



PATIENT PRESENTING CLINICAL SIGNS

Phil Hower 3# weight loss in 1 year, decreased appetite, intermittent constipation, occasional vomiting
 ALT 202, Tbili 1.3, Amylase 1372, HCT 23%

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 was noted.

DSH

SEX The area of the aortic trifurcation was free of pathology.

MN

AGE 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 3.8 cm in length. The right kidney measured 3.8 cm in length.

2008

WEIGHT Adrenal Glands

15.3 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

INTERPRETED BY

R. McKenzie Daniel,
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 (Canine and Feline)

Spleen

The spleen exhibited variable enlargement with potential mild medial parenchymal expansion and associated medial capsule asymmetry. The spleen maintained a finely texture homogeneous parenchyma with no splenic masses or nodules noted. The spleen measured up to 1.5 cm width at the level of the hilus.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

HOSPITAL NAME

Blue Ridge VC

The liver exhibited subjective mild enlargement yet maintained a symmetrical capsule contour with primarily homogeneous parenchyma. A solitary nondisruptive cystic mass in the right medial to lateral liver measuring 3.9 cm in diameter was present. The gallbladder was non-distended in size containing mild echogenic nonorganized gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction and did not appear to extend to the level of the duodenal papilla. Anechoic content was noted in the common bile duct.

REFERRING VET

Dr. Santore

INVOICE Gastrointestinal

15297

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. The gastric body wall width measured 0.29 cm.

DATE
 10/27/22



PATIENT

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The small intestine exhibited primarily intact wall layering and maintained a 1:3 muscularis/mucosa ratio. A segment of nonspecific intestine in the cranial abdomen exhibited intact yet mildly prominent wall layering with associated mild subjectively nonobstructive ileus. Intact and mildly prominent intestinal wall width measured up to 0.36 cm. By comparison, normal-appearing intestinal wall width measured 0.24 cm. No overt pathology was noted at the level of the ileocolic junction.

SPECIES

Feline

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

BREED

DSH

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

SEX

MN

Free Abdomen

No omental masses, lymphadenopathy, or evidence of effusion were noted.

AGE

2008

ULTRASONOGRAPHIC FINDINGS

- Mild yet variable splenomegaly with mild medial capsule asymmetry - incidental hyperplasia, hematopoiesis, splenitis, potential for early round cell infiltrative splenic neoplasia cannot be excluded
- Cholangitis / cholangiohepatitis hepatobiliary pattern with suspect benign cystic intraparenchymal mass - mass is suggestive of complex hepatic cyst or cystic biliary adenoma, potential for neoplastic criteria i.e., cystic biliary adenocarcinoma is possible yet thought less likely
- Intact yet segmental mildly prominent small bowel walls with associated subjective nonobstructive ileus
- Overtly normal pancreas

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatosplenic parenchymal FNA is warranted, primarily to assess for hepatobiliary inflammation and assess for potential early infiltrative splenic round cell neoplasia. Triad Disease may be a potential in this case.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three-view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor. Full-thickness intestinal +/- hepatopancreatic biopsies are likely required for a definitive diagnosis.

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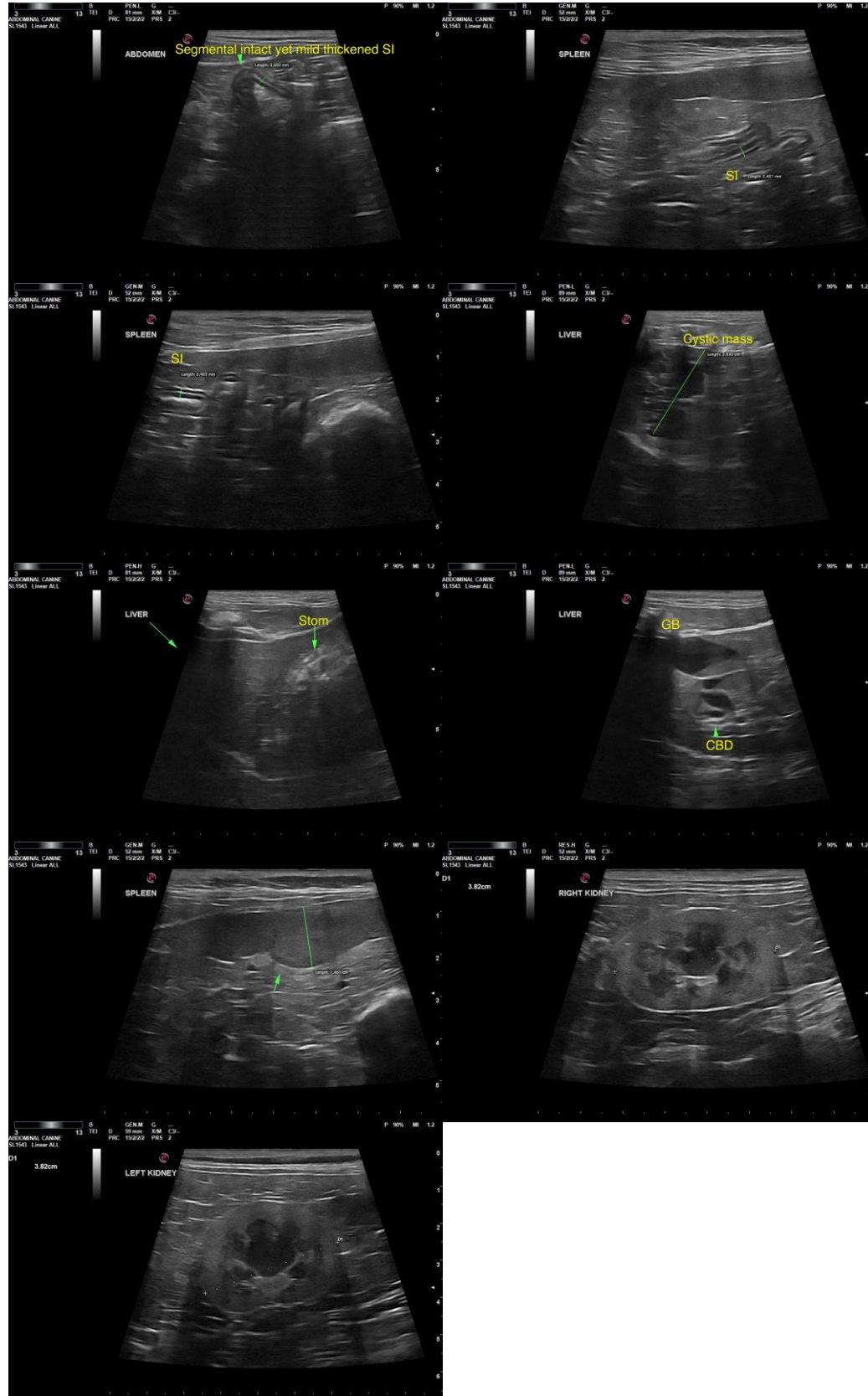
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Feline

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.

BREED

DSH

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.

SEX

MN

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