



PATIENT PRESENTING CLINICAL SIGNS

Bhindi Hashmi Elevated ALT since 12/19/22. Seen at Tufts - AUS done at that time: Gallbladder debris, prominent cystic duct, urinary wall irregularity. Improvement of ALT after treatment with Denamarin. Now doing well clinically.

SPECIES

Feline Current medications: Denamarin. Finished course of ABX form Tufts.
 Abnormal PE/Chem/CBC/UA Results: ALT was 541, now 112.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DLH *Urinary System*

SEX

FS The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

AGE

5yr Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.2 cm in length. The right kidney measured 3.3 cm in length.

WEIGHT

7lb The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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 0.79 cm in width at the level of the hilus.

HOSPITAL NAME

Pine Banks Animal Hospital

Liver/Gallbladder

REFERRING VET

Dr. Syed

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

INVOICE

12735ag

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic duct was mildly dilated with subjective mildly dilated and tortuous proximal common bile duct. The CBD dilation did not appear to extend caudally to the level of the duodenal papilla. The mildly dilated cystic duct measured 0.38 cm in diameter containing anechoic content with very minor debris/mucus. No evidence of post hepatic obstructive criteria.

DATE

01/22/2023

Gastrointestinal



PATIENT

Bhindi Hashmi

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.

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.

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

Pancreas

BREED

DLH

The left pancreatic limb exhibited normal to borderline prominent size, symmetrical capsule contour and mildly hypoechoic to non-homogeneous parenchyma.

Free Abdomen

SEX

FS

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

AGE

5yr

ULTRASONOGRAPHIC FINDINGS

- Cholangitis/cholangiohepatitis hepatobiliary pattern-possibly resolving
- Possible low-grade pancreatitis
- Minor urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of previously noted urinary bladder wall irregularity was observed. A C/S on a sterile sample may be considered if evidence of inflammatory sediment is present. Continued hepatosupportive medications with monitoring of hepatic response would be reasonable. A recheck sonogram is suggested if recurrent/progressive ALT elevation or evidence of cholestasis is noted. A spec fPL could be considered to assess for additional evidence of low-grade pancreatitis if discomfort on cranial abdominal/subxiphoid discomfort is present.

WEIGHT

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REFERRING VET

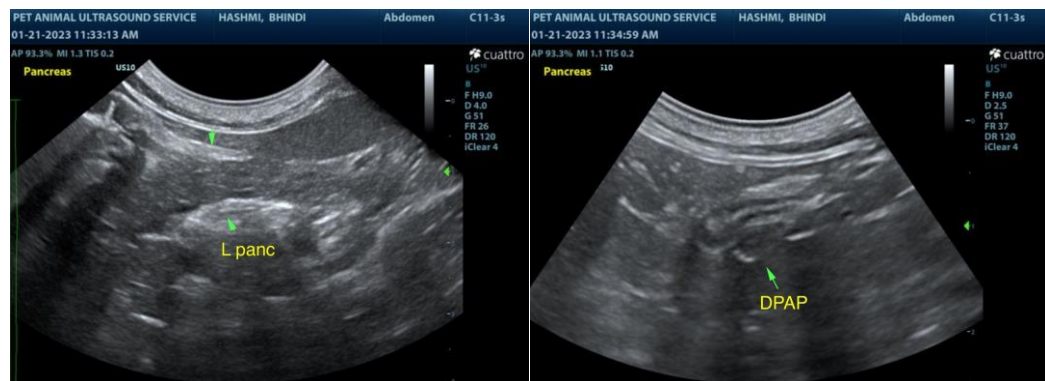
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SPECIES

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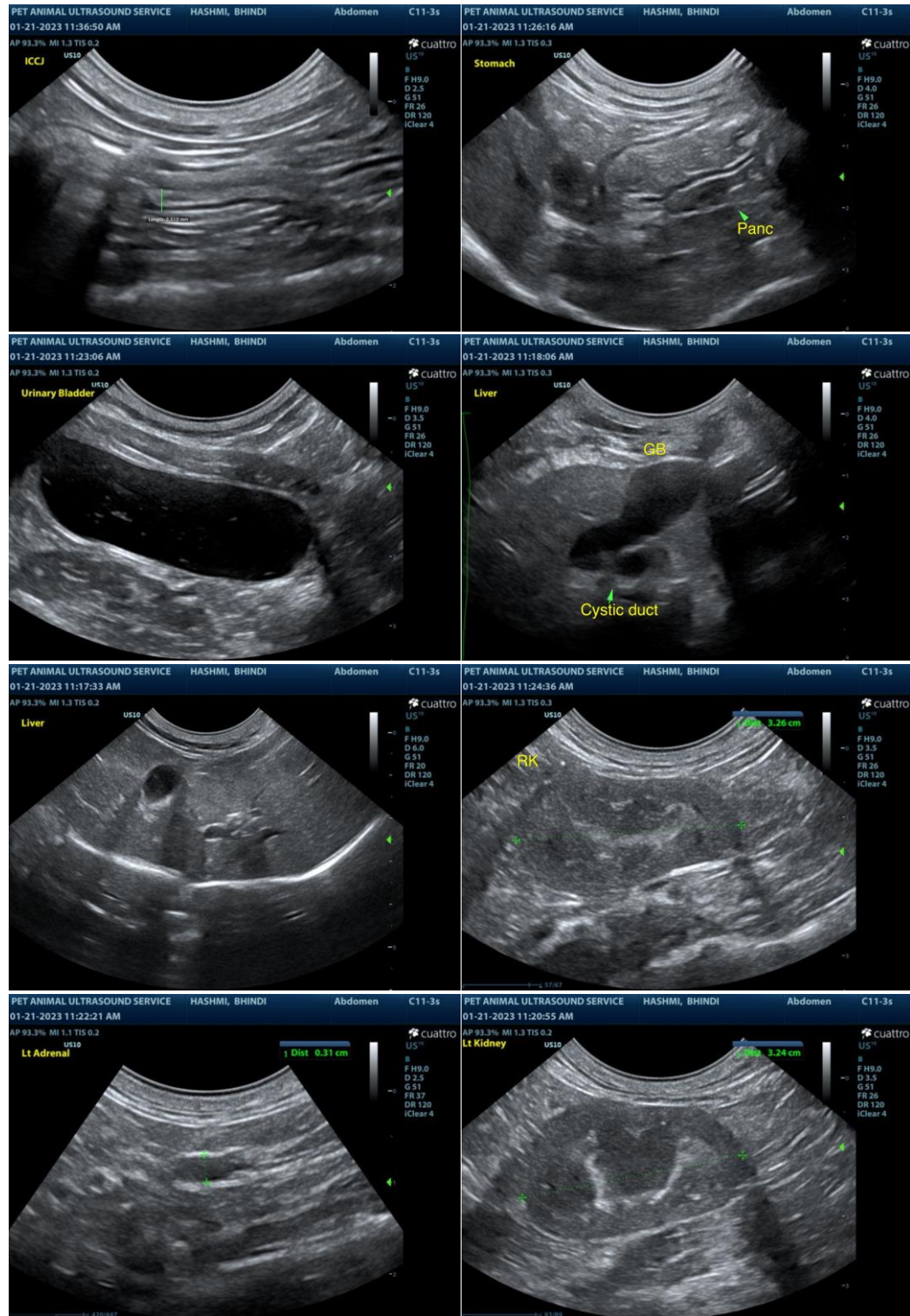
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

Bhindi Hashmi

can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

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