



PATIENT

Lilly Reban **PRESENTING CLINICAL SIGNS**

SPECIES

Feline

Heart murmur, grade 3 of 6, Weight loss, Elevated ALT, CKD IRIS stage 1 - suspect, Hepatomegaly - mild, Suspect seizure, HX: Feline Asthma Radiographic findings - AIS review: similar moderate increase bronchial markings. Caudal portion L cranial lung lobe collapsed, normal cardiac silhouette, deviated. Abdomen: rounded margins to liver, otherwise unremarkable

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: Initially low K, Na and Cl. Now low normal with IVF. Neutrophilia 23K. WNL alt, GGT, BUN, Cr.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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.

AGE

13 Years 2 Months

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The kidneys measured 3.6 cm each.

WEIGHT

8.18 Pounds

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm in width. No overt pathology in the area of the left adrenal gland.

IMAGING BY

Spleen

Loetitia Saint-Jacques,
LVT

The spleen was mildly subnormal in size, potentially owing to volume contraction, measuring 0.44 cm in width. It exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Vincent Fleming

Liver

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The liver was mildly enlarged. Moderate coarse echotexture with evidence of minor parenchymal remodeling. No hepatic masses or nodules. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The proximal common bile duct was mildly dilated and tortuous

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10/19/21



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Lilly Reban without overt post hepatic obstruction. This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

SPECIES

Feline

Gastrointestinal

BREED

DSH

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate echogenic, nonshadowing ingesta and chyme, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. Gastric body wall measured 0.28 cm.

SEX

Spayed Female

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. Duodenum wall measured 0.20 cm. Jejunum wall measured 0.20 cm.

Normal visible colon wall layers were present with subjective semiformed feces.

AGE

13 Years 2 Months

Pancreas

The pancreas was normal in size and contour. Heterogeneous to mildly echogenic parenchyma was noted compared to adjacent omentum with generalized moderate pancreatic duct dilation. Pancreatic duct measured 0.41 cm in width.

WEIGHT

8.18 Pounds

Free Abdomen

No overt lymphadenopathy. Minor free fluid noted between the gallbladder and adjacent liver lobes. The omentum was of uniform echogenicity.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Confirmed mild hepatomegaly – non-specific
- Minor gallbladder debris with mild proximal non-obstructive common bile duct dilation
- Mild perihepatic free fluid
- Gastric ingesta, sonographically unremarkable small bowel
- Chronic pancreatitis with generalized pancreatic duct dilation

IMAGING BY

Loetitia Saint-Jacques,
LVT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatomegaly was non-specific, yet not overtly consistent with neoplastic criteria. Metabolic, reactive, vacuolar or inflammatory hepatomegaly may be considered even without concurrent evidence of hepatic enzyme elevations given the short half-life of hepatic enzymes in cats. Hepatic neoplasia is considered a less likely differential diagnosis. No overt evidence of structural gastrointestinal pathology, yet potential for structurally insignificant gastrointestinal disease given the patient's weight loss.

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Further assessment may include hepatic FNA using 25-gauge needle for screening cytology as well as GI panel to include PLI, TLI, cobalamin and folate. An obvious cause of the minor perihepatic free fluid was not definitively evident. Assuming normal albumin levels, this fluid may

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Lilly Reban be owing to hepatic parenchymal disease or potentially portal hypertension. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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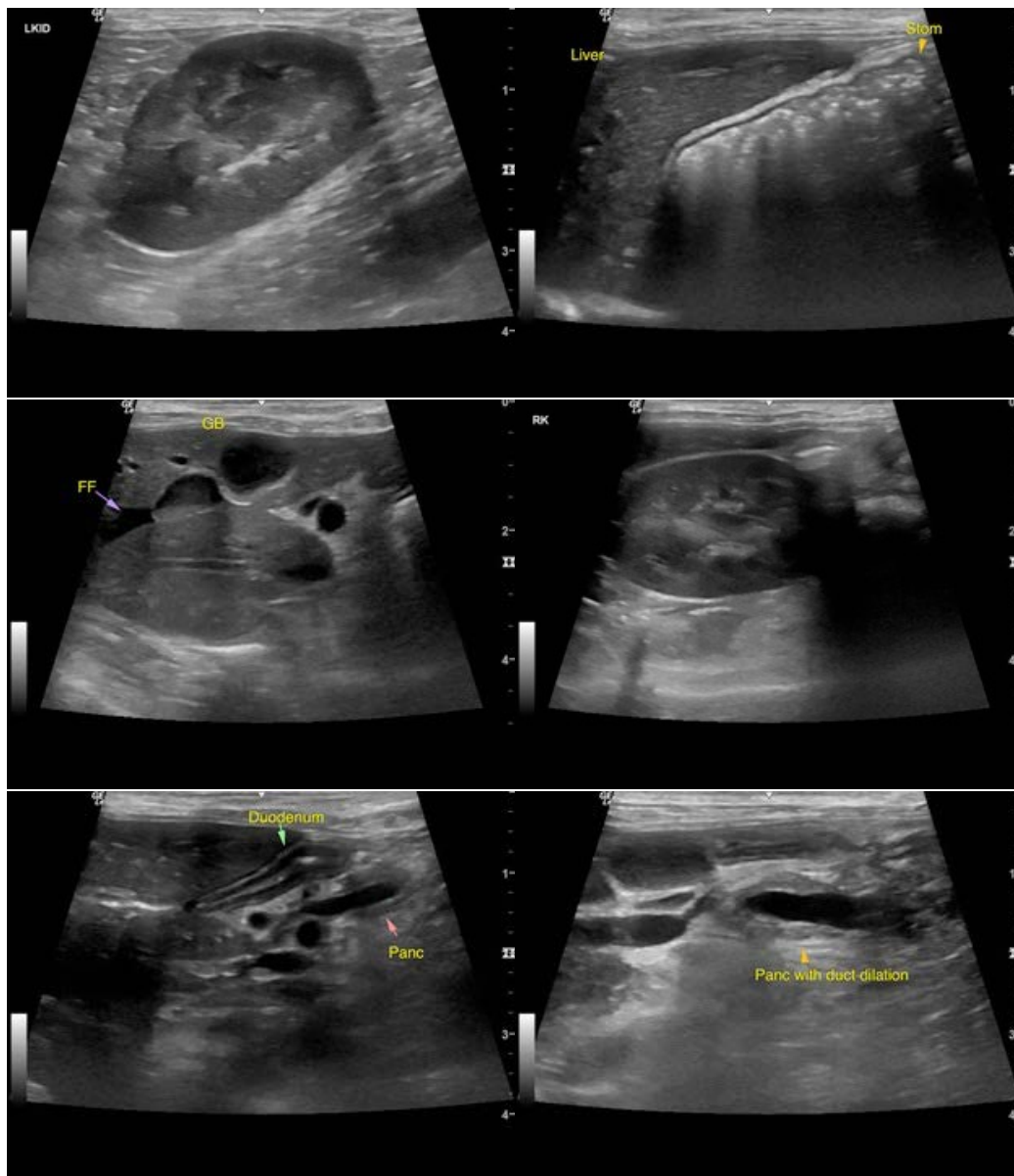
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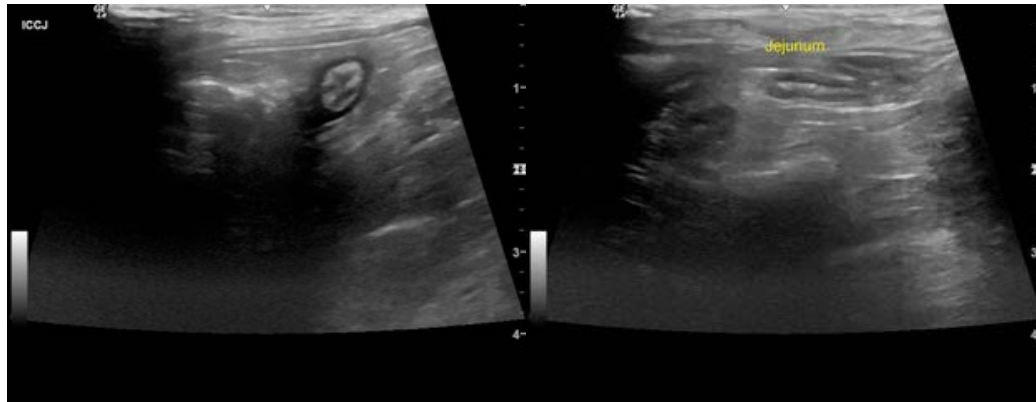
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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