



PATIENT

Autumn Jogerst

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

6 years

WEIGHT

9.56

PRESENTING CLINICAL SIGNS

Reason for Visit: decreased appetite History: 6yr old SF DSH presented today to discuss decreased appetite. Owner and foster are here today. Ownership for about 1 week. Foster says she was very enthusiastic to eat, but since new ownership, has been eating a couple bites and then will not eat. Foster fed Sheba, then owner has pro plan and Nulo. Foster says she transitioned food that new owner had. No vomiting reported. Concerns of no bowel movements since adopting but P had bowel movement yesterday and this morning. Owner would also like doctor to check spay scar.

Abnormal PE/Chem/CBC/UA Results: Mentation: BAR EENT: OU clear. AU minimal debris - treated for ear mites. Oral cavity: Minimal dental tartar/staining Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 6/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs. Neurological: Alert and appropriate. No deficits noted. Diagnostic Testing Needed: Cbc/chem/electrolytes, SDMA, T4; Abdominal ultrasound with STAT consult Declined Diagnostics/Treatments: Findings: Cbc/chem/electrolytes = Neu 12.64, Glob 5.3, ALT 460, ALKP 134, GGT 5, Na 166 SDMA = 10 T4 = 2.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC VH

REFERRING VET

Dr. Oldenhoff

INVOICE

16005

DATE

1/28/23

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 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.

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 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 4.0 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

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 0.9 cm width at the level of the hilus.



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Liver/ Gallbladder

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The liver was normal in size with subjective areas of minor capsule asymmetry. Mild nonhomogeneous hepatic parenchyma was noted. The gallbladder was mildly distended exhibiting mild thickened to echogenic gallbladder walls containing anechoic content. Generalized moderate to significant tortuous common bile duct dilation extended caudally from the cystic biliary duct to the approximate level of the duodenal papilla. The common bile duct contained anechoic content with no overt evidence of calculi or mucus. Common bile duct dilation measured up to 0.77 cm.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic, nonshadowing ingesta and chyme. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.22 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 jejunum wall measured 0.24 cm width.

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.

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ULTRASONOGRAPHIC FINDINGS

- Chronic cholangitis / cholangiohepatitis hepatobiliary pattern with moderate to marked diffuse common bile duct dilation
- Gastric ingesta
- Overtly normal small bowel / colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the current reported hepatic enzyme elevations, post hepatic obstruction may be considered less likely yet cannot be definitively excluded. Cholangiohepatitis therapy protocol with as-needed gastrointestinal and hepatic support with close monitoring of hepatic enzymes or for progressive cholestasis is recommended. If evidence of progressive cholestasis, sonographic reassessment of the gallbladder and common bile duct for more definitive obstructive criteria would be indicated.

If evidence of weight loss or persistent gastrointestinal signs, A GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult pancreatic or intestinal disease may be considered.



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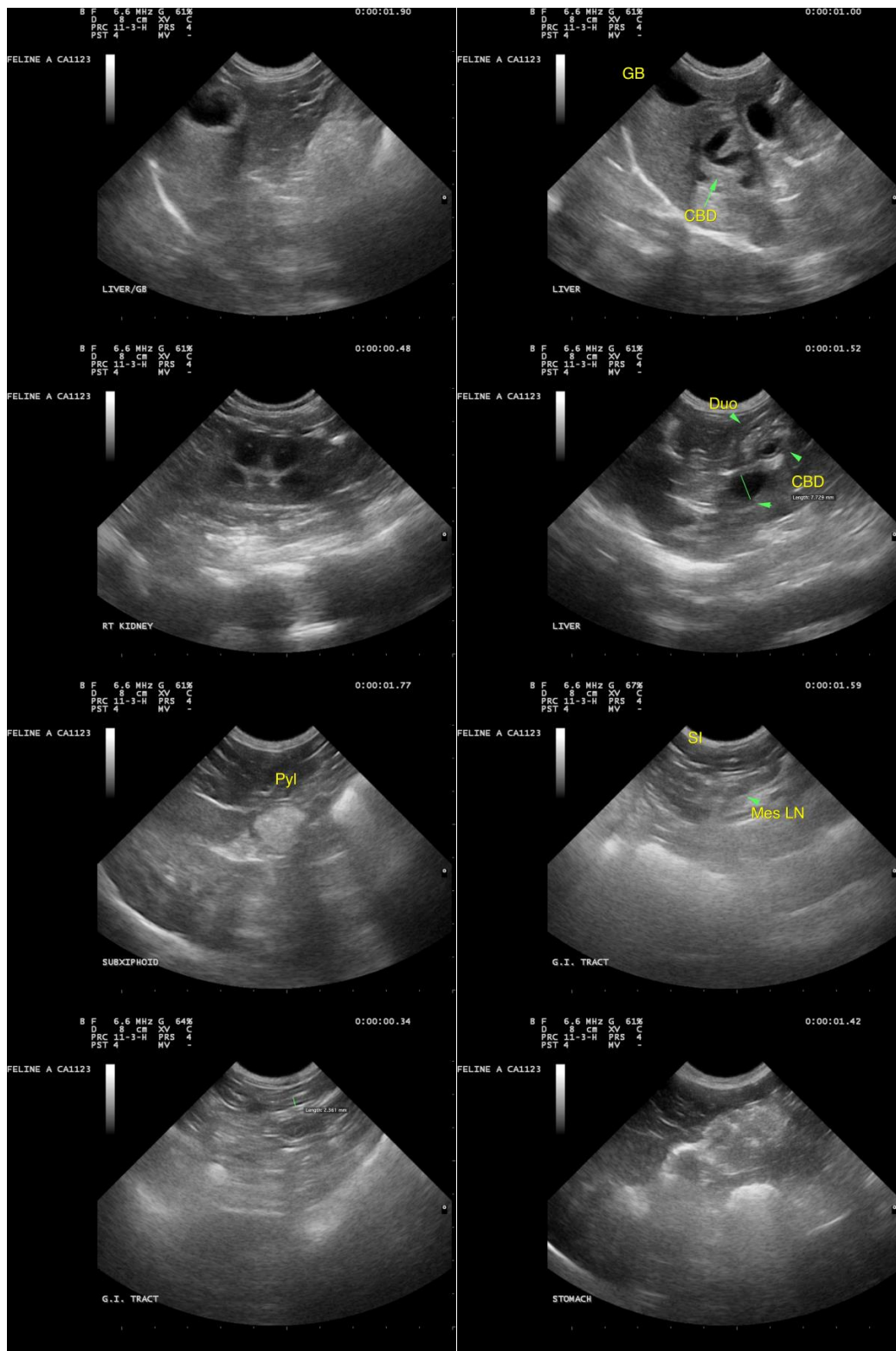
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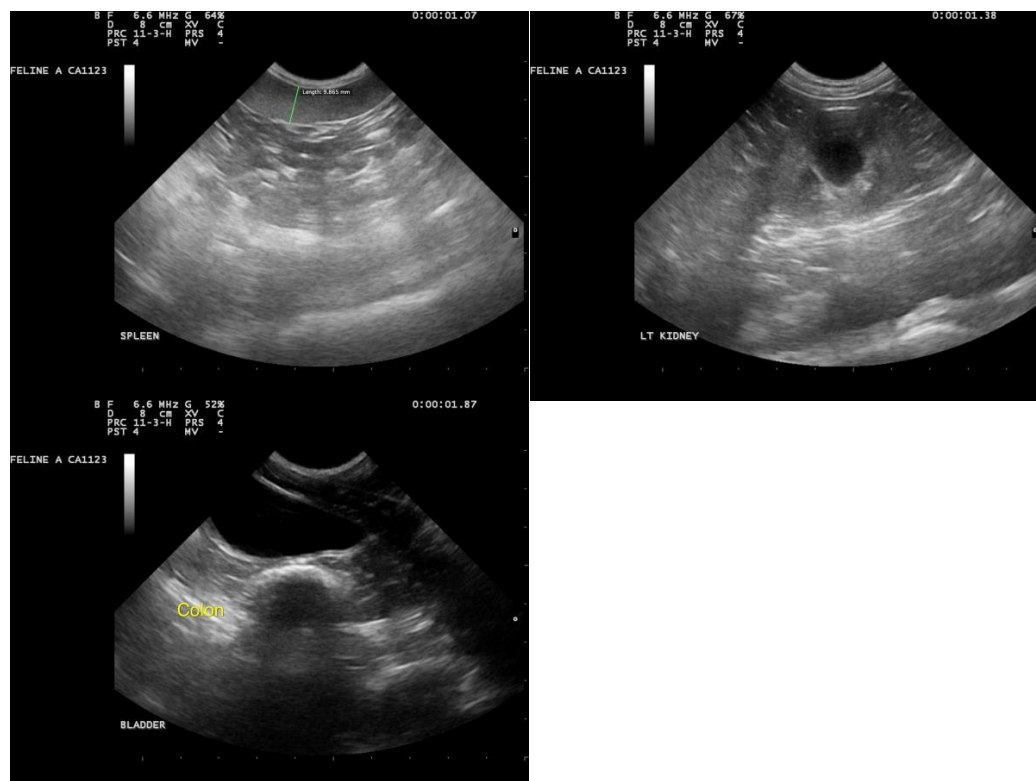
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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