



**PATIENT**

Pickles Figler

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male (N)

**AGE**

17 yrs

**WEIGHT**

10.8

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Nicole Gotfredson

**HOSPITAL NAME**

Buffalo VC

**REFERRING VET**

Dr. Garry Gotfredson

**INVOICE**

15555

**DATE**

11/22/22

**PRESENTING CLINICAL SIGNS**

Elevated liver enzymes found on routine bloodwork. Owner gives milk thistle at home.

Abnormal PE/Chem/CBC/UA Results: CHEM 17 on 8/22= CHOL=305, GLOB=5.6, ALT=404, ALKP=138, CBC=WNL

**Pickle's images were determined based on reported number of images submitted.**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The area of the right adrenal gland was free of overt pathology.

**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.

**Liver/ Gallbladder**

The liver was subjectively normal in size, 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. The gallbladder was non-distended in size containing primarily anechoic content with mild congealed echogenic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta / chyme without signs of obstruction or foreign material.



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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.

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

### 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.

### Free Abdomen

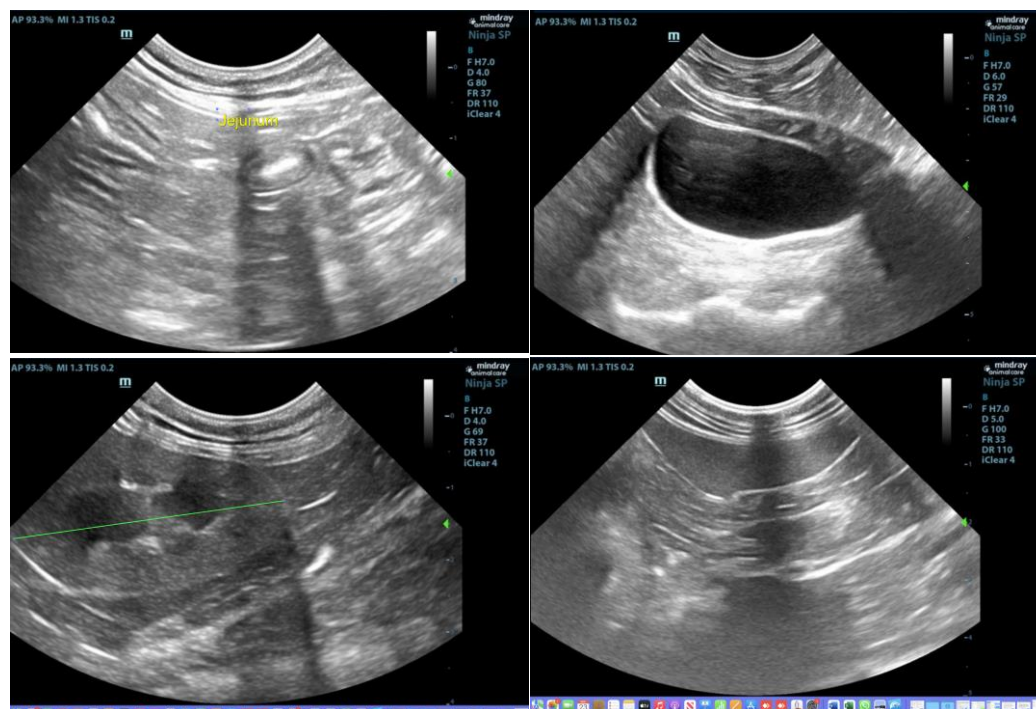
No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Bilateral mild chronic renal changes
- Low-grade benign hepatopathy - suspect low-grade cholangiohepatitis given primarily elevated ALT and presence of concurrent mild gallbladder debris, nonobstructive cholestasis, vacuolar hepatic changes or other benign hepatopathy possible without evidence of hepatobiliary neoplastic criteria
- Gastric ingesta, sonographically unremarkable small bowel - likely post prandial presentation

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued hepatosupportive medications including Mild Thistle, Denamarin +/- Ursodiol, if evidence of increasing cholestasis, would be reasonable. Sonographic reassessment of the liver and gallbladder is suggested if progressive hepatic enzyme elevations despite hepatosupportive medications.





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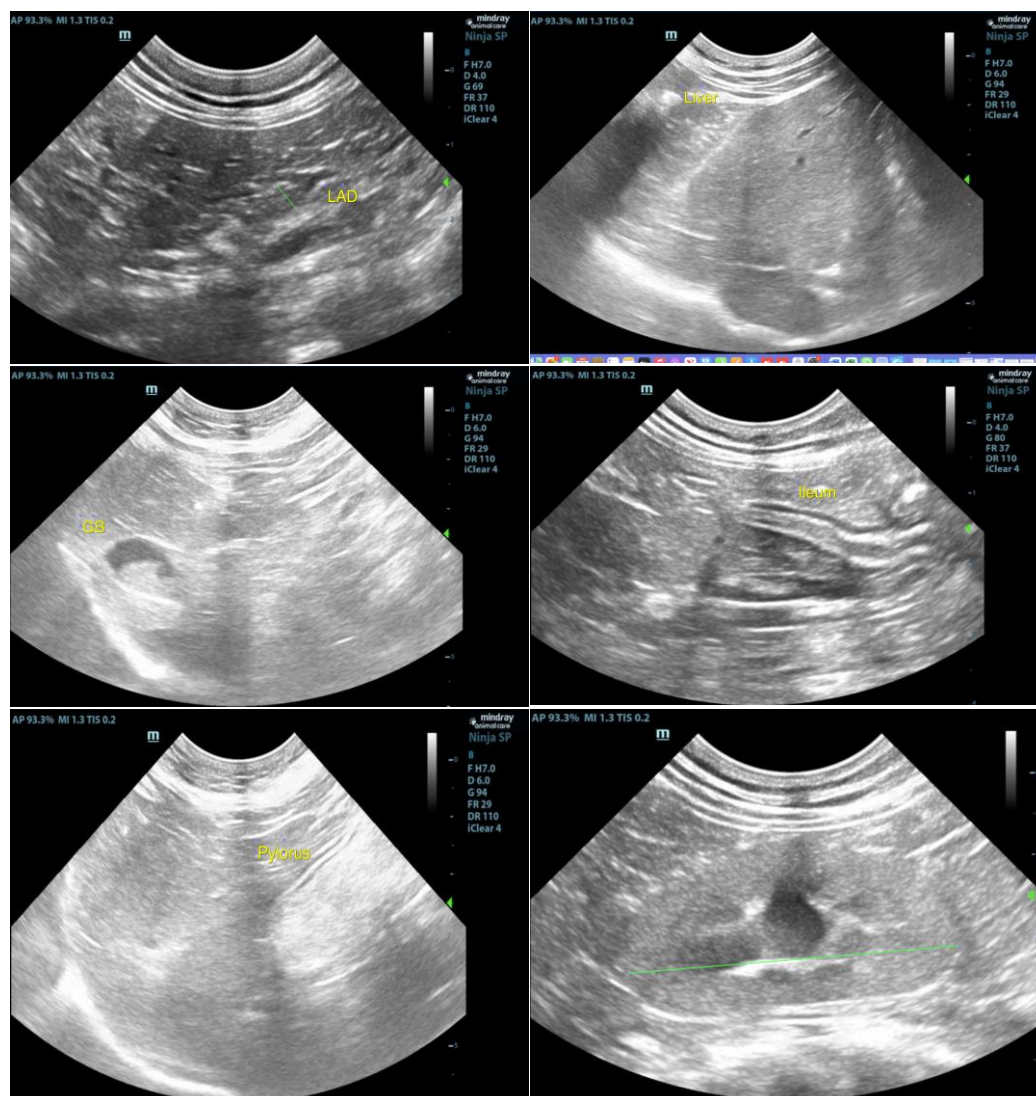
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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