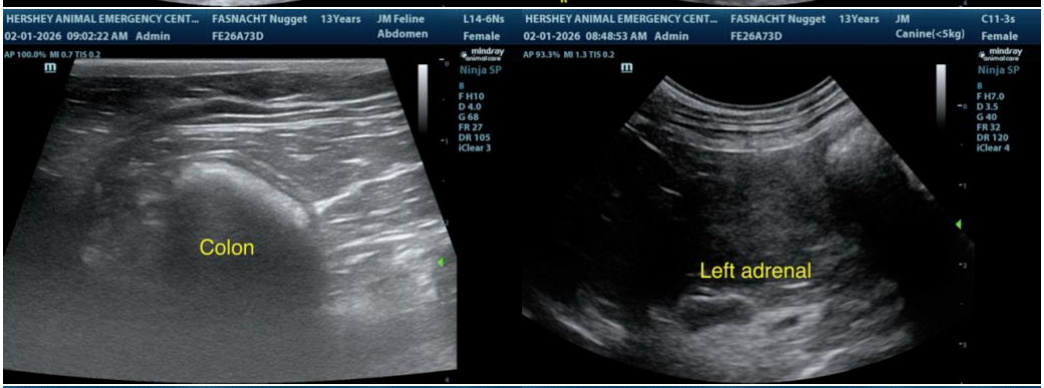

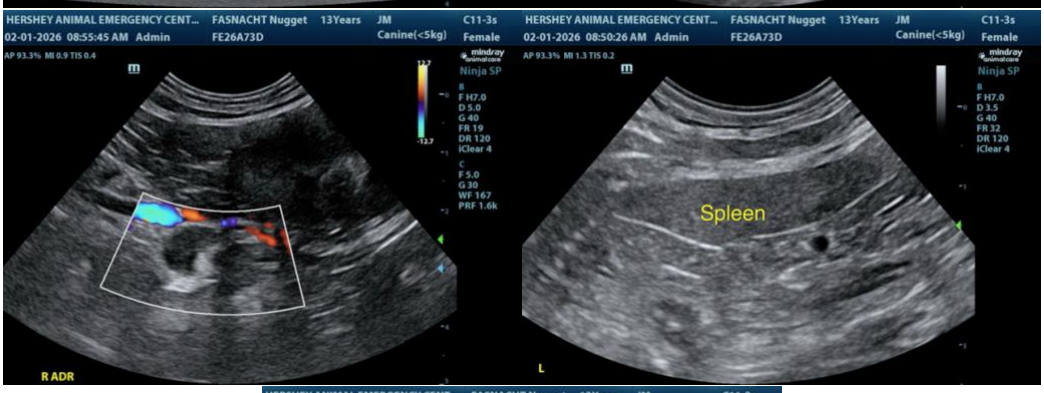

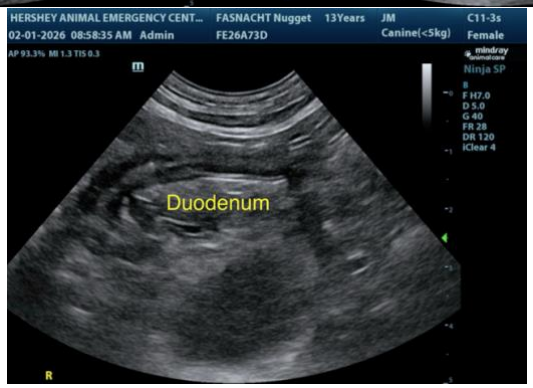

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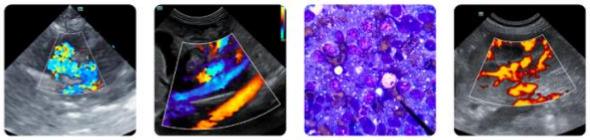

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com