

**PATIENT**

Licorice Stevens

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

14 years

WEIGHT

11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Westerhof

INVOICE

15153

DATE

10/7/22

PRESENTING CLINICAL SIGNS

Not eating, vomiting, hiding, lethargic
Abnormal PE/Chem/CBC/UA Results: elevated bilirubin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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.

The area of the aortic trifurcation was free of pathology.

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. Areas of hyperechoic medullary parenchyma, which may suggest emerging mineralization or medullary fibrosis, were noted. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.25 width and the right adrenal gland measured 0.35 width.

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. No evidence of splenic neoplastic criteria. The spleen measured 0.95 cm width at the level of the hilus.

Liver/ Gallbladder

The liver exhibited generalized enlargement with a maintained symmetrical to mildly rounded hepatic contour. Normal to mild increased uniform hepatic parenchyma echogenicity was noted. Subjective evidence of possible congestive criteria exhibited by mildly distended hepatic veins primarily at the level of the caudal vena cava. A solitary, nonhomogeneous, microcystic nodule was noted in the right liver measuring 1.9 cm in diameter, suggestive of a benign cystic biliary adenoma. The gallbladder was non-distended in size with primarily anechoic luminal content. No evidence of gallbladder inflammatory criteria was noted. The common bile duct was not definitively visualized, without overt evidence of post hepatic obstruction.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of retained anechoic fluid.

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 small intestinal mechanical / metabolic ileus, obstruction, or foreign material.

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

Pancreas

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 peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Moderate volume peritoneal free fluid exhibiting mild echogenic changes, which may suggest mild fluid cellularity, was present. Generalized hyperechoic, mildly nonuniform mesentery was noted.

Intermittent mesenteric lymph nodes were present. These lymph nodes were mildly enlarged, homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.5 cm x 0.44 cm.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Hepatomegaly exhibiting potential congestion
- Nondistended gallbladder - no overt post hepatic obstruction
- Prominent mildly irregular to hypoechoic pancreas - mild to moderate pancreatitis, potential for pancreatic edema
- Overtly normal gastrointestinal tract with mild gastric hypomotility
- Moderate volume peritoneal free fluid exhibiting mild echogenic changes, nonuniform mildly hyperechoic mesentery and intermittent nonspecific generally mild mesenteric lymphadenopathy

Secondary Findings

- Bilateral chronic renal changes with possible medullary fibrosis vs. mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view chest radiographs are recommended to assess for thoracic pathology, as well as cardiopulmonary status. Abdominal effusion analysis, cytology, +/- C/S if evidence of inflammatory cells, as well as screening hepatic FNA cytology, assuming normal clotting status is recommended.



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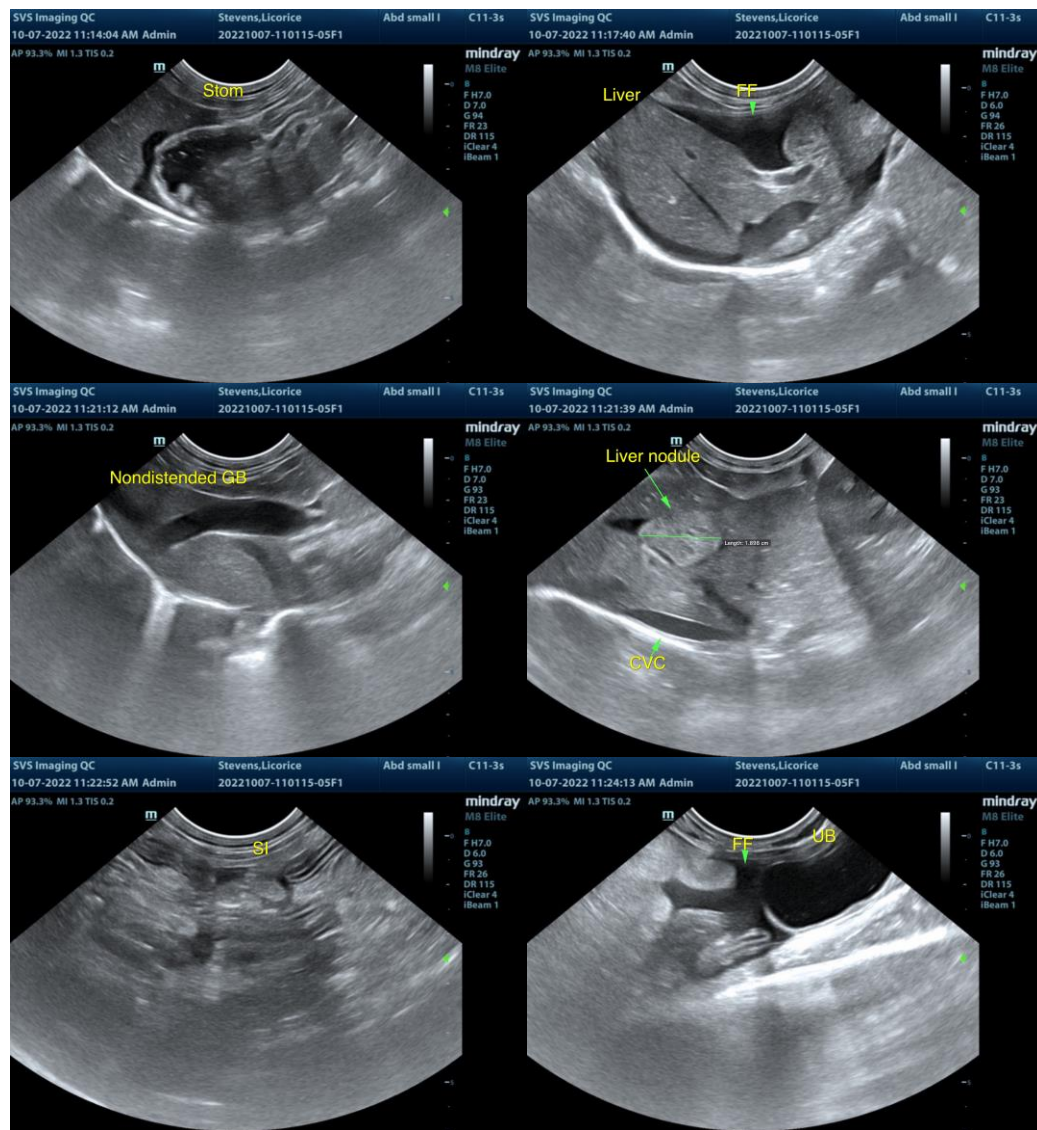
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Assuming normal albumin levels and no evidence of thoraco-cardiac pathology and without evidence of gastrointestinal pathology which may result in an effusion of this type, nonspecific hepatic disease given the elevated bilirubin and short half-life of hepatic enzymes in cats, pancreatitis with potential for neoplastic disease such as carcinomatosis, lymphomatosis, or similar, are all potentials.

A guarded prognosis is indicated.



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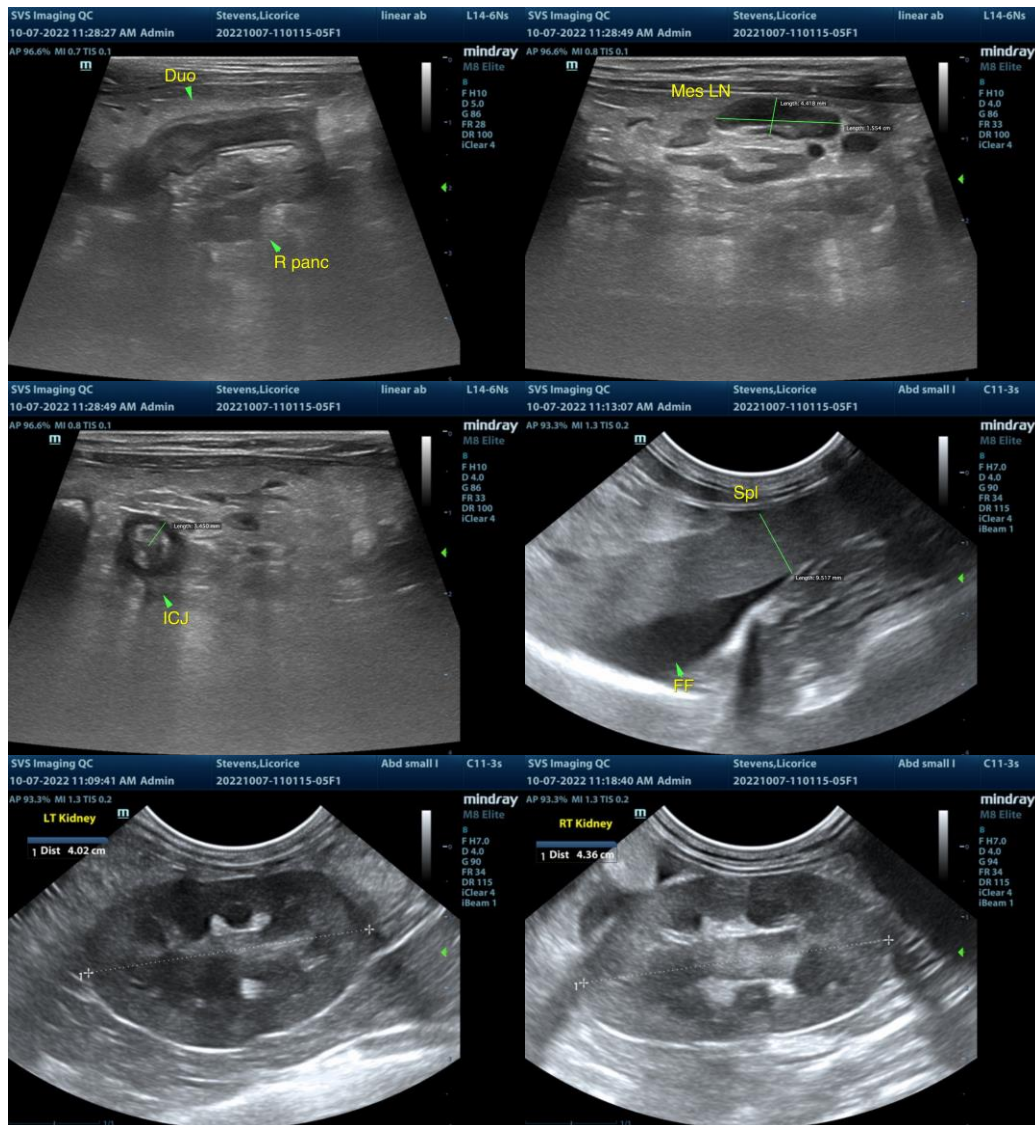
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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