

Portable Animal Western Sonography, Inc.

## PATIENT

Jerico Moniz

## PRESENTING CLINICAL SIGNS

## SPECIES

Feline

Presented to clinic 3d ago for weight loss and hyporexia. No known c/s/v/d/ or pu/pd.  
Abnormal PE/Chem/CBC/UA Results: Icteric. BCS 3/9. ALT = 303 U/L 12 - 130 HIGH ALKP  
= 319 U/L 14 - 111 HIGH GGT = 53 U/L 0 - 4 HIGH TBIL = 7.7 mg/dL 0.0 - 0.9 HIGH

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

## BREED

### Urinary System

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

## SEX

MN

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 hypochoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.6 cm in length. The right kidney measured 4.0 cm in length.

## AGE

8yr

The area of the aortic trifurcation was free of pathology.

## WEIGHT

8.1lb

### Adrenal Glands

The left and right adrenal glands were not definitively visualized.

## INTERPRETED BY

### Spleen

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

The spleen exhibited borderline enlargement with symmetrical capsule contour and generalized parenchyma heterogeneity. A solitary non-disruptive mid splenic hypochoic nodule measuring 0.49 cm in diameter was present. The nodule is suggestive of areas of hyperplasia, hematopoiesis, small hematomas, focal splenitis or similar. Neoplastic criteria cannot be definitively excluded.

## IMAGING BY

Loetitia Saint-Jacques,  
DVM

### Liver

The liver exhibited generalized enlargement, areas of capsule asymmetry and multiple variably sized to expansive hypochoic nodules, an example measuring 1.3 cm in diameter. Generalized hepatic parenchyma echogenicity was present. The liver parenchyma was uniform and hypochoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

## HOSPITAL NAME

Donner Truckee  
Veterinary Hospital

## REFERRING VET

Dr. Vannini

The gallbladder was distended in size with mildly prominent walls and primarily anechoic luminal content with moderate non-dependent yet non-organized hyperechoic mucus. Currently mildly dilated cystic biliary duct containing mild mucus extending caudally to proximal to mid CBD dilatation exhibiting mild hyperechoic to thickened walls. The dilated CBD did not overtly appear to extend to the level of the duodenal papilla which was visualized and without overt pathology.

## INVOICE

11970ag

## DATE

10/21/2022



Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY  
pawsonography@gmail.com 530-786-8340

## PATIENT

Jerico Moniz **Gastrointestinal**

## SPECIES

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.

Feline 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.

## BREED

DSH

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

## Pancreas

## SEX

MN

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation.

No overt evidence of neoplasia.

## AGE

8yr

## Free Abdomen

No overt lymphadenopathy was present. Generalized mid to cranial abdominal mild hyperechoic mesentery was present along with mild volume peritoneal free fluid.

## WEIGHT

8.1lb

Concurrent mild to possible moderate pleural effusion. The heart was indistinctly visualized.

## ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting parenchymal hyperechogenicity and multifocal hypoechoic nodules, concurrent solitary benign cystic biliary adenoma
- Distended gallbladder and cystic biliary duct with moderate mucus
- Concurrent moderate proximal to mid common bile duct dilation with mild mucoduct
- Possible chronic active pancreatitis
- Non-specific splenic nodule
- Unremarkable GI tract
- Mild to moderate biventricular effusion

## INTERPRETED BY

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

## IMAGING BY

Loetitia Saint-Jacques,  
DVM

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## HOSPITAL NAME

Donner Truckee  
Veterinary Hospital

Although no evidence of obstructive pathology at the level of the duodenal papilla, potential for non-visualized obstructive pathology in the common bile duct cannot be definitively excluded. Overall, the hepatobiliary presentation may indicate acute cholangiohepatitis, however given the presence of multiple hypoechoic hepatic nodules, hepatobiliary neoplastic criteria may be a primary concern.

## REFERRING VET

Dr. Vannini

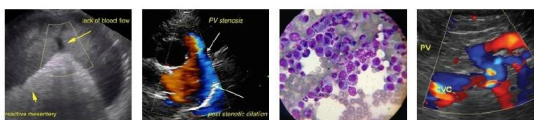
Assuming normal clotting status and using a 25g needle, a hepatic parenchyma FNA for screening cytology is warranted for further assessment. Concurrent effusion analysis could also be considered. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for concurrent disease. Aggressive medical therapy for cholangiohepatitis/pancreatitis with as needed

## INVOICE

11970ag

## DATE

10/21/2022



**PATIENT**

Jerico Moniz GI support, close monitoring of increased hepatic enzyme levels +/- cholestasis would be reasonable. A guarded prognosis is indicated.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

8yr

**WEIGHT**

8.1lb

**INTERPRETED BY**

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

**IMAGING BY**

Loetitia Saint-Jacques,  
DVM

**HOSPITAL NAME**

Donner Truckee  
Veterinary Hospital

**REFERRING VET**

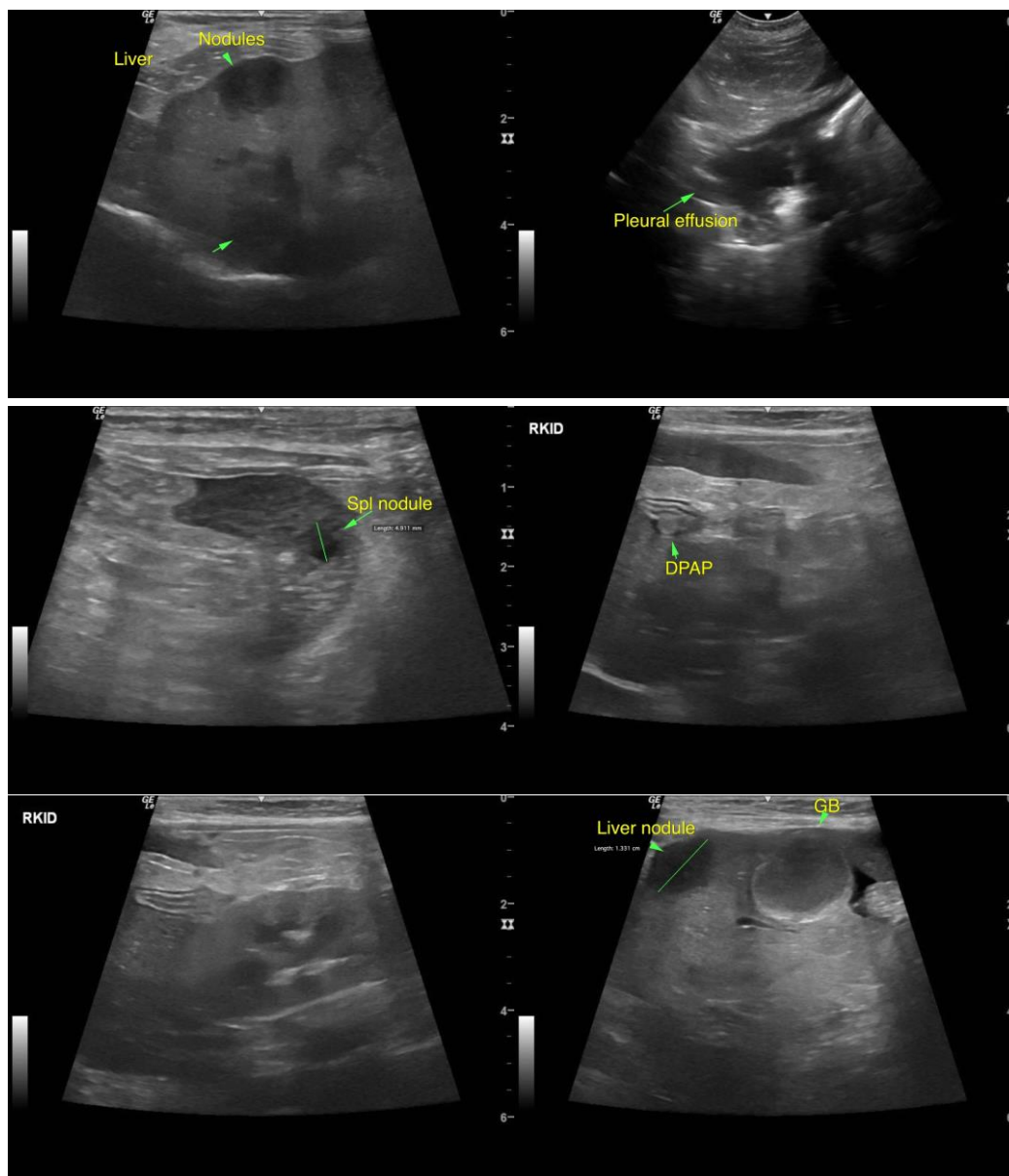
Dr. Vannini

**INVOICE**

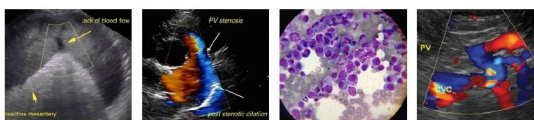
11970ag

**DATE**

10/21/2022



2



**PATIENT**

Jerico Moniz

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

8yr

**WEIGHT**

8.1lb

**INTERPRETED BY**

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

**IMAGING BY**

Loetitia Saint-Jacques,  
DVM

**HOSPITAL NAME**

Donner Truckee  
Veterinary Hospital

**REFERRING VET**

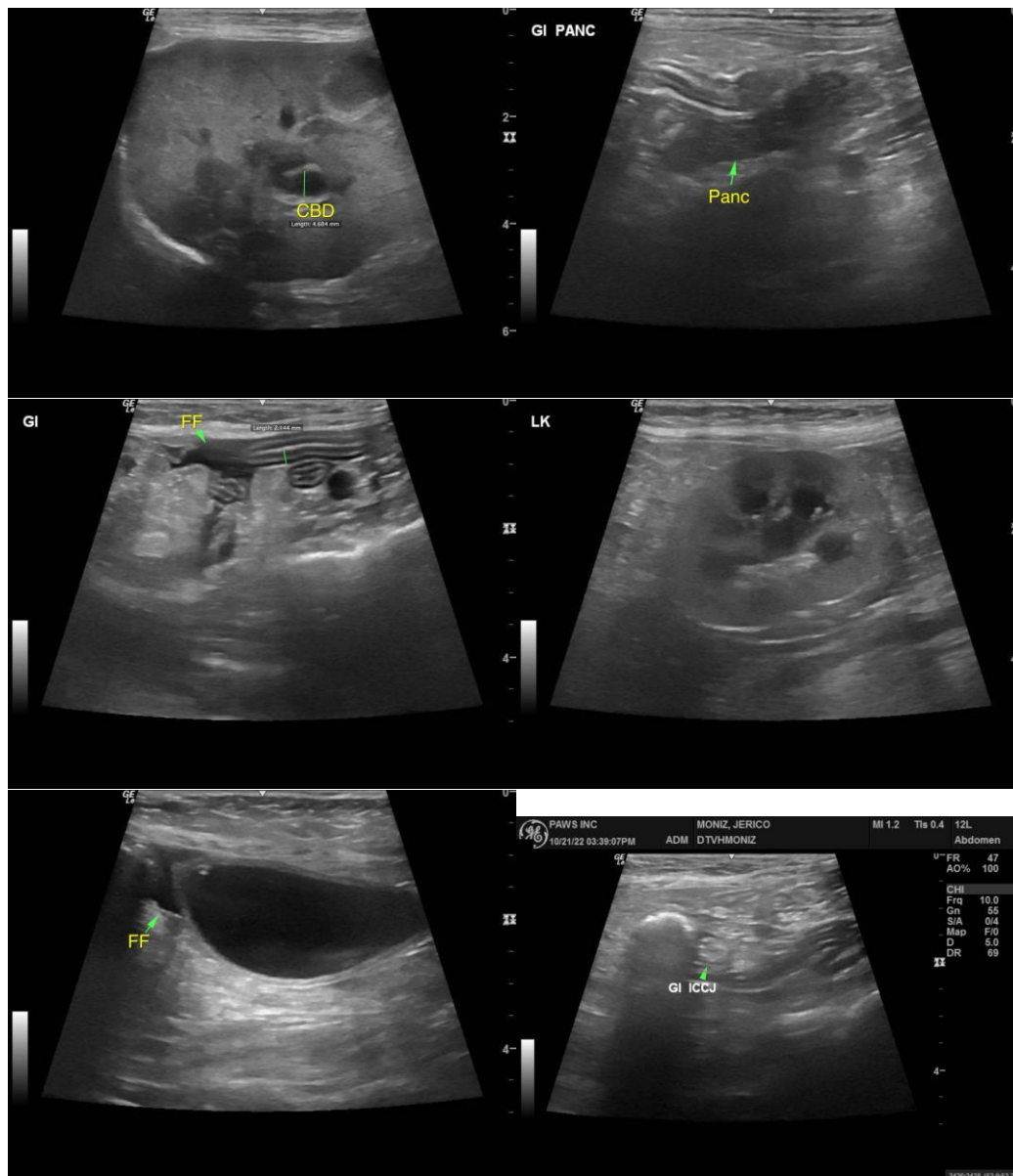
Dr. Vannini

**INVOICE**

11970ag

**DATE**

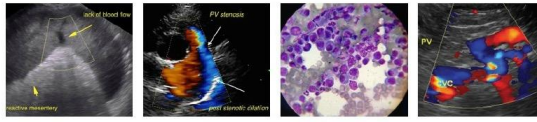
10/21/2022



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)



Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY  
pawsonography@gmail.com 530-786-8340

**PATIENT**

Jerico Moniz info@SonoPath.com

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

8yr

**WEIGHT**

8.1lb

**INTERPRETED BY**

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

**IMAGING BY**

Loetitia Saint-Jacques,  
DVM

**HOSPITAL NAME**

Donner Truckee  
Veterinary Hospital

**REFERRING VET**

Dr. Vannini

**INVOICE**

11970ag

**DATE**

10/21/2022