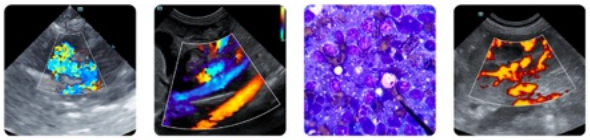


PATIENT

Joey Favino

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 ½ years

WEIGHT

7.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Center of Flanders

REFERRING VET

Dr. Hallihan

INVOICE

73461

DATE

3/12/26

PRESENTING CLINICAL SIGNS

- Weight loss, significantly elevated liver enzymes, gall bladder markedly distended last ultrasound, ravenous and increased food seeking
- finished pred 5mg EOD , b12- 0.25 sq once per month
- Trace blood in U/A, UPC - .3, 1.023 sg HCT (lo) 28.2, ALT - 441981, AST 343(HI) ALK PHOS - 303, Pro BNP - 109(HI) , GGT- 7, TBILI- 0.7, Note T4- normal 1.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

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 (left measured 3.9 cm, right measured 3.8 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

The adrenal glands were not clearly visualized, but appear to be of normal shape, echogenic appearance and size.

Spleen

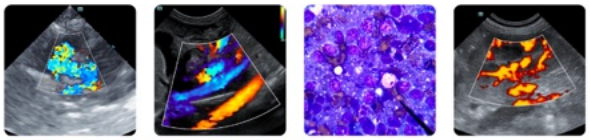
Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.7 cm in width.

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

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Dilated and tortuous appearance of the cystic and common bile duct.



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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A large amount of ingesta is present within the stomach. Chyme is present within the proximal small intestine both compatible with a recent meal. Fecal material is present within the colon.

Pancreas

The 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.

A scant amount of ascites is present.

ULTRASONOGRAPHIC FINDINGS

- Age related renal changes versus early chronic kidney disease.
- Dilated and tortuous bile duct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the bile duct can be considered an incidental age related finding.

On this ultrasound there is no obvious etiology for the presenting clinical signs or the elevated liver enzyme activity.

Although T4 is within the reference range, with the presenting clinical signs and elevated liver enzyme is indicative of hypothyroidism.

Approximately 9% of hypothyroidism cats do not show elevated total T4.

Further assessment of this patient's thyroid status would be T3 and free T4 and free TH as well as TSH.

If hyperthyroidism has been excluded, then an enteropathy should be considered for the presenting clinical signs with differential diagnosis being parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease. In that case further assessment would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

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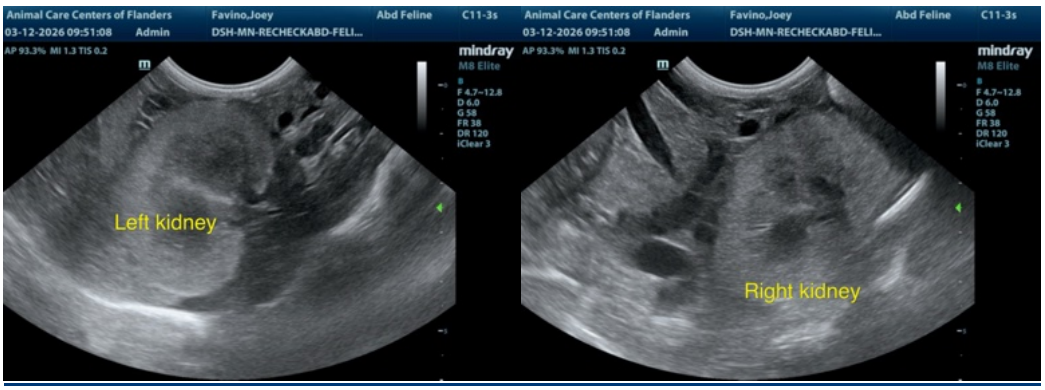

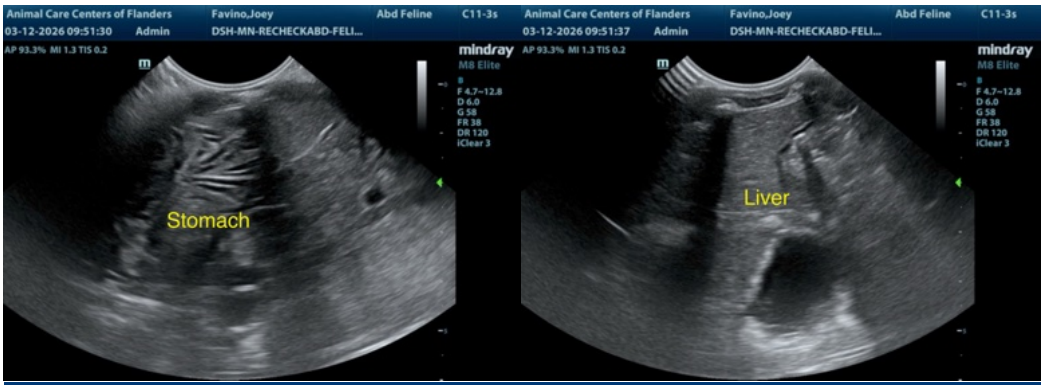

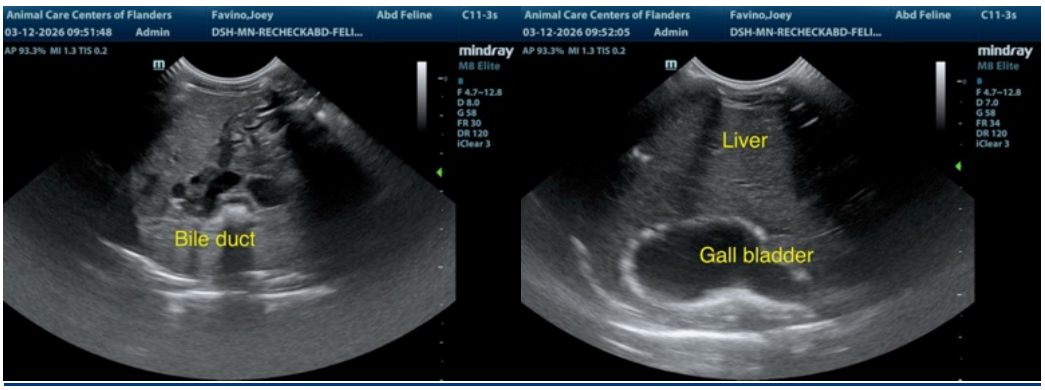

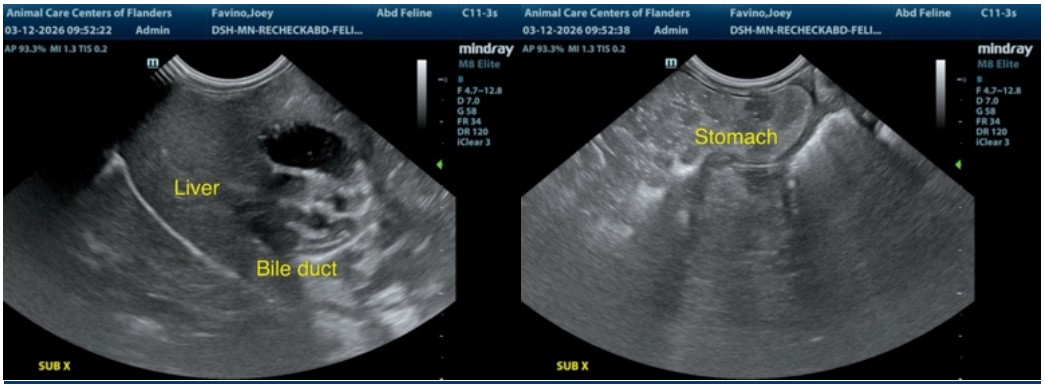

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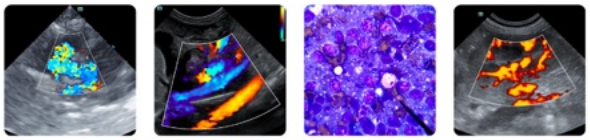

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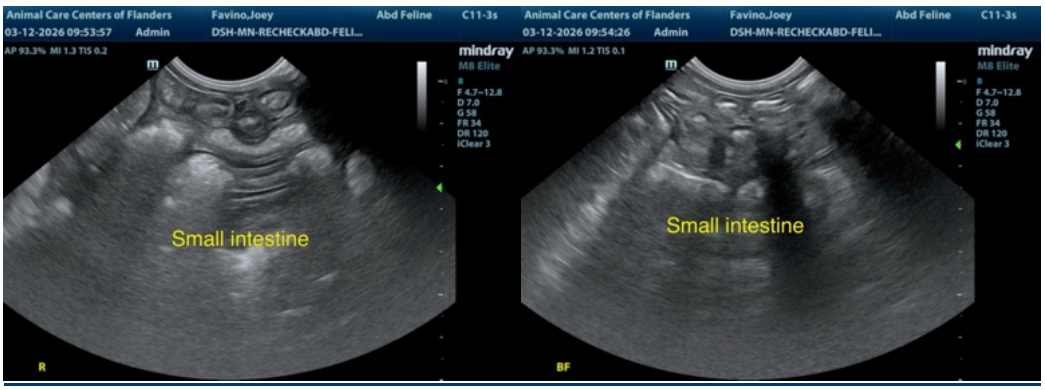

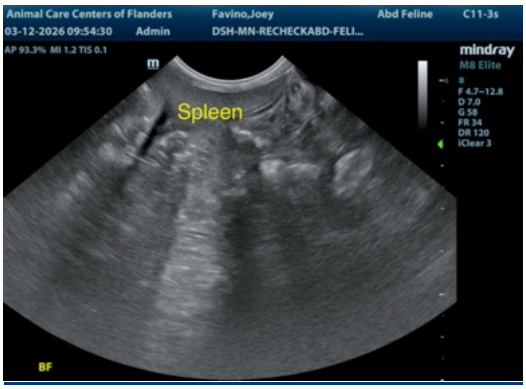

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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