



PATIENT PRESENTING CLINICAL SIGNS

Tulio Zhao Very jaundiced. Vomiting. Diarrhea. Elevated ALP, bilirubin.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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.

DSH

SEX

M/N

AGE

2 years

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 3.9 cm in length. The right kidney measured 3.9 cm in length.

WEIGHT Adrenal Glands

4.43 kg

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm.

INTERPRETED BY

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

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

Spleen

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

The spleen was normal in size with maintained symmetrical capsule contour. Multifocal, small to discrete, hypoechoic nodules were present diffusely throughout the parenchyma without associated capsule impingement or distortion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 0.79 cm in width.

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Liver/ Gallbladder

The liver was subjectively normal in size with potential for borderline enlargement. Maintained symmetrical capsule contour noted. Subjective mild generalized reduced hepatic parenchyma echogenicity noted with discrete increased prominence of portal vascular borders. Normal hepatic vascular volume noted.

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The gallbladder was non-distended in size with primarily anechoic luminal content. The gallbladder walls were overtly normal in appearance. The common bile duct was not definitively visualized. No overt evidence of common bile duct dilation which may indicate posthepatic obstruction.

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Gastrointestinal

DATE

1/25/23

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 small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty. Minor segmental nonobstructive intestinal ileus noted.



PATIENT

Tulio Zhao

The colon exhibited normal wall layering. The colon contained subjective semi-formed fecal matter, consistent with patient history.

SPECIES

Feline

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

BREED

DSH

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

M/N

ULTRASONOGRAPHIC FINDINGS

AGE

2 years

- Hepatopathy- potentially acute
- Sonographically unremarkable gallbladder and common bile duct- no overt posthepatic obstruction
- Mild enterocolitis pattern
- Micronodular splenic parenchyma

WEIGHT

4.43 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The micronodular splenic parenchyma changes were nonspecific and may indicate discrete areas of lymphoid hyperplasia or similar. The possibility of infiltrative round cell neoplasia, such as lymphoma, which may present in similar sonographic manner, cannot be definitively excluded. Vacuolar hepatic changes, nonobstructive cholestasis, cholangitis/cholangiohepatitis pattern, less likely occult infiltrative hepatic neoplasia are all potentials.

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCE

Further assessment of both the liver and spleen, assuming normal clotting status and using a 25-gauge needle, may include a hepatosplenic FNA cytology. Empirically, therapy for acute cholangiohepatitis with as needed gastrointestinal support and assessment of clinical response would be reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered to rule out occult intestinal or pancreatic disease as a contributing factor.

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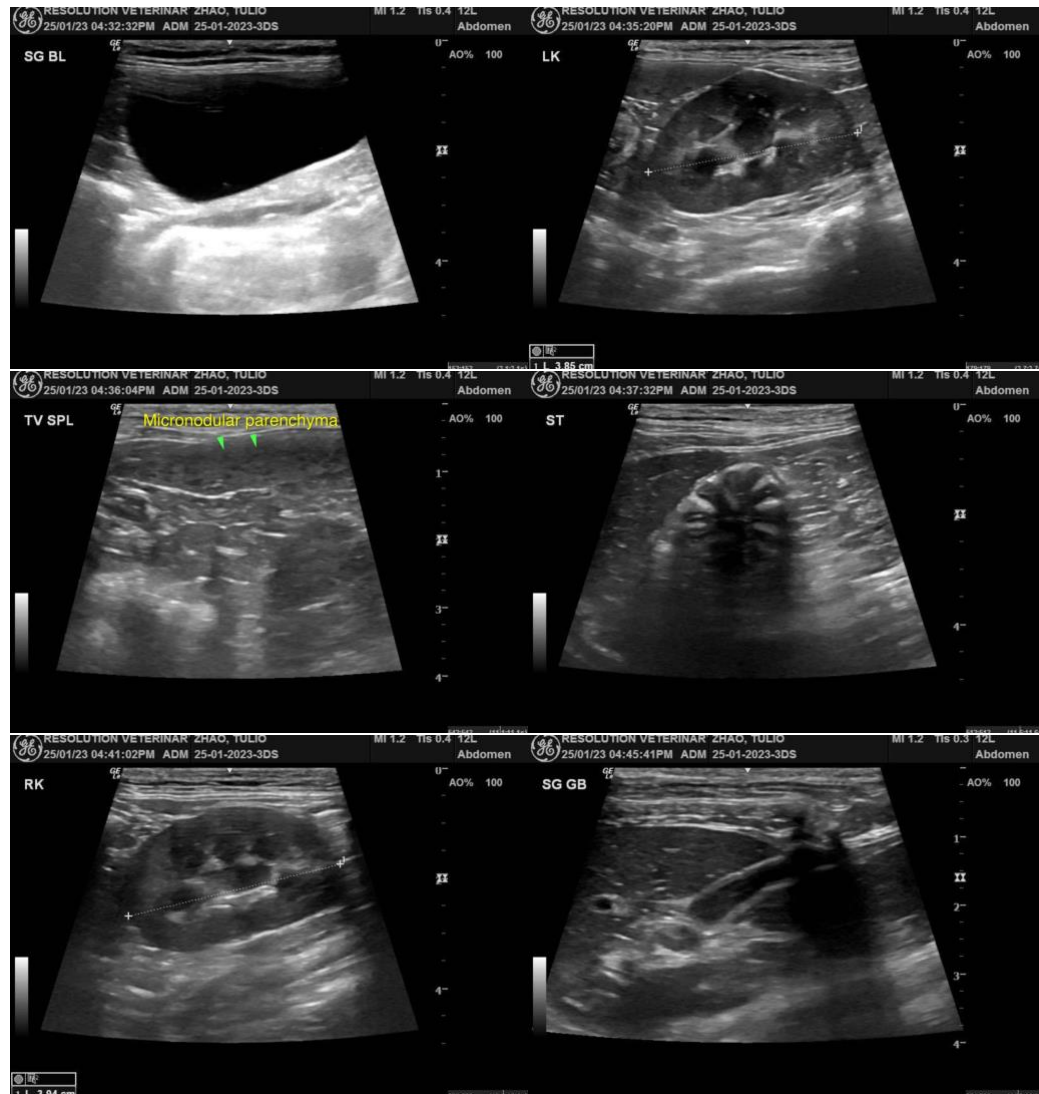
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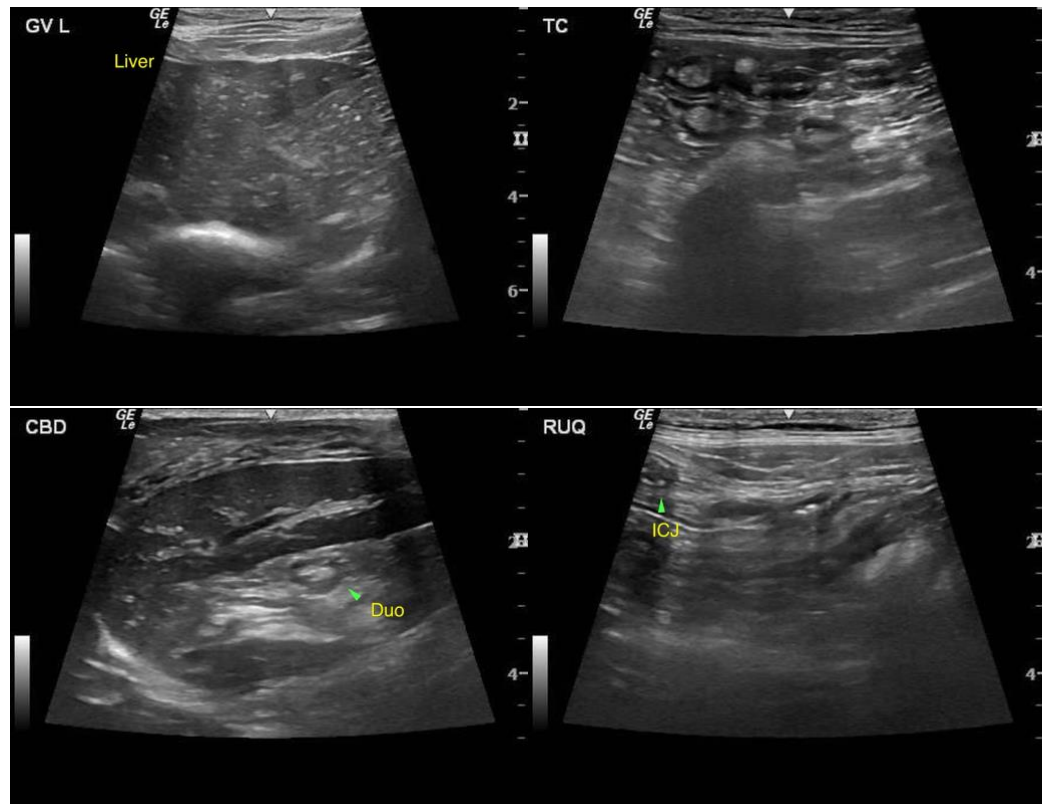
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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