



**PATIENT**

Ralphie Slonski

**PRESENTING CLINICAL SIGNS**

Presented for vomiting food up a few weeks ago initially. Has been better since. Vomited bile one over the weekend. Also seems to be losing some weight even though he is eating well.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Mild jaundice., Abdomen tense, ALT 289 U/L ALKP 137 U/L, Tbili : 1.3 mg/dL rest BW WNL UA : Free Catch in litter box w granules- RBC 11-20 HPF , USG 1.025, WBC 2-3 , Rods 51-100 HPF

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 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 4.0 cm in length. The right kidney measured 5.0 cm in length.

**AGE**

11yr

**WEIGHT**

13.76lb

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited borderline enlargement and 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 1.1 cm in width at the level of the hilus.

**IMAGING PERFORMED BY**

Dr. Ammeraal

**HOSPITAL NAME**

Sova Animal Hospital

**Liver**

The liver exhibited generalized enlargement, areas of capsule asymmetry and diffuse mildly non-homogeneous to hyperechoic nodular parenchyma. The hepatic and portal vasculature were normal in appearance without signs of congestion.

**REFERRING VET**

Dr. Ammeraal

The gallbladder was non-distended in size with generalized prominent isoechoic to mildly hyperechoic walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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**Gastrointestinal**

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.

**DATE**

10/24/2022

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 duodenum wall measured 0.21 cm width. The jejunum wall measured 0.20 cm width.



**PATIENT**

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

Ralphie Slonski

**Pancreas**

**SPECIES**

The left limb of the pancreas was normal in size with mild capsule asymmetry and subtle non-homogeneous to hypoechoic parenchyma compared to adjacent omentum.

Feline

**Free Abdomen**

**BREED**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

DSH

**ULTRASONOGRAPHIC FINDINGS**

SEX

- Hepatopathy with non-homogeneous parenchyma with multiple hyperechoic nodules
- Non-distended gallbladder exhibiting mild thickened walls
- Subtle hypoechoic left pancreas
- Unremarkable small bowel
- Mild chronic renal changes

MN

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

11yr

The hepatobiliary presentation was consistent with chronic cholangitis/cholangiohepatitis Pattern with potential for vacuolar hepatic changes, cholestasis, hyperplasia, hematopoiesis, fibrosis or other hepatopathy. Potential for hepatic/hepatobiliary neoplasia is considered less likely. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment and identification of inflammatory cell type. Triad disease may be an additional consideration in this patient. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically as needed hepatic and GI support is recommended.

**WEIGHT**

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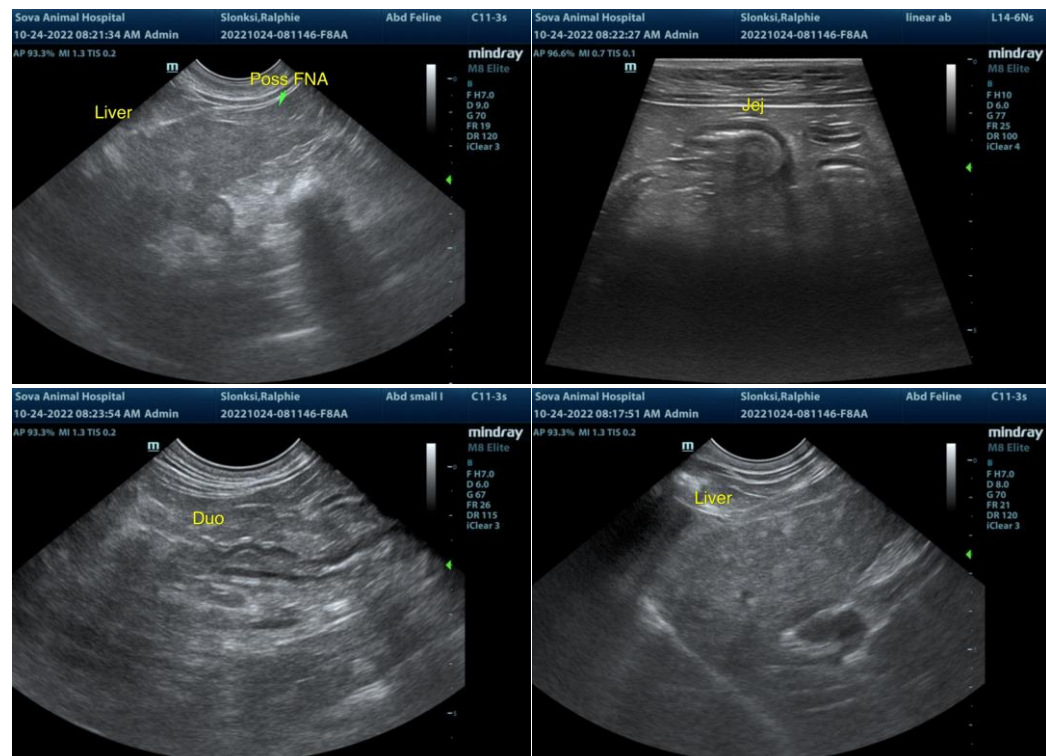
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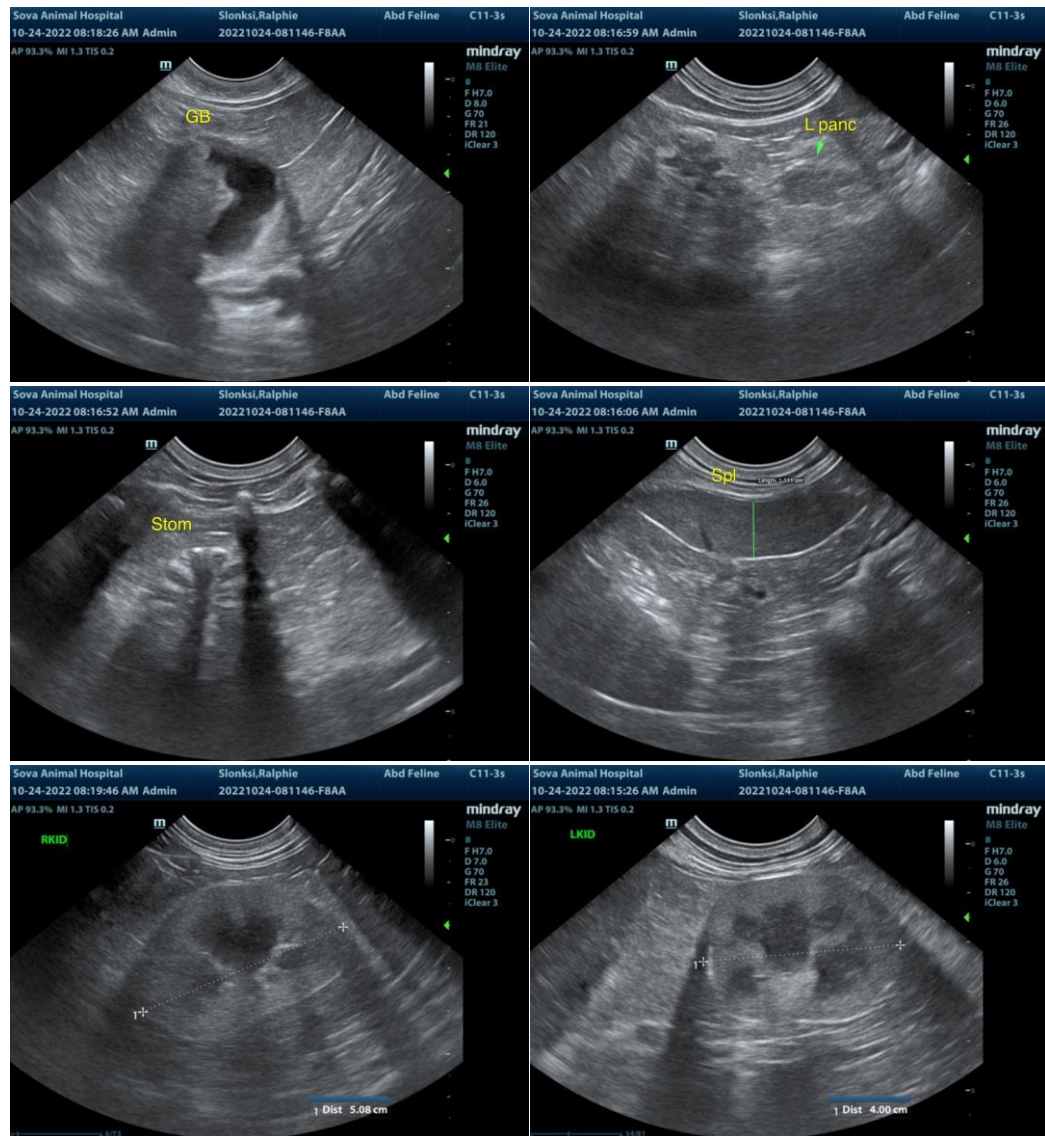
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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