



PATIENT	PRESENTING CLINICAL SIGNS
Nikki Weslowski	Chronic Hepatic Disease
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 were noted.
DSH	
SEX	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 4.4 cm. The right kidney measured 4.4 cm.
Neutered Male	
AGE	The area of the aortic trifurcation was free of pathology.
5 Years	Adrenal Glands
WEIGHT	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm in width. The right adrenal gland measured 0.38 cm in width.
Not Provided	Spleen
INTERPRETED BY	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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Liver
IMAGING PERFORMED BY	The liver exhibited potential for subtle generalized enlargement with maintained symmetrical capsule contour. Subjective mild generalized increased parenchyma echogenicity noted with mild to moderate coarse echotexture. No distinct hepatic masses or nodules. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Jessica Miller	Gastrointestinal
HOSPITAL NAME	The stomach presented intact wall layering with a normal wall layer ratio. Minor retained, primarily anechoic fluid and minor hyperechoic ingesta was present. Gastric body wall measured 0.24 cm.
Animal General	REFERRING VET
REFERRING VET	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. Jejunum wall measured 0.20 cm. Duodenum wall measured 0.22 cm.
Dr. Castimore	Normal visible colon wall layers were present with apparent formed feces in lumen.
INVOICE	Pancreas
26200	The left pancreatic limb presented normal size with minor asymmetrical contour and subtle hypoechoic parenchyma compared to adjacent non-reactive or inflamed peripancreatic omentum.
DATE	Free Abdomen
10/11/21	No overt lymphadenopathy or peritoneal effusion was present.



PATIENT

Nikki Weslowski

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Animal General

REFERRING VET

Dr. Castimore

INVOICE

26200

DATE

10/11/21

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy – subjectively benign
- Sonographically unremarkable gallbladder and common bile duct
- Subtle hypoechoic left pancreas
- Mild retained gastric fluid and ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the appearance of the liver is non-specific, yet consistent with benign chronic hepatopathy. Depending on the type and degree of hepatic enzyme elevation, feline cholangitis syndrome/cholangiohepatitis, reactive hepatopathy, vacuolar hepatopathy, or other hepatopathy possible. Assuming normal clotting status, hepatic FNA using 25-gauge needle may be considered for screening cytology, potentially to identify inflammatory cell type if primary concern for hepatic or hepatobiliary inflammation. Hepatosupportive medications +/- appropriate antibiotic trial (initially for two weeks) with reassessment of hepatic enzymes would be reasonable.

The subtly hypoechoic pancreas is non-specific with considerations including patient variant or potential low-grade chronic to chronic active inflammation. Correlation with a spec fPL may be considered. The retained gastric fluid and minor ingesta may indicate recent meal ingestion, although some degree of mild metabolic gastric stasis may be possible if documented NPO, recent inappetence, or vomiting.





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DSH

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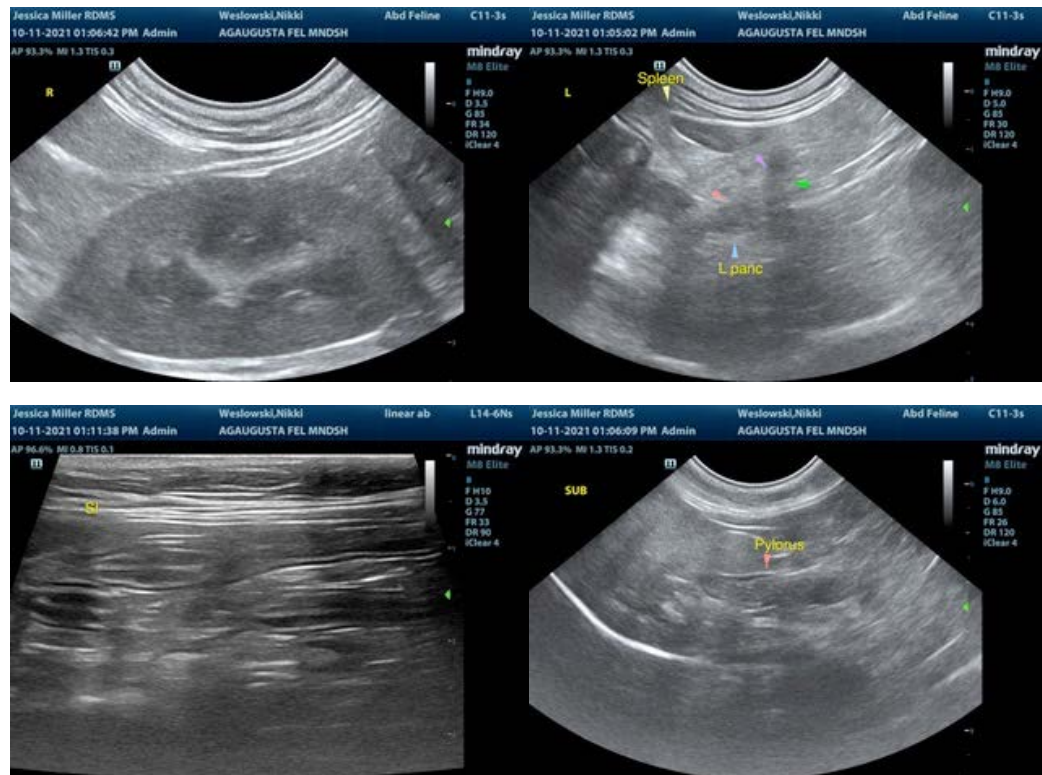
Neutered Male

AGE

5 Years

WEIGHT

Not Provided



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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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