



PATIENT

JD Danielson

PRESENTING CLINICAL SIGNS

History: crying out a lot at home increased liver enzymes persistent.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

BREED

DSH

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.43 cm. The right kidney measured 3.18 cm.

SEX

Neutered Male

AGE

18 Years

Adrenal Glands

Left adrenal gland is normal in size (0.26 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is unable to be visualized.

WEIGHT

12.5 Pounds

Spleen

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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

IMAGING PERFORMED BY

Jenn

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

HOSPITAL NAME

Rockaway AH

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

REFERRING VET

Dr. Maniar

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

INVOICE

16342

The visible colon is normal in wall thickness and layering. The small bowel is subjectively mildly distended with formed fecal matter.

DATE

6/27/22

Pancreas



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The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

SPECIES

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

BREED

DSH

Primary Findings

- Hypoechoic hepatomegaly- This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.

SEX

Neutered Male

- The colon appears subjectively full of formed stool

Secondary Findings

- Age related kidney changes

AGE

18 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A fine needle aspirate of the liver is recommended if patients coagulation status is appropriate, due to the reportedly increase in enzymes combined with slightly hypoechoic enlarged appearance.

WEIGHT

12.5 Pounds

The timing of the crying in pain would be helpful in further interpreting the subjectively full colon. If the timing of the crying is associated with litter box visits, abdominal x-rays are recommended for further evaluation of possible constipation. If the crying in pain is a more general finding, other considerations could include orthopedic and/or neurologic evaluation for sources of pain.

INTERPRETED BY

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DACVIM

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

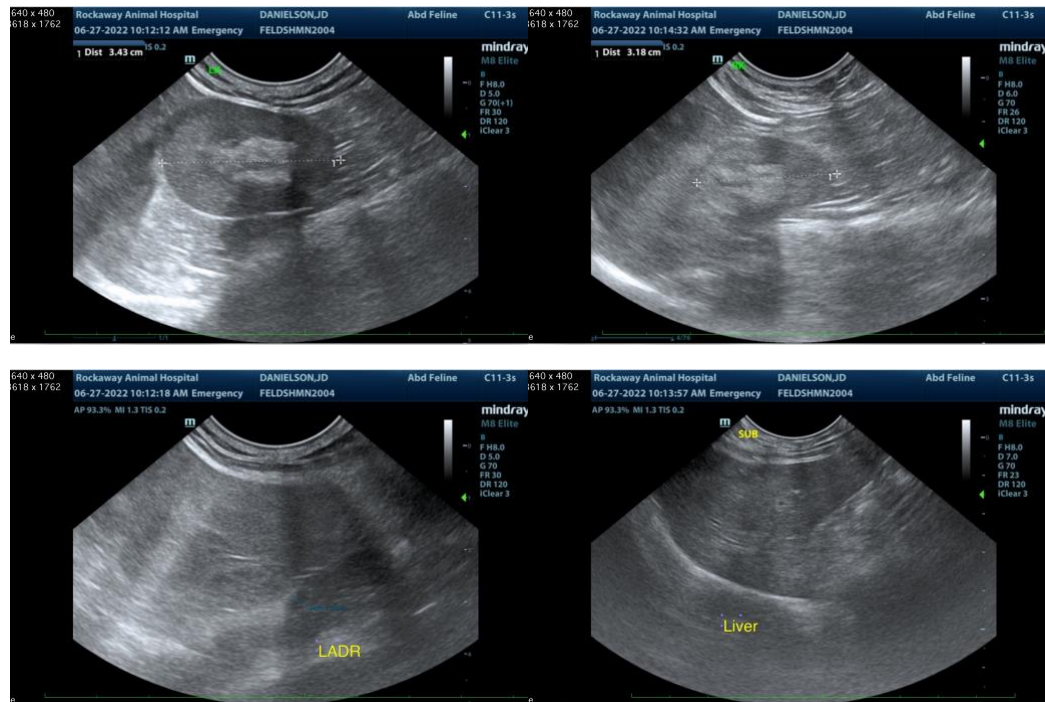
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

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