



PATIENT

Alice Guttman

PRESENTING CLINICAL SIGNS

History: Chronic weight loss, increased liver values + Ca

ALT 667, AST 282, ALP 218, GGT 10, TBili 0.3, Calcium 12.3, BUN 51, Creatinine 1.7

SPECIES

Feline

T4 3.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic Shorthair

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

Neutered Male

The area of the aortic trifurcation was free of pathology.

AGE

14 years

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor areas of medullary mineral were present in the left kidney. No evidence of left or right kidney pyelectasia was present. The left kidney was mildly subnormal in size compared to the right, yet within normal limits for the species, measuring 3.1 cm in length. The right kidney measured 4.1 cm in length.

WEIGHT

6.8 Pounds

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.28 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.99 cm in width at the level of the hilus.

HOSPITAL NAME

Stanglein VC

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with minor gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.

REFERRING VET

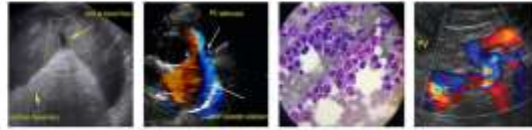
Dr. Rothrock

INVOICE

13090

DATE

1.18.2022



PATIENT

Gastrointestinal

Alice Guttman

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 width measured 0.24 cm.

SPECIES

Feline

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 duodenum wall width measured 0.27 cm. The jejunum wall width measured 0.26 cm.

BREED

Domestic Shorthair

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

SEX

Neutered Male

Pancreas

The pancreas exhibited focal hypoechoic parenchyma present in the mid left pancreatic limb caudal to the stomach. The rest of the pancreas exhibited subjective isoechoic to mildly heterogeneous parenchyma.

AGE

14 years

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

WEIGHT

6.8 Pounds

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild to moderate chronic renal changes
- Suspect focal left limb pancreatitis
- Chronic hepatopathy
- Mild gallbladder debris
- Overtly normal gastrointestinal tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Rebekah Jakum, CVT
ARDMS/RVT

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

HOSPITAL NAME

Stanglein VC

Assessment for evidence of cranial abdominal or subxiphoid discomfort associated with the pancreas is recommended. Potential for focal active to potential generalized chronic to chronic active pancreatitis is possible.

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Overall, the appearance of the liver was nonspecific yet consistent with chronic hepatopathy. Considerations may include chronic inflammatory hepatopathy i.e., cholangiohepatitis, given the ALT / AST combination with potential for concurrent vacuolar changes and nonclinical cholestasis, given the ALP / GGT combination.

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Assuming normal clotting status, ultrasound-guided FNA of the liver using a 25-gauge needle could be considered for screening cytology and potential identification of Inflammatory cell type if present.



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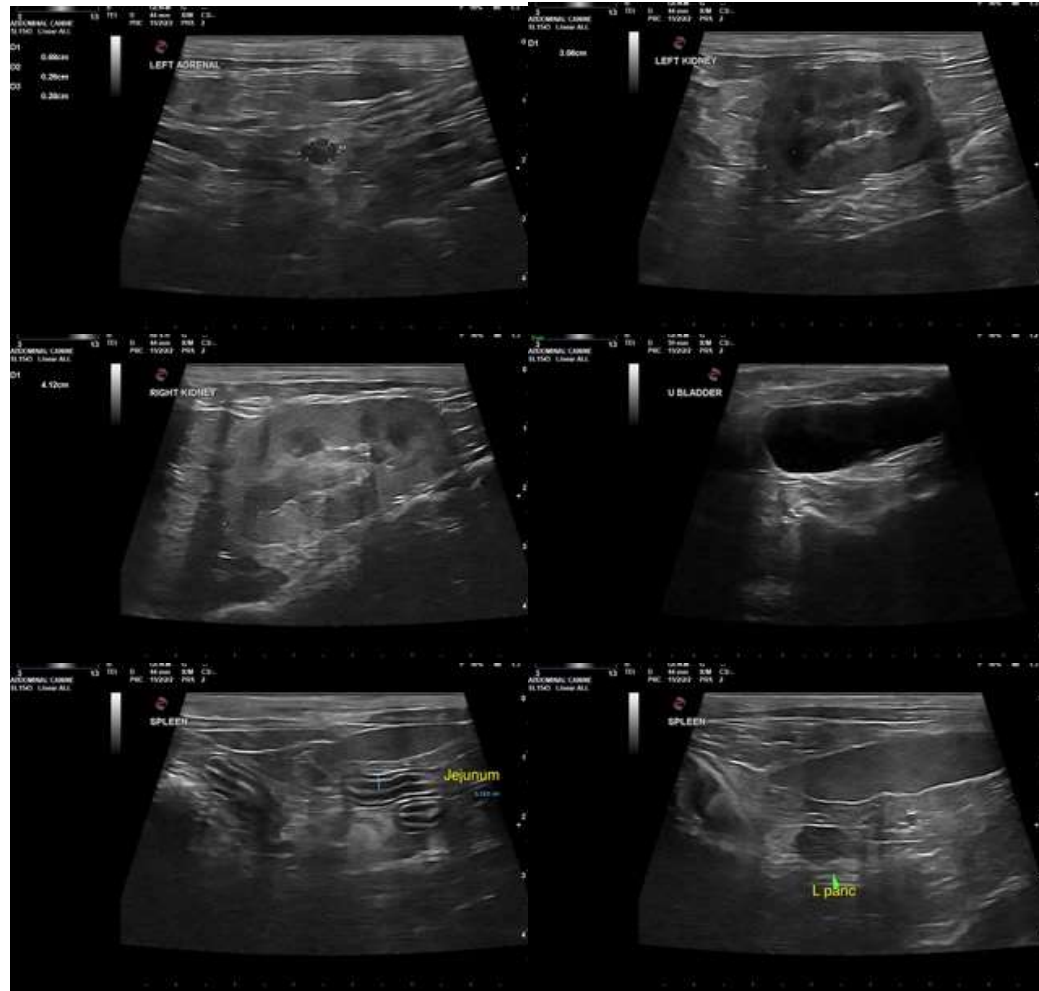
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Although no evidence of structural gastrointestinal disease, concurrent underlying enteropathy, given the patient's weight loss cannot be definitively excluded. Likewise, the possibility of triad disease may be a consideration in this patient. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. A hypercalcemia panel may be considered for further assessment of the elevated calcium levels.





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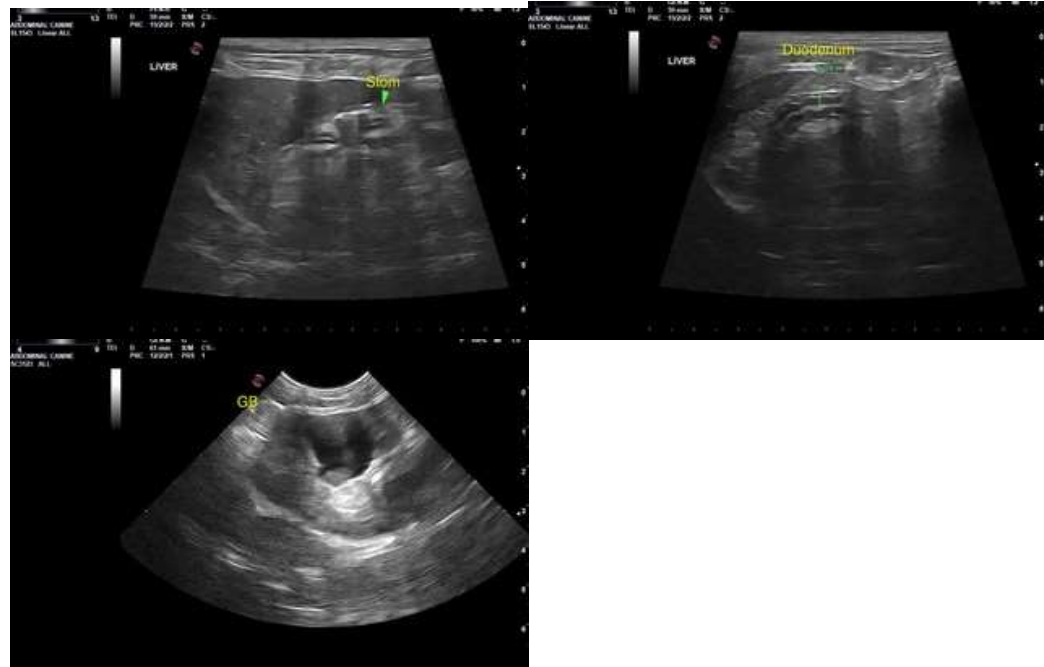
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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