

PATIENT PRESENTING CLINICAL SIGNS

Sophie Haigh Presentation and clinical exam findings: 14 year old FS DSH with history of progressive weight loss
Abnormal PE/Chem/CBC/UA Results: SDMA 16 (0-14)

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

DSH

SEX The kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measured 3.45 cm. The right kidney measured 3.43 cm.

Spayed Female

AGE **Adrenal Glands**

14 Years The right adrenal gland is normal in size (0.66 cm long x 0.43 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

WEIGHT The left adrenal gland is normal in size (1.1 cm long x 0.38 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

7 Pounds

INTERPRETED BY

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

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is a 0.6 cm x 0.8 cm echogenic density within the lumen, up against the wall. It can't be determined whether it is sludge versus tissue. There is marked dilation of the common bile duct, measuring as much as 2.0 cm in places.

REFERRING VET

Dr. Cole

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal



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IMAGING PERFORMED BY

Jenna Walsh, CVT

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contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas is diffusely hypoechoic to surrounding tissue. The visible capsule is smooth and normal in contour. Pancreatic parenchyma is coarse, and there is marked pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

PRIMARY FINDINGS

- Marked common bile duct and pancreatic duct dilation – Suggestive of an obstruction distal to the joining of the common bile duct and pancreatic duct. However, no obvious masses visible in these images. Differentials include dysfunctional duodenal papilla versus stricture versus occult neoplasia not visible in these images.
- Density within gallbladder – This could be mucus/sludge. However, a tissue mass cannot be ruled out, and if tissue, in cats is often malignant in nature.

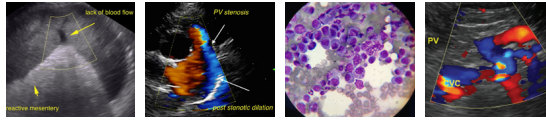
SECONDARY FINDINGS

- Chronic Kidney Disease - This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include several different options with the least invasive being recheck ultrasound at the level of the duodenal papilla with higher resolution images versus potentially an abdominal CT scan for more sensitive imaging of a potential mass or obstruction not visible in these images, followed potentially by a fine needle aspirate of the pancreas and the echogenic density within the gallbladder, is possible, and if patient's coagulation status is appropriate.

Prior to aspirating the density within the gallbladder, color flow doppler could be applied to the area to help determine mucus versus tissue with blood flow. Ultimately, surgical exploratory is likely indicated for this patient for further investigation of the obstruction beyond the pancreatic and common bile duct, and bile duct rerouting as indicated at the time of surgery.



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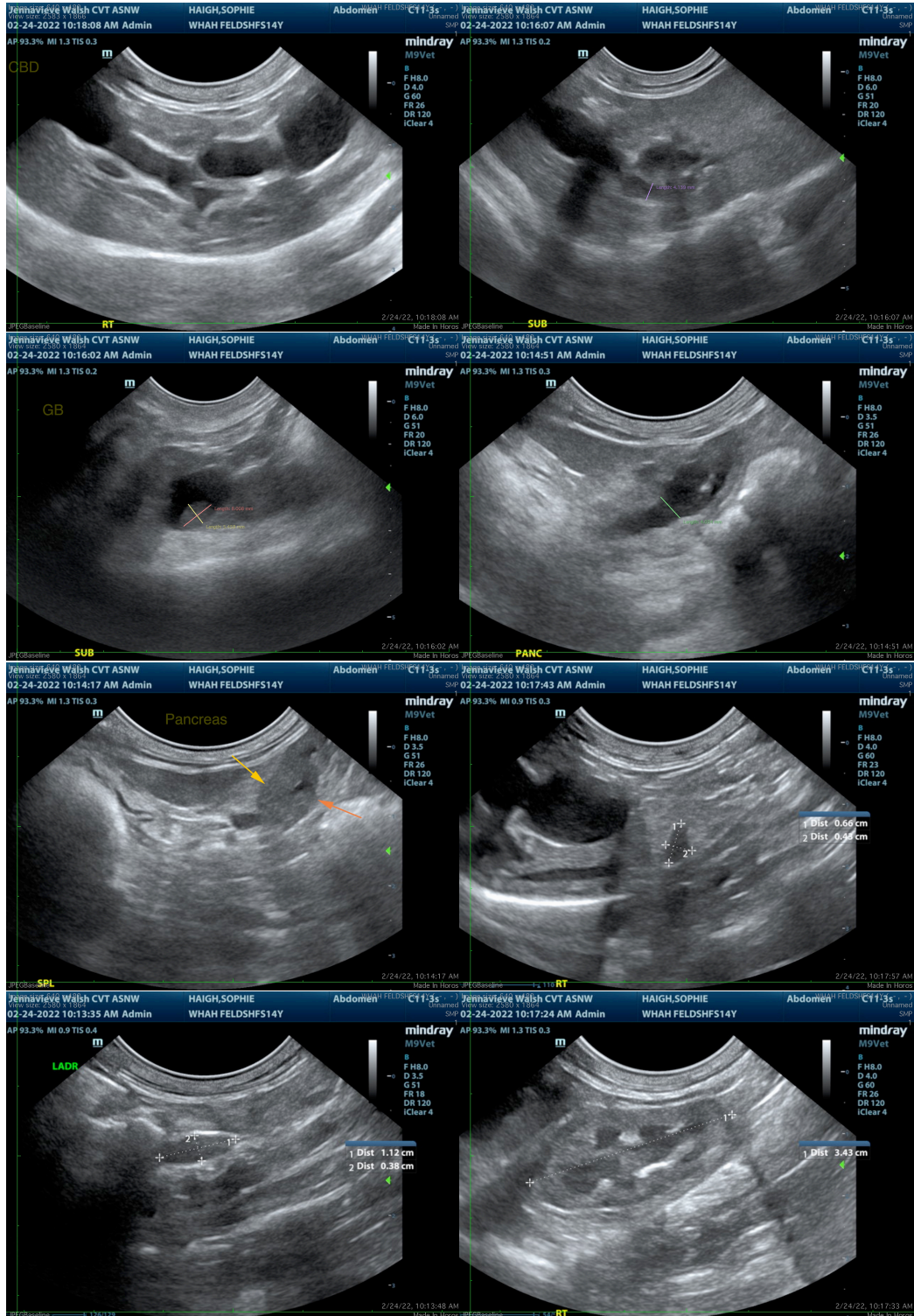
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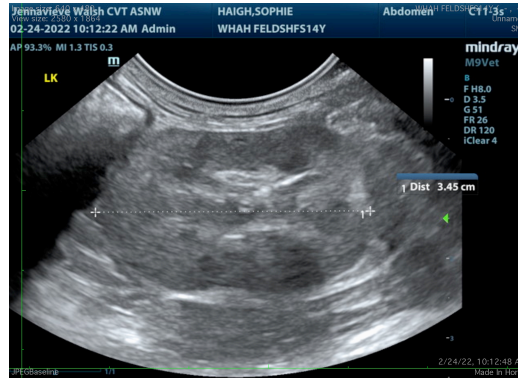
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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