



PATIENT	PRESENTING CLINICAL SIGNS
Shamrock Withjack	Newly elevated liver values on labs. Vomits. Current meds: 2.5mg pred EOD, began RC HP diet last week- IBD management
SPECIES	Abnormal PE/Chem/CBC/UA Results: ALT 571, AST 229, Chloride 113, MVH 17.4, RBC 5.97
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	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. Minor, primarily dependent, 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.
FS	
AGE	The area of the aortic trifurcation was free of pathology.
13 years	
WEIGHT	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. Potential for emerging, discrete, dystrophic medullary mineral. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.3 cm in length.
11 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width
IMAGING PERFORMED BY	Spleen
Valeryia Shumskaya	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.
HOSPITAL NAME	Liver/ Gallbladder
Martinsville VH	The liver exhibited subjective borderline to possible mild enlarged size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Shendell	
INVOICE	
15843	
DATE	
1/17/23	



PATIENT

Shamrock Withjack

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Valeryia Shumskaya

HOSPITAL NAME

Martinsville VH

REFERRING VET

Dr. Shendell

INVOICE

15843

DATE

1/17/23

Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained variably echogenic, primarily non-shadowing ingesta with luminal gas. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.24 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental non-shadowing ingesta / chyme was present with no obstructive pattern, loss of intestinal wall layering, or intestinal masses.

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

Pancreas

The left pancreatic limb was prominent to variable in size exhibiting mild asymmetrical contour and nonhomogeneous hypoechoic parenchyma compared to adjacent mildly reactive peripancreatic omentum.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Age-related kidneys
- Mild pancreatitis
- Hepatopathy - subjectively benign, suspect probable inflammatory hepatopathy / cholangiohepatitis
- Overtly normal gastrointestinal tract with gastrointestinal ingesta, suspect recent meal ingestion, some degree of suppression of gastrointestinal mural changes owing to current Prednisolone possible, Triad Disease may a primary consideration in this patient

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S is recommended if evidence of inflammatory sediment on urinalysis.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate for further assessment of the pancreas, as well as for underlying intestinal disease, especially if evidence of weight loss. Screening FNA hepatic cytology, assuming normal clotting status and using a 25-gauge needle, is warranted with potential identification of inflammatory cell type.

No evidence of intraabdominal neoplastic criteria. Hepatosupportive medications, as needed gastrointestinal support, and Triad Disease protocol with continued monitoring of body weight and gastrointestinal response would be reasonable.



PATIENT

Shamrock Withjack

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Valeryia Shumskaya

HOSPITAL NAME

Martinsville VH

REFERRING VET

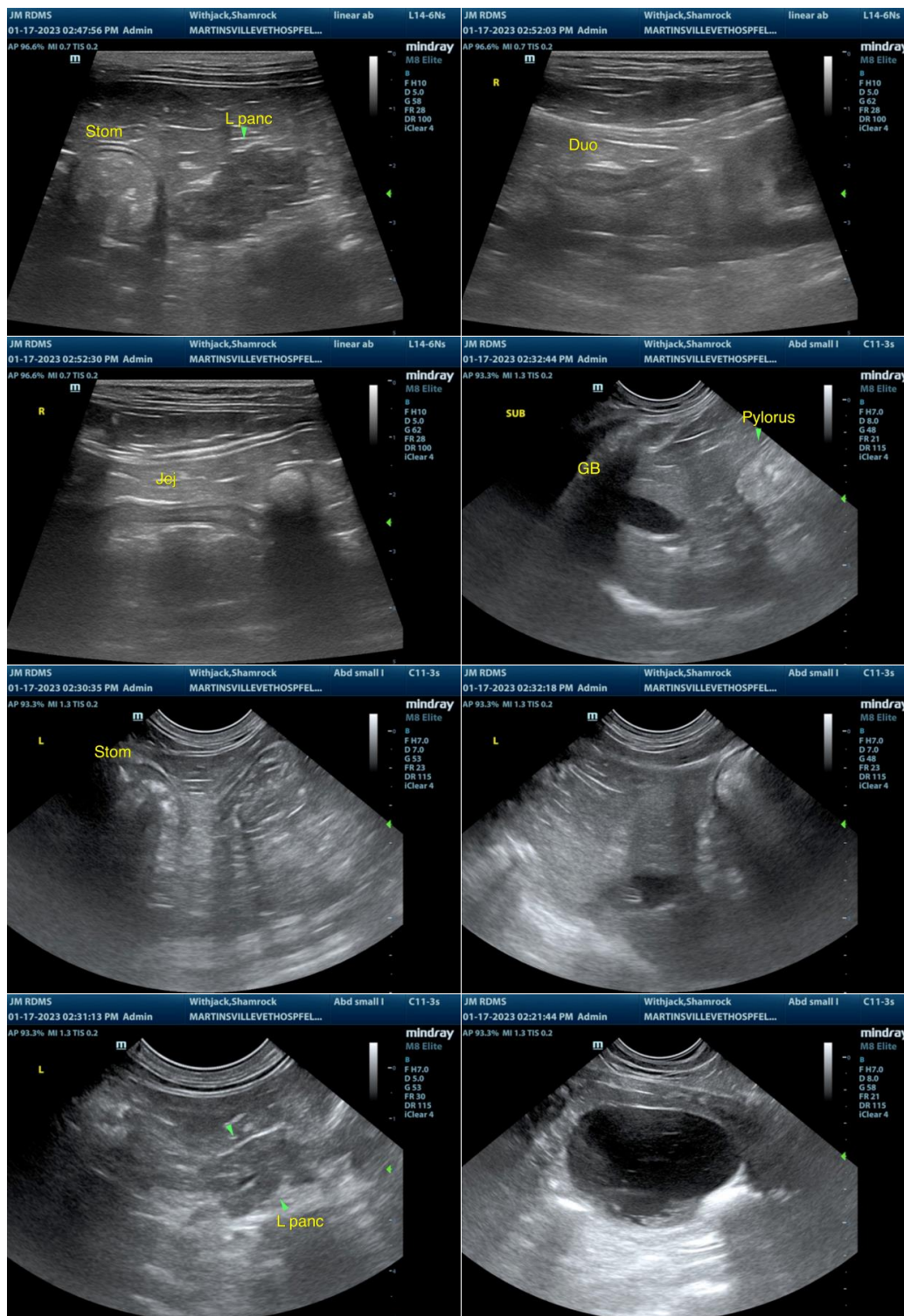
Dr. Shendell

INVOICE

15843

DATE

1/17/23





PATIENT

Shamrock Withjack

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Valeryia Shumskaya

HOSPITAL NAME

Martinsville VH

REFERRING VET

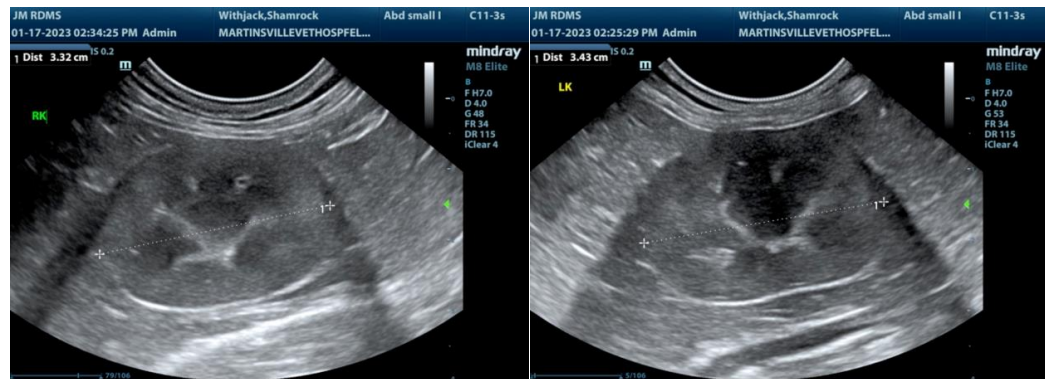
Dr. Shendell

INVOICE

15843

DATE

1/17/23



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.

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