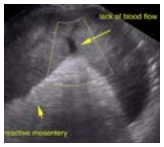
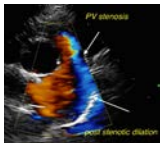
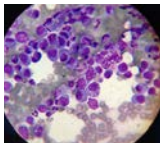
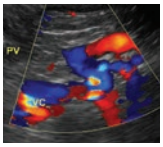
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mollie Adams

SPECIES

Feline

BREED

Manx

SEX

Spayed Female

AGE

16 Years

WEIGHT

5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Couser

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Couser

INVOICE

26918

DATE

11/7/21

PRESENTING CLINICAL SIGNS

Presented to rDVM 11/6 for lethargy & anorexia for past few days. rDVM ran labs, transferred to Wilvet for overnight hosp. Also history of hyperT4, has not received methimazole for a few days due to anorexia.
Abnormal PE/Chem/CBC/UA Results: 11/6/21 rDVM blood work: CBC - WBC 52.61k, Neut 31.34k, Lym 20.76k, HCT 43%, PLT 131k Chem - ALKP 208, ALT 238, Glu 57, K 3.2, Tbil 11 11/6/21 at Wilvet: Exam - marked icterus. Severe dental disease. Bradycardia HR 120. Extremely thin. abdominal palpation painful, fluid filled intestinal loops, suspect GI mass vs enlarged LN. 10 pm EPOC - iCa 1.02, Glu 210, K 3.4, LAC 0.78, pH 7.438, BUN 36, HCT 28% PCV 30%, TS 7.0 g/dl PT/PTT both wnl

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 were noted.

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 3.6 cm each.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were not definitively visualized.

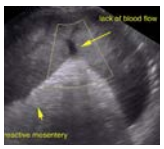
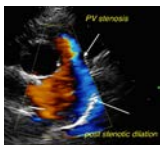
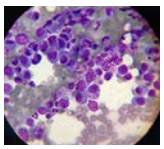
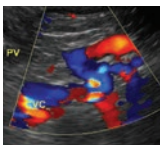
Spleen

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 0.82 cm in width at the level of the hilus.

Liver

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 mildly distended in size, containing anechoic content. Mildly prominent to mildly echogenic gallbladder walls noted extending into dilated cystic biliary ducts and moderate to marked yet variable common bile duct dilation extending subjectively to the level of the duodenal papilla. The duodenal papilla subjectively appeared to be mildly prominent to thickened in appearance, potentially measuring 0.6-0.7 cm diameter. The common bile duct measured up to 1.0 cm diameter in the mid common bile duct.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mollie Adams

SPECIES

Feline

BREED

Manx

SEX

Spayed Female

AGE

16 Years

WEIGHT

5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Couser

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Couser

INVOICE

26918

DATE

11/7/21

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was moderately distended with retained anechoic fluid and echogenic chyme. No evidence of mechanical pyloric outflow obstruction. Gastric body wall measured 0.27 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental retained non-shadowing chyme was present. Jejunum wall measured 0.25 cm. Ileocolic wall 0.34 cm.

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

Pancreas

The pancreas was subjectively normal in size and contour with echogenic parenchyma and mild pancreatic duct dilation.

Free Abdomen

Subjective solitary enlarged, non-homogeneous mid abdominal mesenteric lymph node was present, measuring 2.9 cm x 1.5 cm. Additional minor mesenteric lymphadenopathy possible.

Mild peritoneal free fluid was present.

PRIMARY FINDINGS

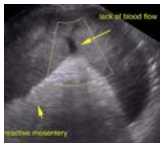
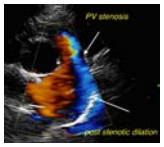
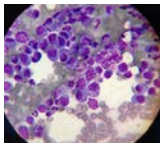
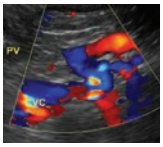
- Hepatopathy – subjectively chronic to acute on chronic cholangiohepatitis, cholestasis, neoplasia or other hepatopathy possible.
- Moderate to marked yet variable common bile duct dilation to approximate level of the duodenal papilla – significant cholangitis with potential for emerging or current common bile duct obstruction given the degree of common bile duct dilation possible. No overt common bile duct calculi.
- Hypomotile stomach with retained fluid chyme, intact small bowel wall layering with suspect inefficient peristalsis/metabolic gastrointestinal stasis - structurally insignificant to chronic inflammatory enteropathy or neoplasia possible.
- Enlarged, non-homogeneous mid abdominal mesenteric lymph node – hyperplasia, lymphadenitis, neoplastic lymphadenopathy possible.
- Mild peritoneal free fluid
- Possible chronic pancreatitis

SECONDARY FINDINGS

- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With normal coagulation panel, hepatic and lymphatic FNA (if accessible) is warranted for cytology to assess for inflammation/infection versus neoplasia. CBC path review +/- flow cytometry (given the significant lymphocytosis) may be considered. Empirically, cholangiohepatitis protocol with gastrointestinal support and close monitoring of liver enzymes and degree of icterus would be appropriate.

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mollie Adams

SPECIES

Feline

BREED

Manx

SEX

Spayed Female

AGE

16 Years

WEIGHT

5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Couser

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Couser

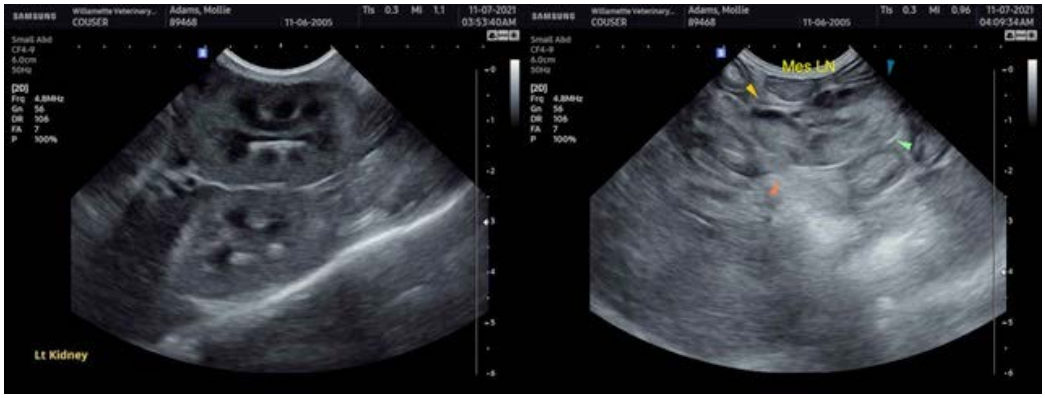
INVOICE

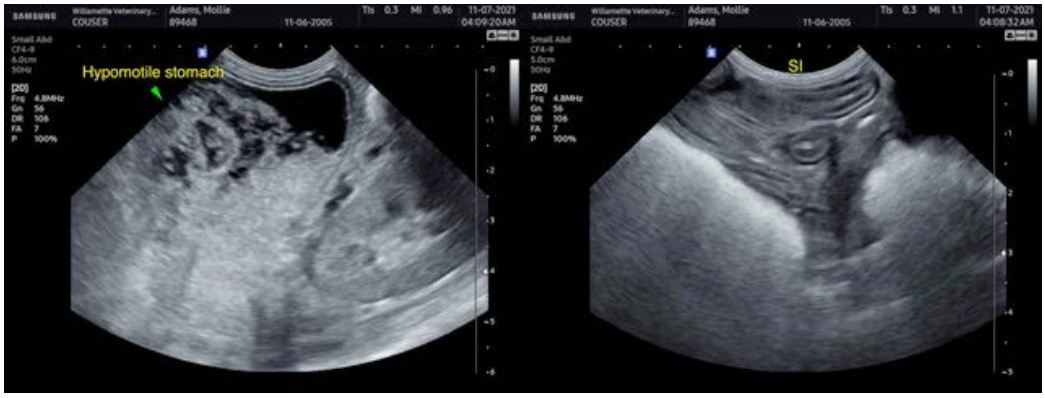
26918

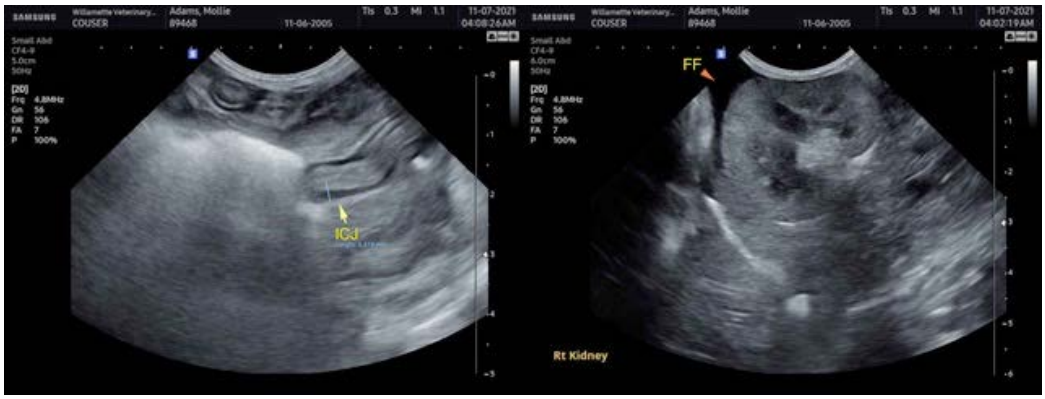
DATE

11/7/21

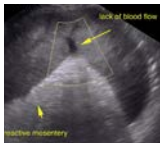
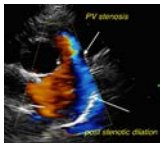
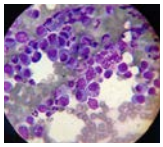
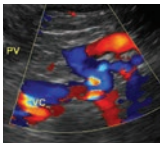
If no overt neoplasia on sampling/CBC path review, and continued to worsening liver enzymes or icterus, exploratory laparotomy with gross exam of the common bile duct may be indicated. Underlying neoplasia versus significant hepatobiliary inflammation, emerging common bile duct obstruction, and/or triad disease are primary differential diagnoses in this case.







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mollie Adams

SPECIES

Feline

BREED

Manx

SEX

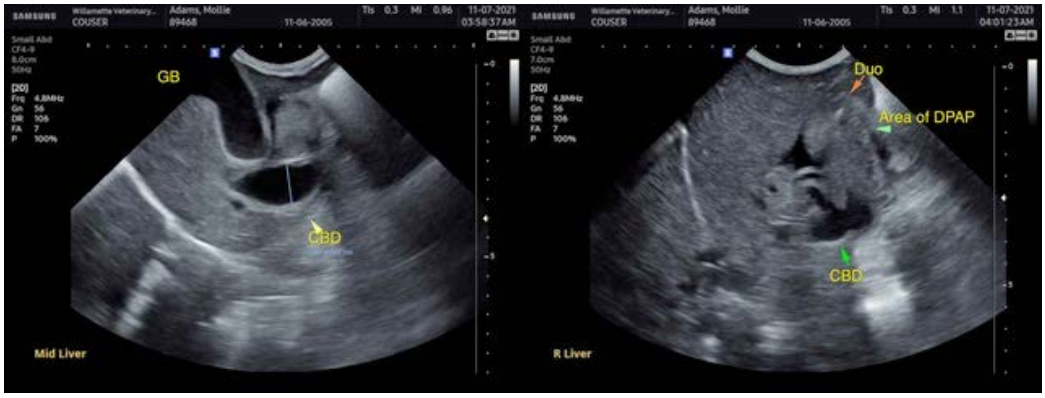
Spayed Female

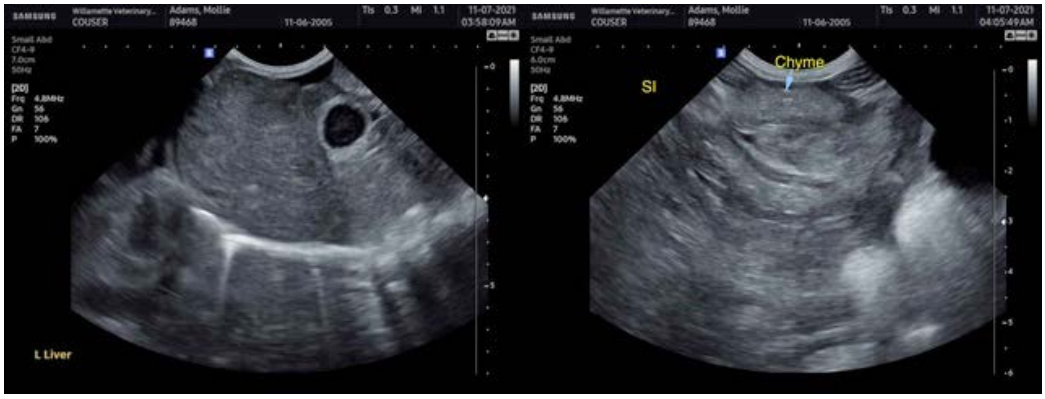
AGE

16 Years

WEIGHT

5 Pounds





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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Couser

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Couser

INVOICE

26918

DATE

11/7/21