



PATIENT	PRESENTING CLINICAL SIGNS
Percy Nadeau	Weight loss. Elevated LE. Started on Ursodiol/Metronidazole/Sam-E when diagnosed with triaditis, 2/2022. Sedated with Butorphanol IV.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Previous AUS, report attached, 2/2022 BW (10/29/22): ALT 434, AST 132, ALP 95. T Bili 2.9. UA (10/29/22): USG 1.022, Bili 2+. BW (3/7/22): ALT same, AST 99, ALP 65, T Bili 1.4.
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	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.
Neutered Male	
AGE	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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The kidneys measured 4.4 cm each.
8 Years	
WEIGHT	Adrenal Glands
8.3 Pounds	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm. The right adrenal gland measured 0.49 cm.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen was overall normal in size and exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple variably sized yet non-expansive or disruptive, well demarcated, hyperechoic nodules were present throughout the cranial to caudal parenchyma. Example of nodule measured 0.50 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.
IMAGING PERFORMED BY	
Dr. Ebersole	
HOSPITAL NAME	Liver
Scanvet	The liver presented borderline/mild enlargement with maintained symmetrical capsule contour. Normal overall hepatic parenchyma echogenicity exhibiting moderate coarse echotexture. Evidence of minor parenchymal remodeling. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct was mildly dilated, measuring <0.20 cm in width, and tortuous without overt post hepatic obstruction.
REFERRING VET	Gastrointestinal
Dr. Fortin	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. Gastric body wall measured 0.24 cm.
INVOICE	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. Duodenum wall
42970	
DATE	
11/23/22	



PATIENT

Percy Nadeau

measured 0.25 cm. Jejunum wall measured 0.21 cm. No overt pathology at the level of the ileocolic junction.

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

SPECIES

Pancreas

Feline

The pancreas was normal in size with areas of mild capsule asymmetry. Subtle non-homogeneous to hypoechoic pancreatic parenchyma noted with minor pancreatic duct dilation.

BREED

Free Abdomen

DSH

No omental masses, lymphadenopathy, or peritoneal free fluid.

SEX

Neutered Male

- Static chronic renal changes
- Chronic cholangitis/cholangiohepatitis hepatobiliary pattern
- Static mild chronic active pancreatitis

AGE

8 Years

- Static benign splenic nodules – consistent with probable myelolipomas
- Sonographically unremarkable gastrointestinal tract

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

8.3 Pounds

The common bile duct dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

INTERPRETED BY

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

Potential for persistent low-grade chronic active pancreatitis suspected, given the potential for cranial abdominal/subxiphoid discomfort noted during the ultrasound examination.

IMAGING PERFORMED BY

Dr. Ebersole

GI panel to include PLI, TLI, cobalamin and folate suggested if not previously or recently done. Screening FNA hepatic cytology (assuming normal clotting status and using 25-gauge needle) could be considered, primarily to assess for or identify inflammatory cell type. However, pending additional diagnostics, overall static presentation compared to previous study without evidence of progressive visceral pathology.

HOSPITAL NAME

Scanvet

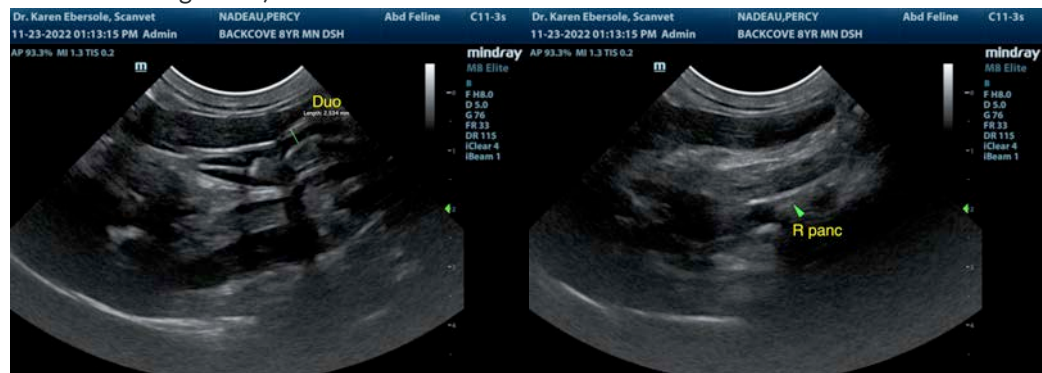
Empirically, hepatosupportive medications and medical therapy for cholangiohepatitis/Triaditis (if evidence of weight loss) would be reasonable.

REFERRING VET

Dr. Fortin

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SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

8.3 Pounds

INTERPRETED BY

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IMAGING PERFORMED BY

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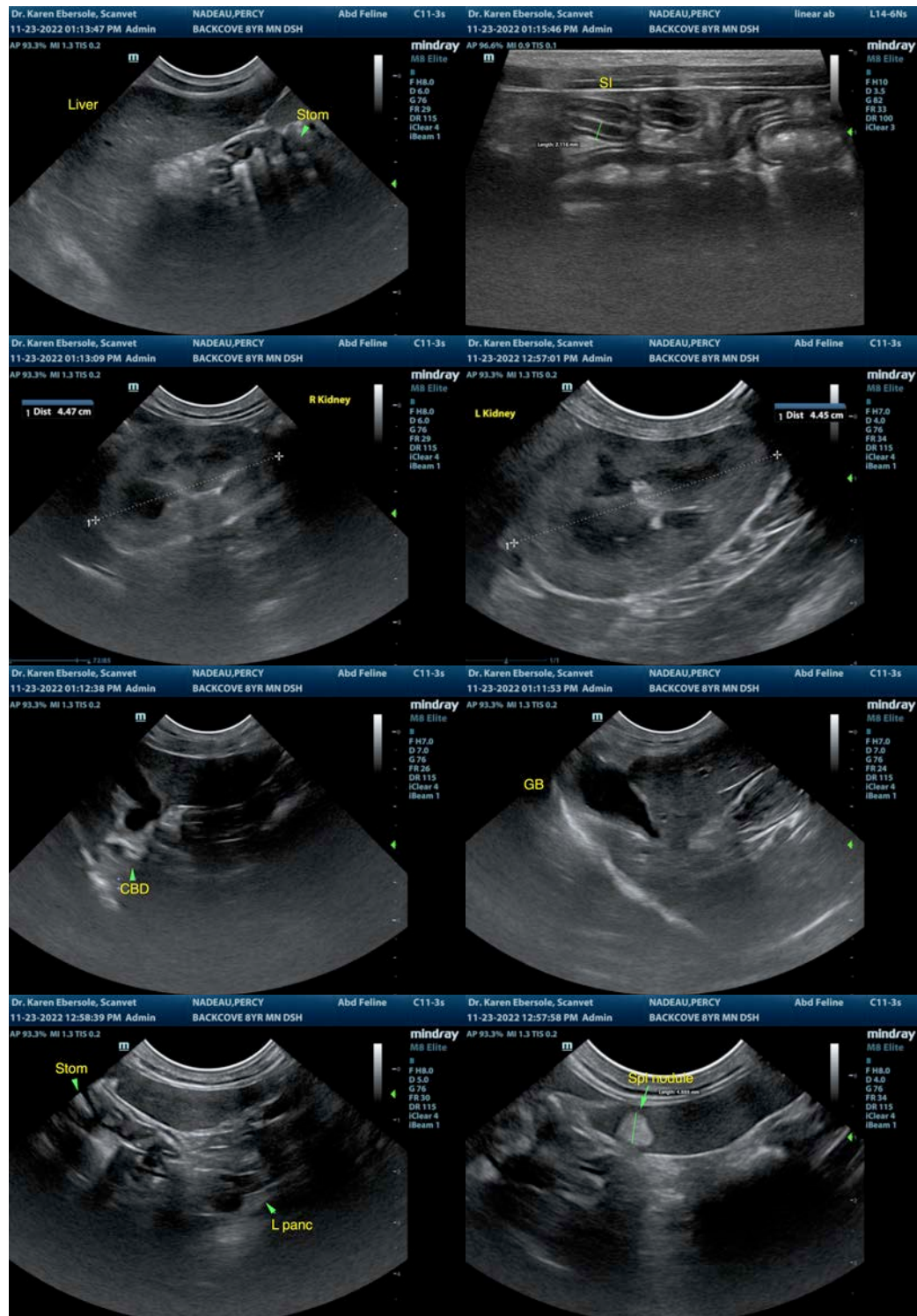
Dr. Fortin

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PATIENT

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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.

SPECIES

Feline

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

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

8.3 Pounds

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**IMAGING
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