**PATIENT**

Lily Ziegler

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

7.2 Lbs.

**INTERPRETED BY**R. McKenzie Daniel, DVM,  
DABVP (Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Rigg

**INVOICE**

13469

**DATE**

1/17/22

**PRESENTING CLINICAL SIGNS**

History: Decreased appetite, hiding, decreased drinking, weight loss. On thyroid meds.  
 Abnormal PE/Chem/CBC/UA Results: Jaundice. RBC 4.69, HCT 22.4%, Hemoglobin 6.9, CREA 0.6,  
 ALT 329, AST 132, ALP 1730, TBIL 2.6, CREA KIN 537, T4 0.8,

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN***Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate nondependent to swirling particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. The bladder was otherwise normal. Aortic trifurcation was normal.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The right kidney measured 3.2 cm in length. The left kidney measured 4.0 cm in length. Potential for subtle compensatory hypertrophy associated with the left kidney given the mild borderline right kidney size.

*Adrenal Glands*

No overt pathology in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

*Spleen*

The spleen was mildly subnormal in size potentially owing to volume contraction. Otherwise, finely textured homogeneous parenchyma and normal capsule contour were present. The spleen. measured 0.48 cm.

*Liver*

The liver exhibited generalized enlargement with symmetrical to rounded swollen hepatic contour. Overall normal hepatic parenchyma echogenicity exhibiting moderate coarse echotexture. No hepatic masses or nodules noted.

The gallbladder was normal in size with primarily anechoic content and mild luminal debris. The cystic and common bile ducts were normal. No evidence of posthepatic stasis, obstruction or common bile duct distention.

*Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.20 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

**PATIENT*****Pancreas***

Lily Ziegler

The left pancreatic limb, caudal to the stomach, exhibited subjective mild prominent size with heterogeneous to mildly hypoechoic parenchyma compared to adjacent omentum.

**SPECIES*****Free Abdomen***

Feline

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS****SEX**

Spayed Female

- Moderate particulate urinary bladder sediment
- Bilateral mild chronic renal changes
- Hepatopathy
- Nondistended gallbladder containing mild luminal debris- no evidence of posthepatic obstruction
- Potential for low-grade pancreatitis
- Suspect gastroenteritis

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****WEIGHT**

7.2 Lbs.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

**INTERPRETED BY**

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

Although the presentation of the liver was nonspecific, acute or acute on chronic hepatitis/cholangiohepatitis (infectious, immune mediated, etc.) with hepatic cholestasis suspected. Potential for emerging lipidosis or occult hepatic neoplasia cannot be definitively excluded. Assuming normal clotting status, ultrasound guided FNA of the liver, using a 25-gauge needle is warranted for screening cytology and potential identification of inflammatory cell type (if present), as well as assess for potential neoplasia.

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GI panel could be considered for further assessment of the pancreas as well as occult gastrointestinal pathology as potential contributors to the patient's weight loss. Triad disease may be a consideration in this patient.

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Empirically and pending additional diagnostics, hospitalization with cholangiohepatitis/pancreatitis therapy protocol with as needed gastrointestinal support recommended. Recheck sonogram could be considered to assess for progressive inflammatory hepatic, pancreatic and/or gastrointestinal changes, if continued clinical signs.

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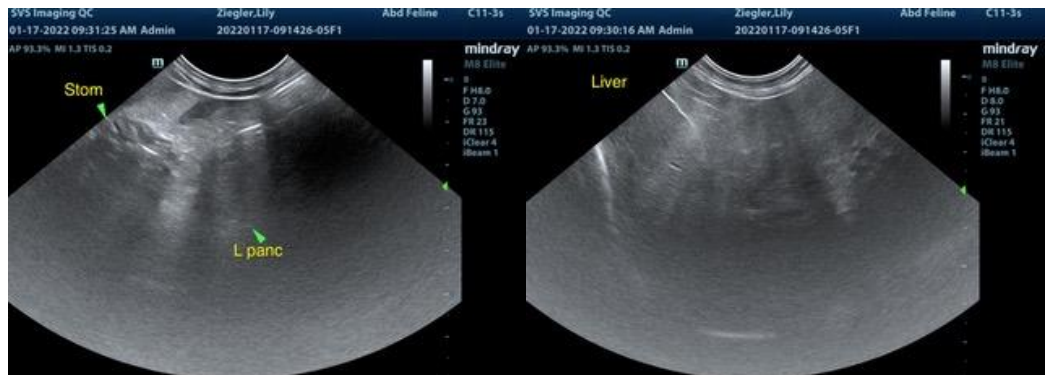
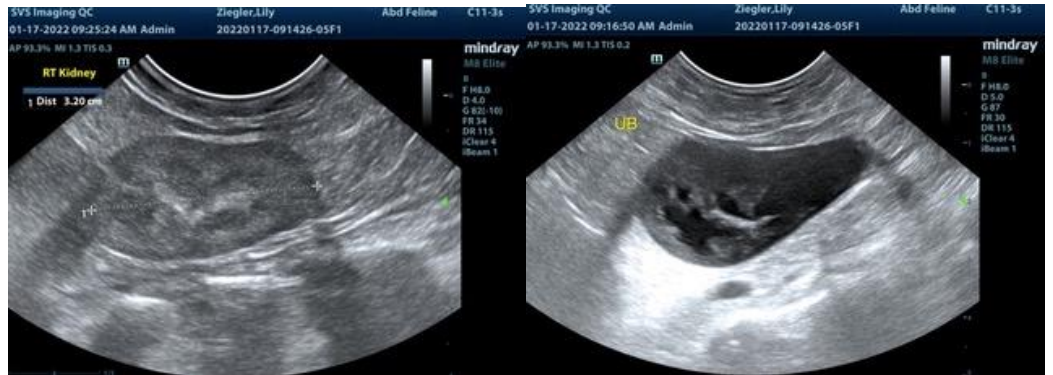
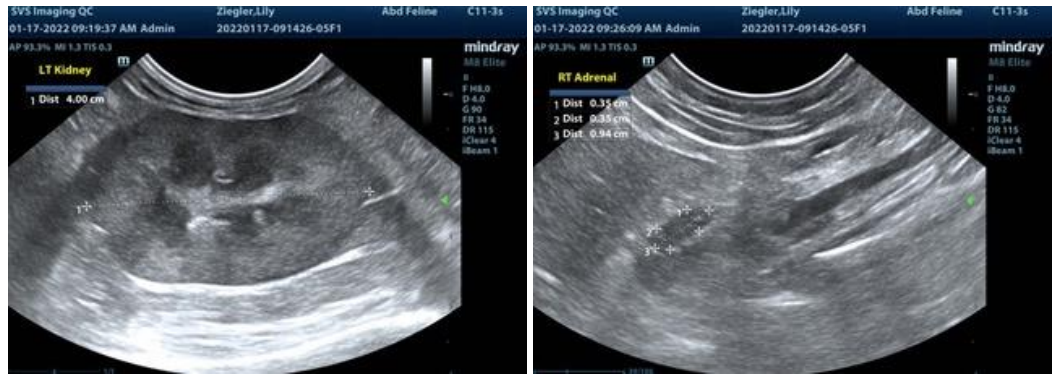
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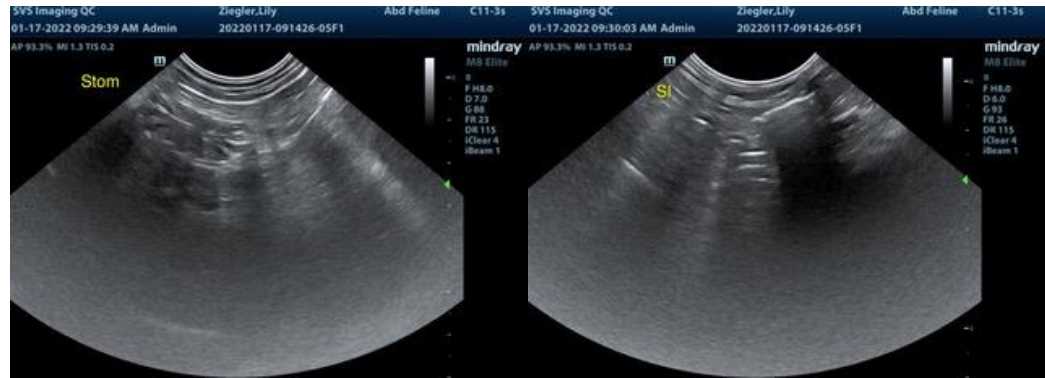
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
info@SonoPath.com