



**PATIENT**

Kooky Nika Nemeth

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

11 years

**WEIGHT**

4.6 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Singh

**HOSPITAL NAME**

Balmy Beach Pet  
Hospital

**REFERRING VET**

Dr. Singh

**INVOICE**

15998

**DATE**

1/27/23

**PRESENTING CLINICAL SIGNS**

Acute onset of vomiting Diarrhea for the past few weeks Diabetic cat for the past 2 years or so - on insulin Lantus getting 1 unit every 12 hours. Cat goes outside.

Abnormal PE/Chem/CBC/UA Results: marked ALT elevation ALT > 1000 Neutrophilia, monocytosis, and lymphocytosis

**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. Anechoic urine was present in the lumen with no sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

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 pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width. The right adrenal gland was not definitively visualized.

**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 0.63 cm width at the level of the hilus.

**Liver/ Gallbladder**

The liver was normal in size and contour with normal hepatic parenchyma echogenicity exhibiting a moderate coarse echotexture. Minor parenchymal remodeling was present. Mild lobar biliary tree mineralization was noted primarily in the mid to right and potentially caudate liver lobes. The gallbladder was non-distended in size containing primarily anechoic content with mild, dependent, accumulated, hyperechoic, sediment to emerging mineral. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.2 cm width.



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**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 width measured 0.24 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 small intestinal wall width measured 0.2 cm.

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

**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.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy with lobar biliary tree mineralization
- Emerging to mild gallbladder mineral
- Nonobstructive proximal common bile duct dilation
- Overtly normal visualized gastrointestinal tract / pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Suspect chronic or possible acute on chronic cholangitis / cholangiohepatitis pattern, given the degree of ALT elevation. Potential reactive or secondary hepatobiliary inflammation or diabetic hepatopathy, given the patient's diabetic status, is possible.

The gastrointestinal signs may be metabolic in this patient, although nonstructural gastrointestinal disease or low-grade to chronic pancreatitis (both of which may present as sonographically normal) may be possible. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Screening hepatic FNA cytology, assuming normal clotting status, could be considered primarily to assess for or possibly identify inflammatory cell type. CBC pathology review may be considered. Empirically, a hydrolyzed diet trial, high colony count probiotic, empirical cobalamin supplementation pending assessment of cobalamin levels, and as-needed supportive care with an assessment of clinical response are recommended. Broad-spectrum deworming is suggested even if fecal testing is negative.



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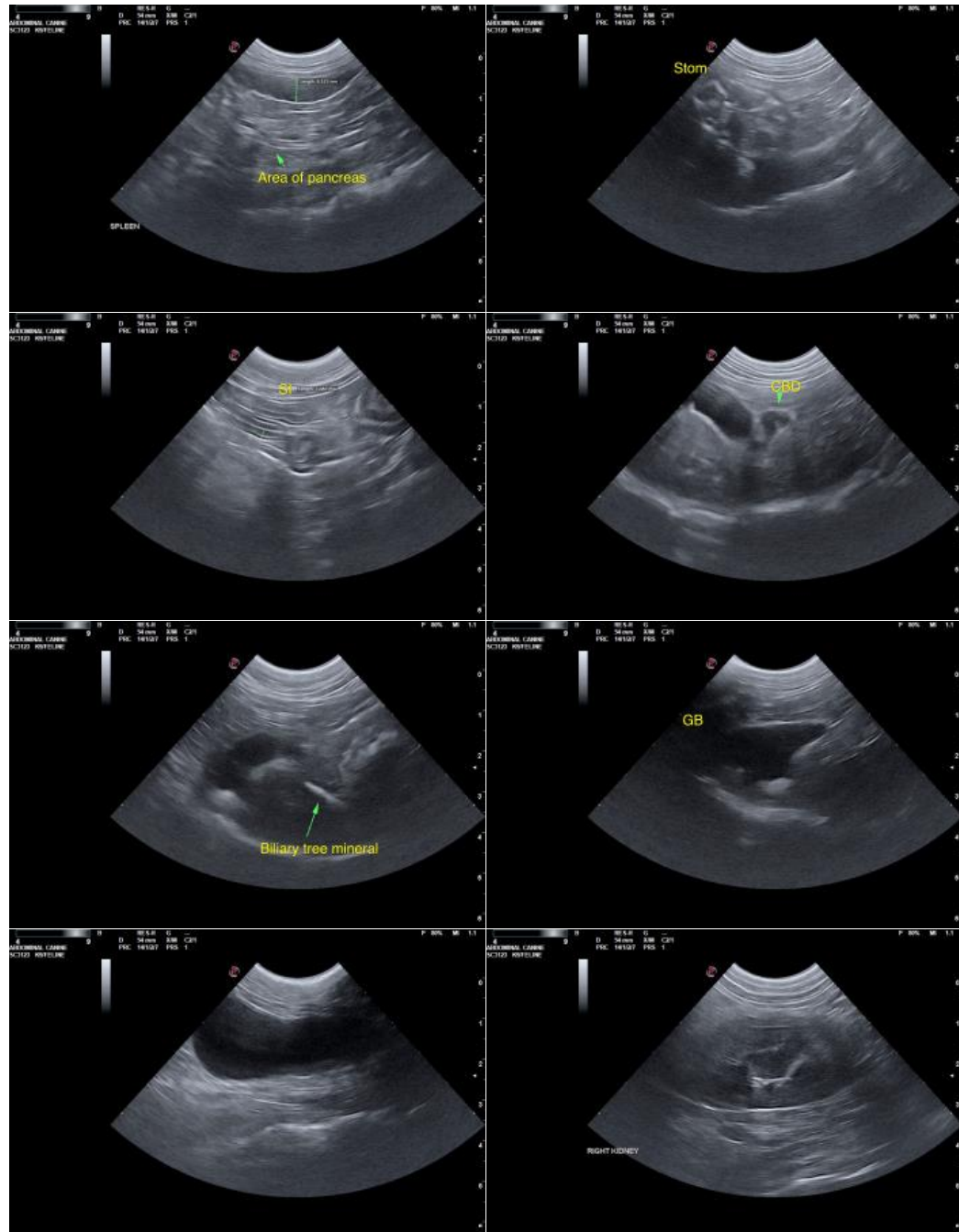
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
info@SonoPath.com