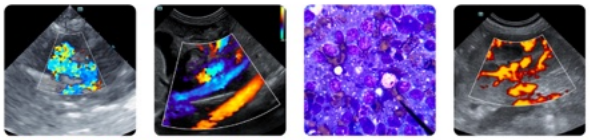

PATIENT

Tiny Blundetto

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

12.16 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Hoffman

INVOICE

74115

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PRESENTING CLINICAL SIGNS

- The patient presented with a recent history of anorexia, jaundice, lethargy, and weight loss. This was the first time that we saw this patient, so we do not have a previous weight for comparison, but the Owner reports that he lost about 10 pounds. BW was performed and revealed severely elevated liver enzymes and bilirubin, as well as an elevated pancreatic-specific lipase. Triaditis +/- hepatic lipidosis is suspected, but gall bladder or infiltrative disease is also considered. The patient was hospitalized with IVF and supportive care for about 48 hours prior to AUS - he ate a small amount at the time of hospital admission, but has been anorectic since.
- MEDS :IV Sodium Chloride at 12 mL/hr, Ampicillin 120 mg IV BID, Cerenia (maropitant) 5.5 mg IV SID, Famotidine 5.5 mg IV SID, Metronidazole 55 mg IV BID, Transdermal Mirtazipine SID
- CBC: moderate leukocytosis (WBC = 24.62 K/uL), characterized by a mature neutrophilia (NEUT = 23.31 K/uL) Chemistry: severe liver enzyme and TBIL elevations (ALT = 665 U/L, ALKP = 1273 U/L, GGT = 8 U/L, TBIL = 13.9 mg/dL); there is also a moderate hyperglobulinemia (GLOB = 5.8 g/dL) Pancreatic Specific Lipase = 13.4 U/L (Ref. 0.0-4.4) T4 = 0.8 ug/dL no significant changes noted on abdominal radiographs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A moderate amount of floating, hyperechogenic sediment.

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.

Small, irregular left kidney measuring 2.7 cm in size with an increased echogenic appearance, loss of corticomedullary differentiation and an irregular capsule. No infarcts, mineralization or renoliths evident.

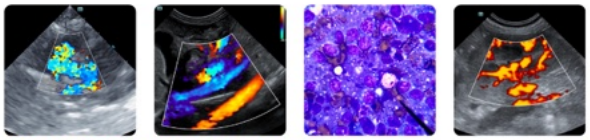
The right kidney measured 4.6 cm with normal architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.04 cm in length x 0.23 cm in width. The right adrenal gland measured 1.15 cm in length x 0.31 cm in width.

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.



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No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.8 cm in width.

Liver

Normal size with a diffuse increased echogenic appearance, decreased 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 a large amount of non-adhered, hypoechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

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.

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.

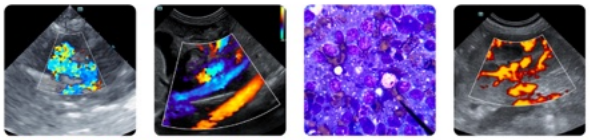
Free Abdomen

Normal mesenteric lymph nodes.

A moderate amount of acellular ascites is present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Left nephropathy.
- Urinary bladder sediment.
- Gallbladder sediment
- Ascites.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, lipidosis granulomatous disease and possibly infiltrative neoplasia.

Etiologies for the left sided nephropathy would be previous episode of acute kidney injury, bacterial nephritis, or obstructive uropathy and possibly a congenital anomaly.

Etiologies for the urinary bladder sediment would be incidental debris, crystalluria and possibly bacterial cystitis.

Gallbladder sediment is most likely an incidental finding.

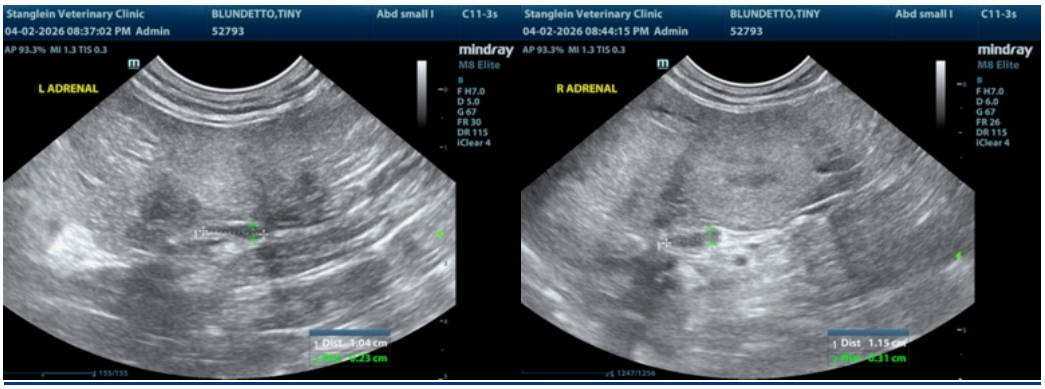
Although the visible section of the pancreas appear ultrasonographically normal with the elevated FPL activity, pancreatitis should still be considered.

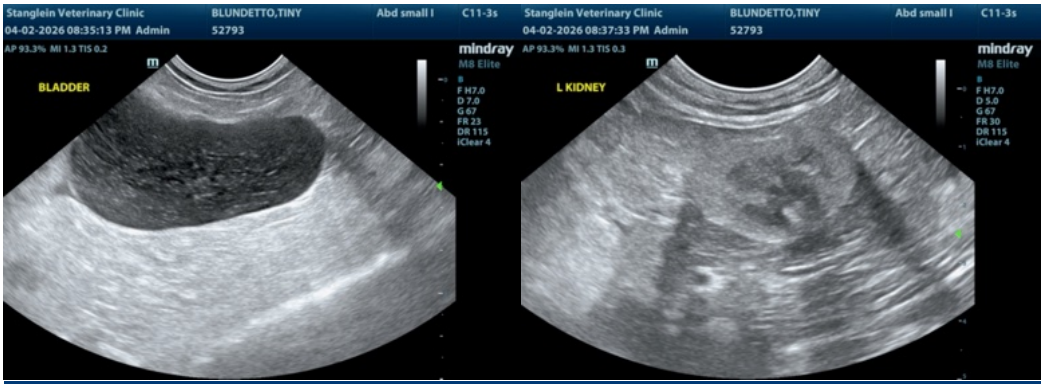
The most likely etiology for the ascites would be secondary to the hepatopathy. However, low grade peritonitis should still be considered.

Further assessment would be urinalysis, possibly urine culture, analysis of the ascitic fluid and FNA cytology of the liver.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be to continue with the current therapy, adding nutritional support an important component which may require tube feeding.





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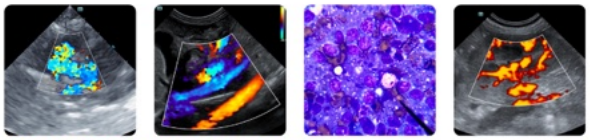

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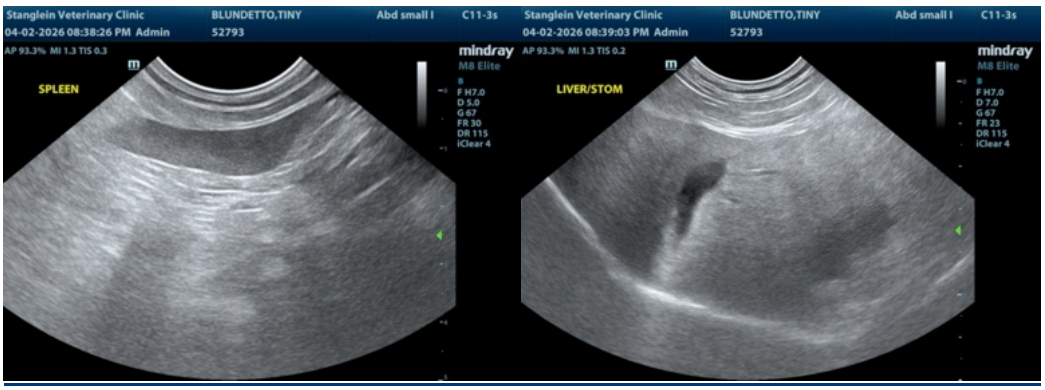

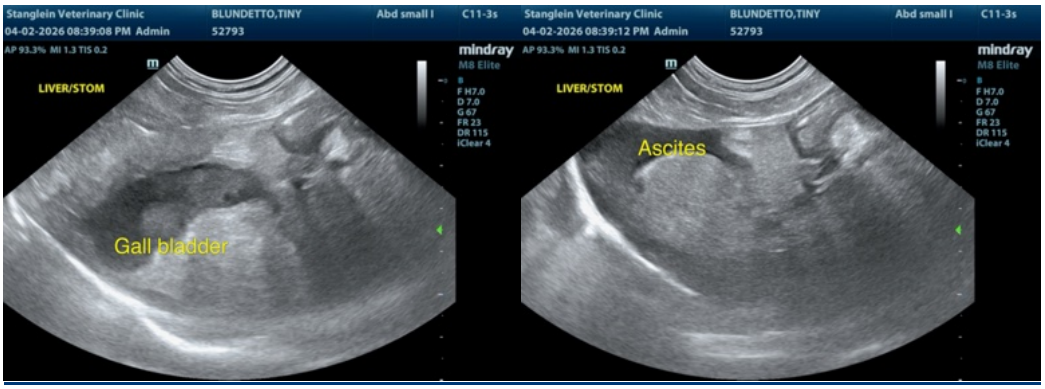

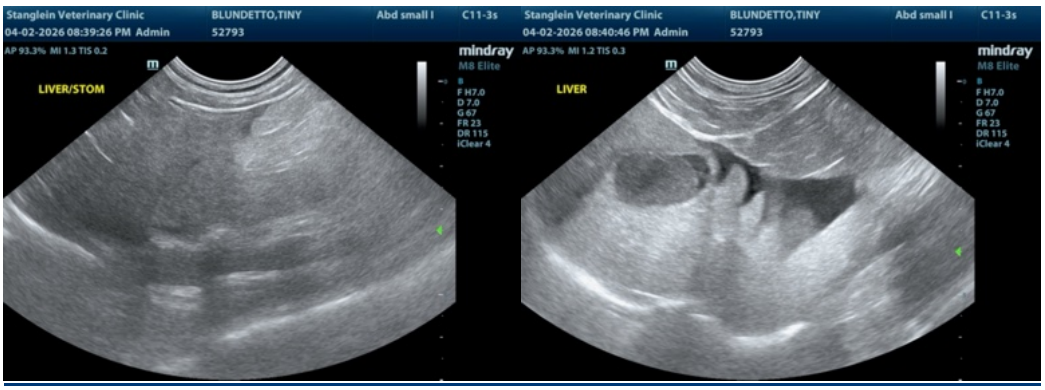

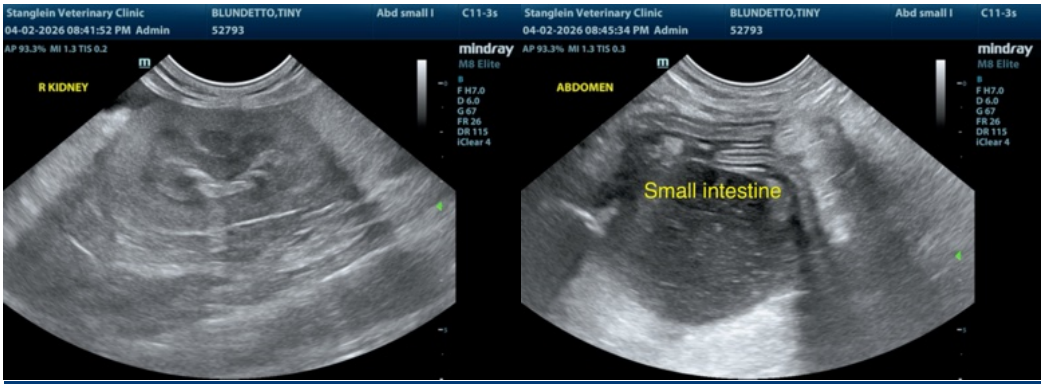

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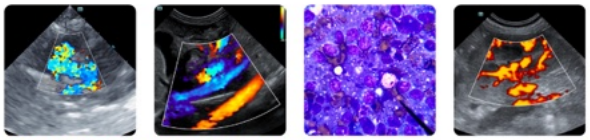

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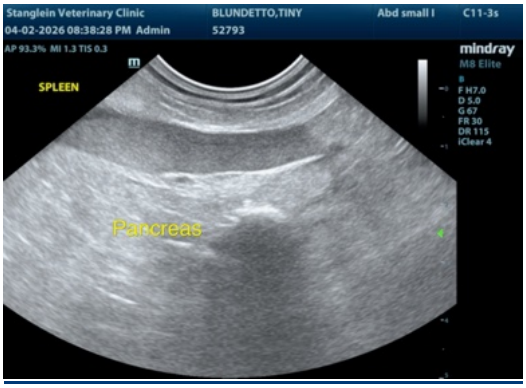

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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