



PATIENT PRESENTING CLINICAL SIGNS

Book Lowman

History - Patient has progressive anorexia/vomiting, willing to eat intermittently, owner stopped administering insulin after another hypoglycemia episode appreciated three weeks ago. No other medications. Cornea Icterus

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: CBC - Neuts 13695 else unremarkable; Chemistry profile - AST 231 ALT 697 GGT 14 Tbili 9.6 Glu 191; Thyroid hormones - T4 - 1.1; Urinalysis - USG 1.042 protein 2+ bilirubin 3+ bilirubin crystals 4-10 else unremarkable ASSESSMENTS Elevated liver enzymes, Hyperbilirubinemia, Hepatomegaly, Icterus, Chronic vomiting, Anorexia, Diabetes mellitus - suspect remission

BREED

DLH

Urinary System

SEX

MN

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.

AGE

15 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

3.7 kg

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.2 cm in length.

INTERPRETED BY

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

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

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.

HOSPITAL NAME

VCA Feline AH

Liver/ Gallbladder

REFERRING VET

Dr. Vincent Fleming

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. 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 exhibited mild distention with generalized prominent to thickened isoechoic walls. Primarily anechoic content was present in the gallbladder with mild particulate sediment nonorganized debris. The cystic biliary duct was mildly dilated extending into the generalized mild to moderately thickened, torturous to mildly dilated common bile duct, extending caudally to the level of the duodenal papilla. Common bile duct dilation measured 0.26 cm in diameter. Anechoic content was present in the common bile duct without overt evidence of calculi or

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PATIENT

mucus. The duodenal papilla exhibited subjective mild thickening with primarily homogeneous echogenicity, measuring 0.5 cm in diameter.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with minor retained ingesta / chyme and luminal gas. The gastric body wall width measured 0.21 cm.

Feline

BREED

The small intestine presented intact wall layering with subjective propensity for mildly prominent segmental muscularis layer, yet without evidence of overt mural hypertrophy or loss of intestinal wall layering. The jejunum wall width measured 0.20 cm. The duodenum wall width measured 0.25 cm. The ileocolic wall width measured 0.39 cm.

DLH

SEX

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

MN

Pancreas

AGE

The pancreas was prominent in size with mild asymmetrical contour and heterogeneous to mildly hypoechoic parenchyma compared to adjacent regional reactive peripancreatic omentum. Mild pancreatic duct dilation was noted.

15 years

Free Abdomen

WEIGHT

Intermittent, mildly enlarged, pancreaticoduodenal and colic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. No evidence of peritoneal free fluid was noted.

3.7 kg

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DABVP (Canine and Feline)

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate cholangitis / cholangiohepatitis pattern with generalized thickened to mildly dilated gallbladder and common bile duct to level of the duodenal papilla, subjective mild duodenal papilla thickening
- Chronic to chronic active pancreatitis with mild pancreatic duct dilation
- Intermittent pancreaticoduodenal and colic lymphadenopathy - subjectively benign, hyperplasia or minor reactive lymphadenitis suspected

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Secondary Findings

- Bilateral mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the degree of common bile duct and gallbladder dilation was not overtly consistent with post-hepatic obstruction (generally common bile duct dilation exceeds 0.5 cm or greater dilation in cases of obstruction). However, potential for emerging obstruction owing to potential pathology at the level of the duodenal papilla cannot be definitively excluded.

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Aggressive therapy for chronic to acute on chronic cholangiohepatitis with as-needed gastrointestinal support is recommended. Underlying possible Triad Disease may be a potential issue in this patient if previous history of gastrointestinal signs or weight loss. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Immediate recheck sonogram is recommended if increasing hepatic enzymes or if evidence of cholestasis is noted for a reassessment of the common bile duct in the area of the duodenal papilla.

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Alternatively, if strong clinical concern for emerging post-hepatic obstruction, surgical Intervention may be Indicated.

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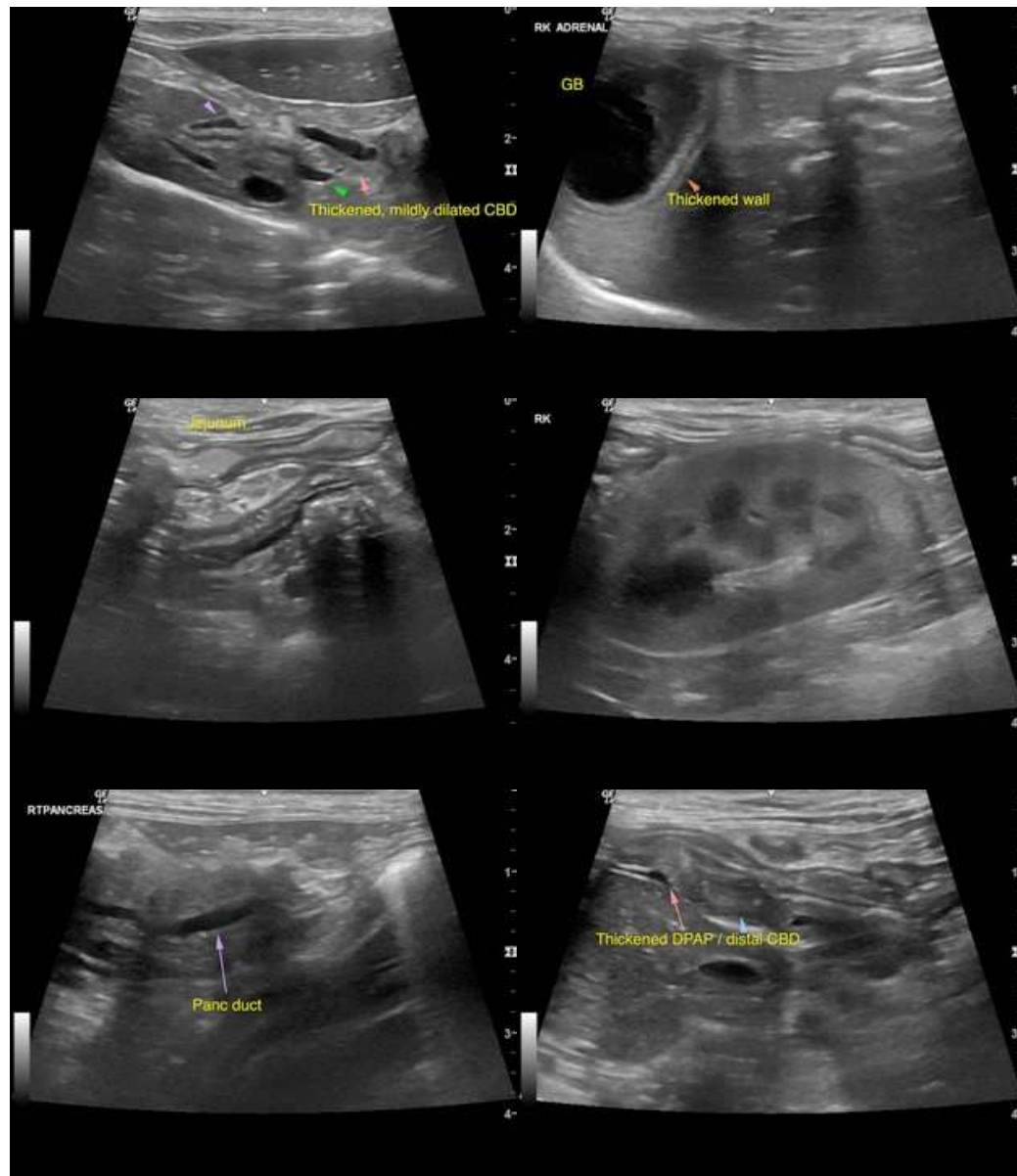
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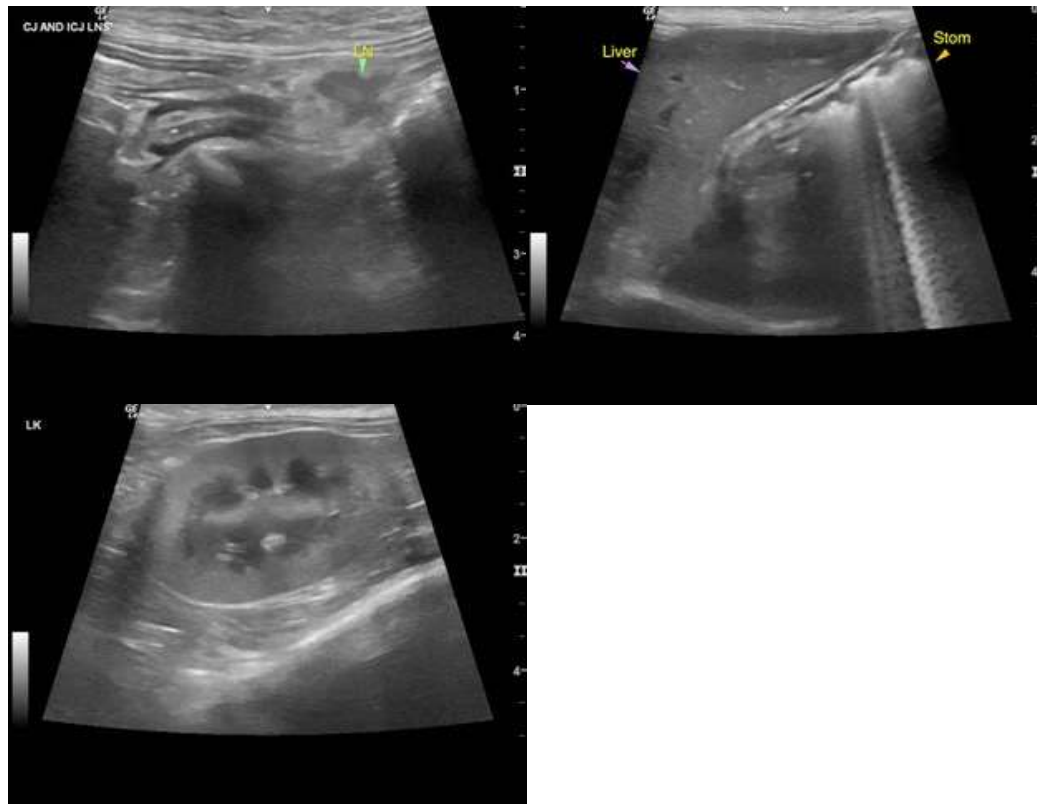
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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