



PATIENT PRESENTING CLINICAL SIGNS

Lily Bot Ongoing issues with Alopecia pruritic . Need ultrasound to further assess hepatobiliary area. See bloodwork.
Abnormal PE/Chem/CBC/UA Results: ALT 136, Total Bilirubin 22

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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.

SEX

Spayed Female

The area of the aortic trifurcation was free of pathology.

AGE

14 Years

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 left kidney measured 3.2 cm. The right kidney measured 3.6 cm.

Adrenal Glands

WEIGHT

9 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.25 cm in width. The right adrenal gland measured 0.24 cm in width.

Spleen

INTERPRETED BY

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

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 0.60 cm in width.

IMAGING PERFORMED BY

Kelly Reschny

Liver

The liver was subnormal in size likely owing to the presence of gastric ingesta. No evidence of gallbladder overdistention. The cystic biliary duct and common bile duct were sonographically unremarkable without evidence of dilation, stasis, or post-hepatic obstruction.

HOSPITAL NAME

Limestone Valley AH

Gastrointestinal

REFERRING VET

Dr. El-Ghawazi

The stomach presented intact wall layering with a normal wall layer ratio. Mild echogenic ingesta exhibiting subtle progressive distal shadowing was present. Gastric body wall measured 0.25 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. Jejunum wall measured 0.20 cm. Duodenum wall measured 0.23 cm.

INVOICE

26602

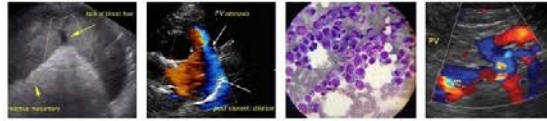
Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

DATE

10/22/21

The left limb of the pancreas was normal in size with subtle asymmetrical contour with heterogeneous to mildly hypoechoic parenchyma compared to adjacent non-reactive or inflamed omentum.



PATIENT

Lily Bot

PRIMARY FINDINGS

- Sonographically unremarkable liver, gallbladder and common bile duct – suspect low-grade inflammatory hepatopathy or hepatobiliary disease.

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- Subtly hypoechoic to heterogeneous left pancreas – likely age related pancreatic changes and incidental, minor potential for low-grade or chronic pancreatitis.

SECONDARY FINDINGS

- Gastric ingesta – suspect post-prandial presentation.

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Spayed Female

Given the low-grade ALT and total bilirubin elevation, continued monitoring at this time would be appropriate without evidence of significant hepatobiliary disease. Empirically, hepatosupportive medications and/or recheck sonogram (if continued ALT and total bilirubin elevations are noted) would be appropriate. A spec fPL may be considered for further clarification of the pancreas.

AGE

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WEIGHT

9 Pounds

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REFERRING VET

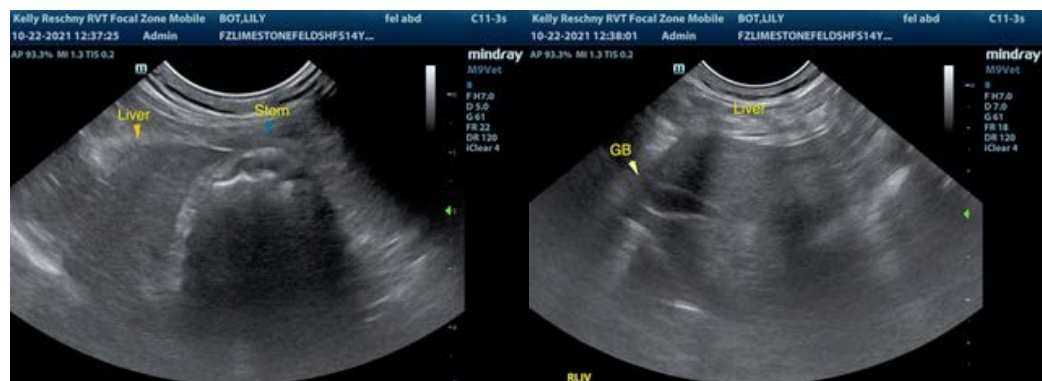
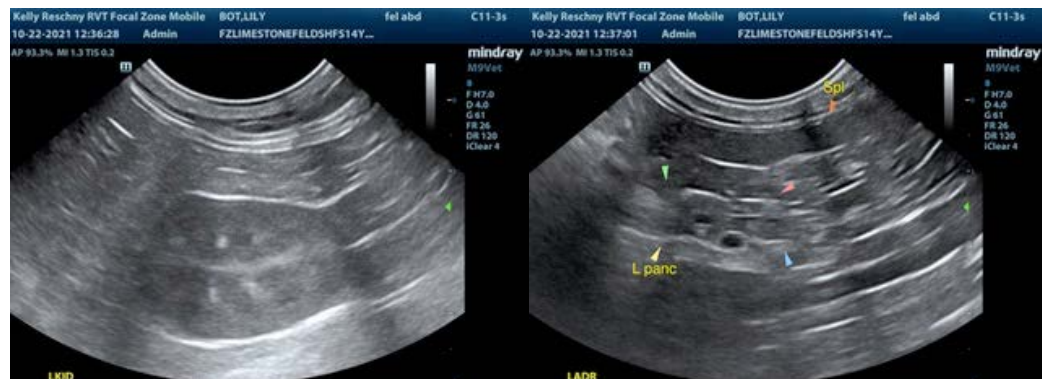
Dr. El-Ghawazi

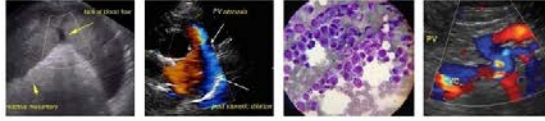
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com