



PATIENT	PRESENTING CLINICAL SIGNS
Mr. Frodo Boller	Clinical Exam Findings: very icteric, sudden and dramatic weight loss Current Medications veraflox (cat refusing to take metronidazole and denamarin) Primary Question/Differential to Be Answered in This Exam neoplasia, vs other hepatic or Gall bladder dysfunction
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: wbc 38k (32k neutrophils) glob 7.9 alt 820 ggt 55 Tbili 7.2 normal thyroid, no fever.
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DLH	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. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
MN	
AGE	
13y	
WEIGHT	The area of the aortic trifurcation was free of pathology.
5.8 lbs.	Bilateral mild prominent renal size with asymmetrical margination were present in both kidneys. Subtle increased medullary echogenicity was noted. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. A maintained 1:3 cortex/medullary ratio was maintained. Mild loss of corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. No pyelectasia was noted. The left kidney measured 4.8 cm in length. The right kidney measured 4.6 cm in length.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	Adrenal Glands
Jenna Walsh, CVT	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.
HOSPITAL NAME	Spleen
Albany AH	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 0.74 cm width at the level of the hilus.
REFERRING VET	
Dr. Flanagan	
INVOICE	Liver/ Gallbladder
15351	The liver exhibited generalized enlargement with symmetrical to swollen hepatic contour exhibiting uniform mild increased hepatic parenchyma echogenicity. No evidence of hepatic intraparenchymal masses or nodules was noted. Possible lobar biliary tree dilation was present. The gallbladder was mildly distended with subtle evidence of gallbladder wall edema. The gallbladder contained anechoic
DATE	
11/3/22	



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content with mild nondependent particulate to mildly echogenic nonorganized luminal debris. Mild to moderately dilated cystic biliary duct and visualized proximal common bile duct with evidence of minor common bile duct mucus were present. No overt evidence of calculi was noted. The common bile duct dilation did not overtly appear to extend to the level of the duodenal papilla.

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.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained generalized nonshadowing ingesta/chyme with no obvious evidence of mechanical obstruction or loss of gastrointestinal wall layering.

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

Pancreas

The pancreas was normal in size with subtle hypoechoic to nonhomogeneous parenchyma compared to adjacent omentum.

Free Abdomen

Mild generalized echogenic mesentery and mild volume primarily anechoic peritoneal free fluid were present. Potential for minor cranial mesenteric, primarily hepatic or pancreaticoduodenal lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate to severe cholangitis / cholangiohepatitis hepatobiliary pattern - occult hepatic infiltrative neoplasia or nonobvious post hepatic obstruction possible
- Overtly normal gastrointestinal tract with generalized gastrointestinal ingesta - post prandial presentation, potential for gastric hypomotility or inefficiency peristalsis if documented NPO
- Possible concurrent low-grade pancreatitis
- Mild volume peritoneal free fluid

Secondary Findings

- Bilateral nonspecific chronic renal changes
- Mild urinary bladder sediment



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

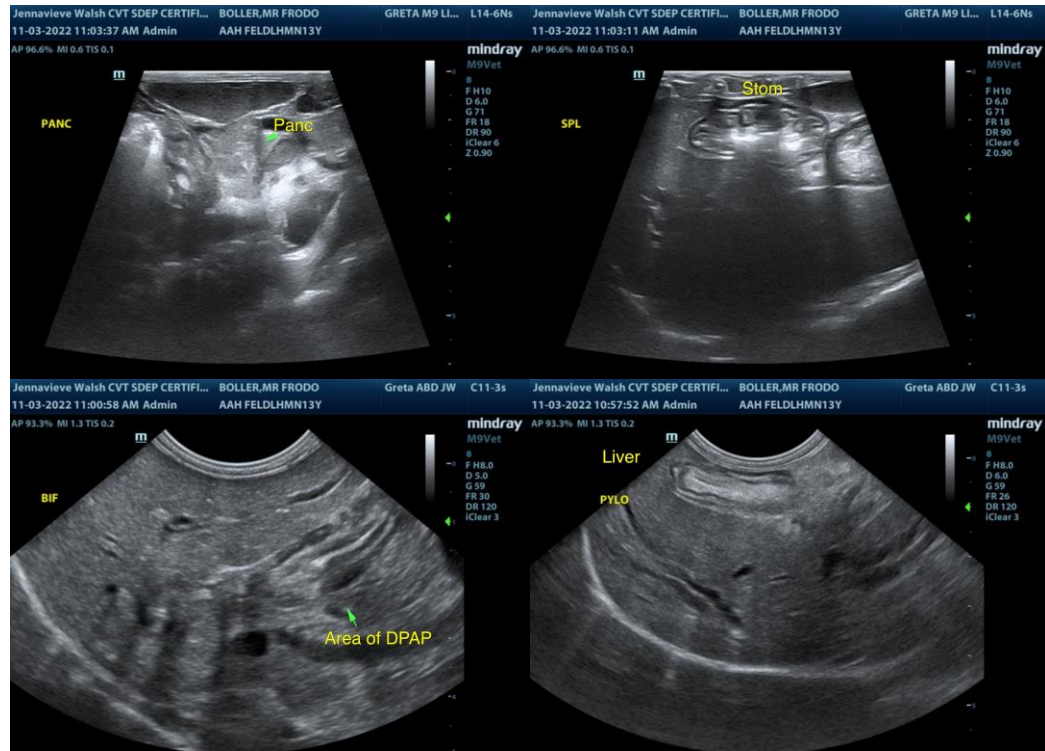
Assuming normal clotting status, using a 25-gauge needle and with vitamin K pretreatment, screening hepatic FNA cytology is warranted for further assessment. Peritoneal effusion analysis cytology +/- C/S is suggested for further clarification.

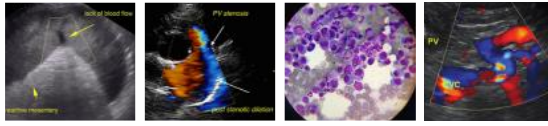
Definitive evidence of post hepatic obstruction was not obviously visualized, yet this potential cannot be definitively excluded and may be considered if progressive evidence of cholestasis.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for occult disease as a contributing factor to the weight loss i.e., Triad Disease.

Empirically and pending additional diagnostics, aggressive therapy for cholangiohepatitis with close monitoring of clinical and hepatic response and potential recheck sonogram is recommended.

A guarded prognosis is indicated.





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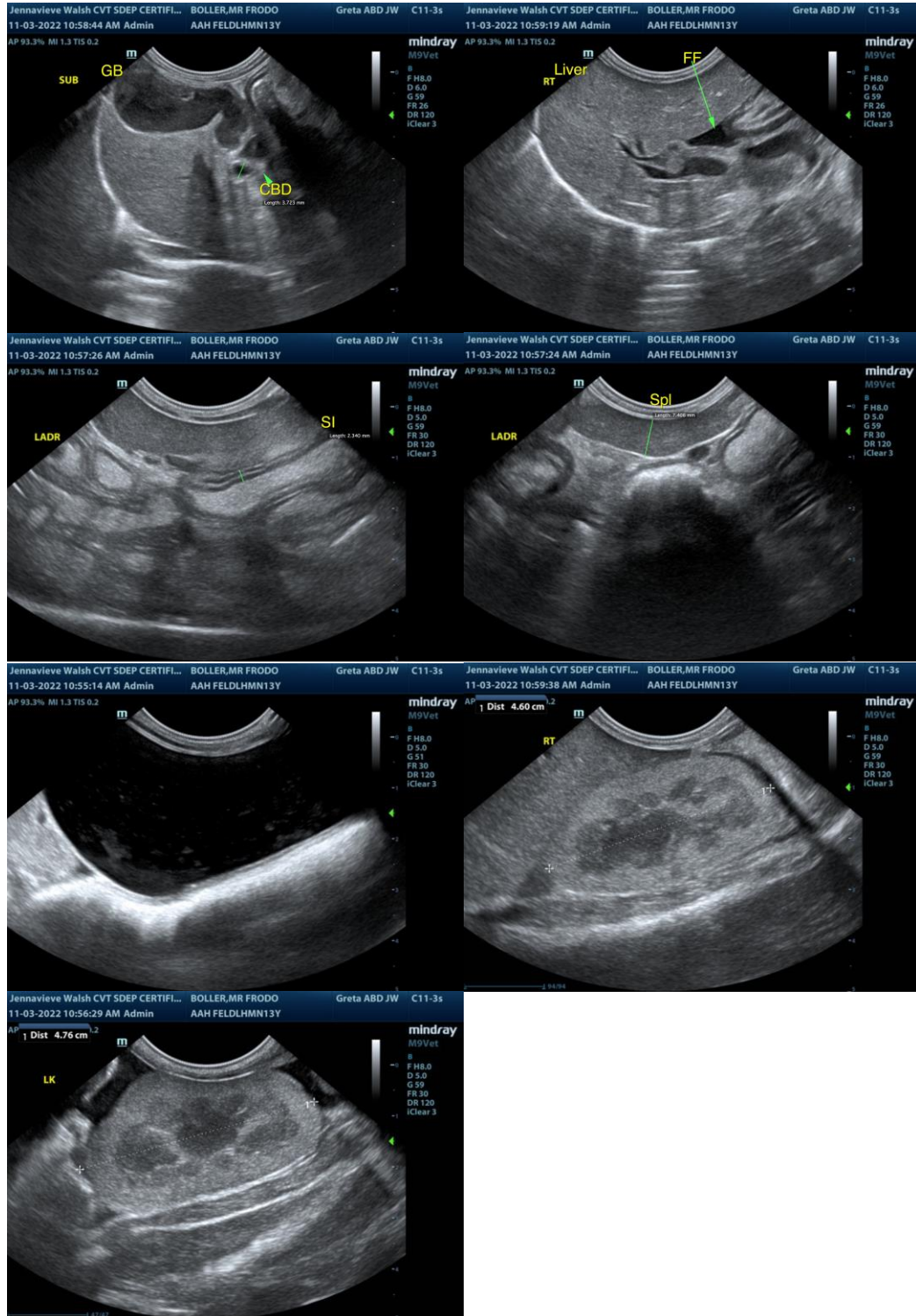
Dr. Flanagan

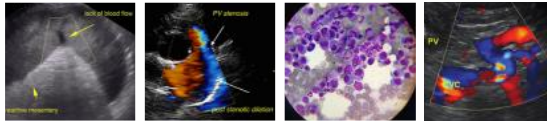
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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DLH

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info@SonoPath.com

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