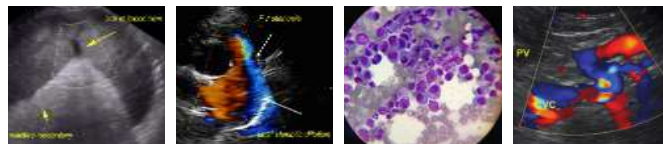




PATIENT	PRESENTING CLINICAL SIGNS
Winnie Wishewski	Icteric, lethargic, anorexia Current meds: unasyns, metronidazole, denamarin, ondansetron Abnormal PE/Chem/CBC/UA Results: BUN 32, Cr 1.9, gluc 249, chol 218, ALT 275, ALP >993, GGT 42, Tbili 11.7, Na 146, Cl 101, HCT 21.4
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	<i>Urinary System</i>
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 were noted.
DSH	
SEX	No evidence of pathology in the area of the aortic trifurcation.
FS	Normal size and margination was 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 3.8 cm in length. The right kidney measured 3.7 cm in length.
AGE	<i>Adrenal Glands</i>
13 Years	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.
WEIGHT	<i>Spleen</i>
10.5 lbs	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.
INTERPRETED BY	<i>Liver / Gallbladder</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The liver was mildly enlarged and normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.
IMAGING PERFORMED BY	The gallbladder was non-distended in size with mildly prominent yet isoechoic gallbladder wall with mild echogenic to particulate nondependent luminal debris extending into the mildly dilated cystic biliary duct. The common bile duct exhibited subjective tortuous mild dilation extending caudally from the cystic biliary duct to the approximate level of the duodenal papilla. The common bile duct dilation measured up to 0.39 cm. Overt evidence of common bile duct mucus or calculi as well as overt pathology at the level of the duodenal papilla was not definitively evident.
Jessica Miller	<i>Gastrointestinal</i>
HOSPITAL NAME	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 0.25 cm.
Newton VH	
REFERRING VET	
Dr. Barron	
INVOICE	
47639	
DATE	
10-4-21	



PATIENT	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 width measured 0.25 cm and the jejunum wall width measured 0.25 cm.
Winnie Wishewski	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	<i>Pancreas</i>
BREED	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 regional peripancreatic reactivity / inflammation. Subjective mild pancreatic duct dilation noted in the area of the pancreas base and right pancreatic limb. No overt evidence of neoplasia.
DSH	<i>Free Abdomen</i>
SEX	Mild regional peripancreatic as well as reactive omentum present in the right cranial abdomen around the area of the common bile duct. Evidence of concurrent effusion or lymphadenopathy was not noted.
FS	
AGE	ULTRASONOGRAPHIC FINDINGS
13 Years	Primary
WEIGHT	<ul style="list-style-type: none"> • Cholangitis / cholangiohepatitis pattern with generalized subjectively nonobstructive common bile duct dilation to approximate level of the duodenal papilla - suspect acute on chronic. • Mild active to chronic active pancreatitis.
10.5 lbs	Secondary
INTERPRETED BY	<ul style="list-style-type: none"> • Bilateral mild age related renal changes.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
IMAGING PERFORMED BY	Given the lack of gallbladder or significant common bile duct dilation, post-hepatic obstruction was not definitively evident in this study. However, potential for possible emerging post-hepatic obstruction cannot be definitively excluded. Given these findings, no overt indication for immediate surgical intervention; however, continued monitoring with empirical therapy for cholangiohepatitis and pancreatitis is recommended. Recheck sonogram suggested pending clinical response or if continue to increasing evidence of cholestasis icterus or hepatic enzyme elevations are noted. No overt evidence of hepatobiliary or pancreatic neoplasia.
Jessica Miller	
HOSPITAL NAME	Assuming normal clotting status, hepatic FNA using a 25 gauge needle may be considered for screening cytology primarily to potentially identify inflammatory cell type.
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PATIENT

Winnie Wishewski

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 Years

WEIGHT

10.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Newton VH

REFERRING VET

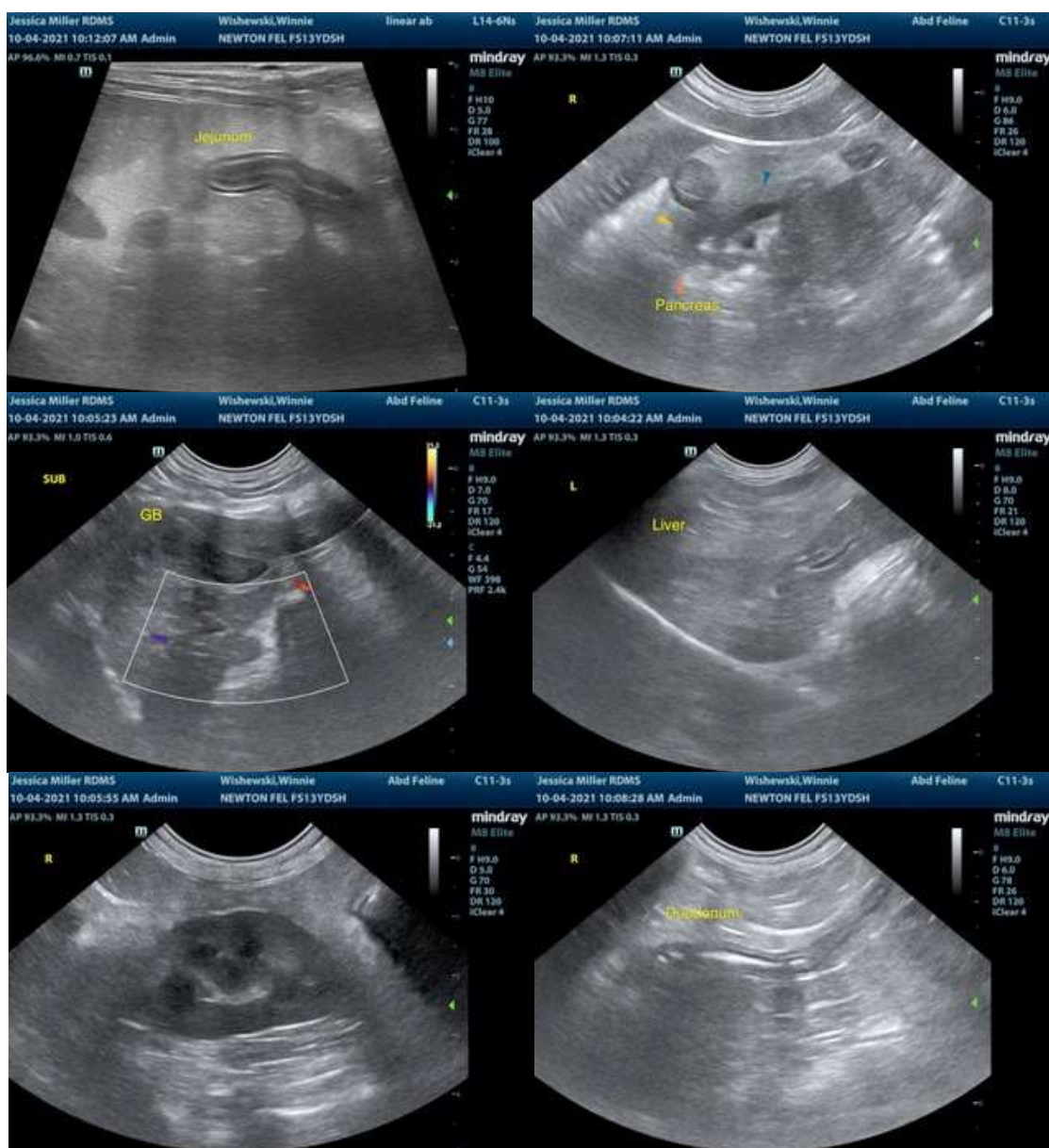
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PATIENT

Winnie Wishewski

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 Years

WEIGHT

10.5 lbs



INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Newton VH

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10-4-21

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