



PATIENT

Trixie Merryfield

PRESENTING CLINICAL SIGNS

History: Chronic, gradual weight loss, elevated liver values, recent URI's

Medication: Azythromycin, Hepatosupport

SPECIES

Feline

ALT 296, AST 92, ALP 35, BUN 25, Creatinine 0.7

Specific gravity 1.045, WBC 13.3 with monocytosis

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

FS

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, particulate, nondependent sediment was present without evidence of calculus formation. The sediment is likely indicative of minor cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

AGE

15 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

5.5 Pounds

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 pyelectasia or overt pyelonephritis was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/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. The spleen measured 0.66 cm width.

HOSPITAL NAME

Lehigh Valley AH
(Allen)

REFERRING VET

Dr. Meyer

Liver/ Gallbladder

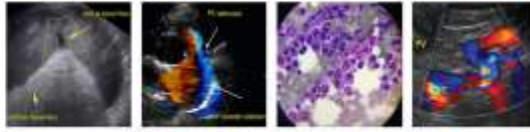
The liver was mildly enlarged with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

INVOICE

12514

DATE

11.2.2021



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The gallbladder was non-distended in size with minor, particulate, echogenic luminal debris. The proximal common bile duct exhibited mild to torturous dilation, not consistent with post hepatic obstruction.

SPECIES

Feline

Gastrointestinal

The stomach presented intact yet mild prominent wall layering. The stomach was primarily empty with minor retained anechoic fluid and luminal gas. The gastric body wall width measured 0.30 cm.

BREED

Domestic Shorthair

The small intestine presented intact yet subjective mild prominent wall layering owing to propensity for segmental to generalized prominent mucosa. Segmental metabolic jejunal ileus was noted. The duodenum wall width measured 0.29 cm. The jejunum wall with measured 0.27 cm. The ileocolic wall width measured 0.33 cm.

SEX

FS

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

AGE

15 years

Pancreas

The pancreas exhibited mild prominent size with mildly swollen contour and subtly hypoechoic to heterogeneous parenchyma compared to adjacent omentum.

WEIGHT

5.5 Pounds

Free Abdomen

Intermittent, colic and pancreaticoduodenal lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a colic lymph node measured 1.7 cm x 0.52 cm.

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Small pockets of scant free fluid were noted in the cranial abdomen around caudal liver margins.

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

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 ARDMS/RVT

Primary Findings

- Chronic enteropathy
- Chronic active pancreatitis
- Hepatopathy with parenchymal remodeling
- Bilateral mild chronic renal changes
- Intermittent, subjectively benign colic and pancreaticoduodenal lymph nodes
- Scant, primarily perihepatic free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

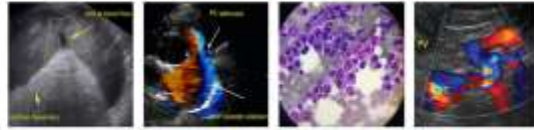
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Although not specific, the presentation of the liver is suggestive of chronic cholangiohepatitis, given the elevated ALT/AST combination along with minor gallbladder debris and minor nonobstructive proximal common bile duct dilation. Potential for cholestasis, vacuolar hepatic changes, or neoplasia is also possible.

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Assuming normal clotting status, ultrasound-guided FNA of the liver could be considered, using a 25-gauge needle, for screening cytology and potential identification of inflammatory cell type, as well as rule out potential for neoplasia.

SPECIES

Feline

Chronic inflammatory enteropathy is suspected, while potential for chronic Triad Disease in this patient is warranted. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Intestinal pancreatic and hepatic biopsies are required for a definitive diagnosis.

BREED

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Empirically, some or all of the following protocol may be considered with as-needed gastrointestinal support.

SEX

FS

Recommend pain management when anorexic with **Buprenorphine** (0.01-0.02 mg/kg IM or SC), clinical trial of **Zithromax** (50 mg sid/cat x 10 days, 3 weeks if bartonella +), **Prednisolone** (0.5-2 mg/kg tapering over 1 week to minimal effective dose), and **B12 injections** if weight

AGE

15 years

loss (Cyanobalamine 250 mcg sub-q once-weekly x six weeks, then every other week for six weeks and then once-monthly, long-term if necessary), **novel-protein or hydrolyzed diet** (*Hydrolyzed diets have been shown to be more effective in dietary intolerance case management compared to hypoallergenic diets*) or the **magical Purina DM** (changing protein source is crucial and may need rotation every 6 months if clinical signs recur) Diet trials is a whatever works phenomenon. If vomiting becomes a persistent issue then endoscopy would be warranted and/or recheck sonogram to assess more emerging disease. One diet does not work for all patients so different trials may be necessary or protein source rotation every 6 months as new sensitivities develop.

WEIGHT

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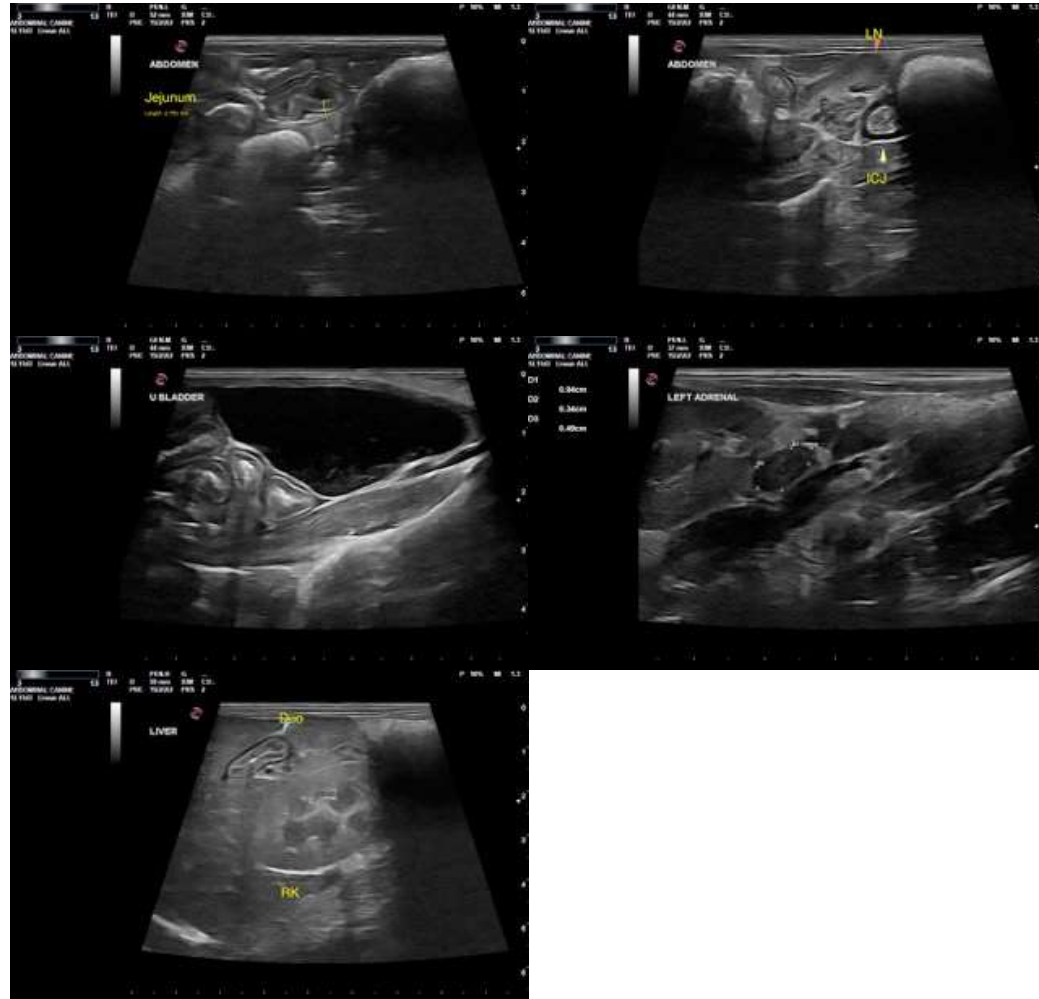
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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