



PATIENT	PRESENTING CLINICAL SIGNS
Dara Wolfinger	Presented for dental and pre-anesthetic BW showed very increased LE. No clinical signs reported by owner.
SPECIES	Abnormal PE/Chem/CBC/UA Results: 10/11 BW - Ca 11.9, ALT 433, AST 137, ALP 109, Bili 1.0, unconj bili 0.6. 11/9 BW - only checked ALT - 892, ALP 235 T-4 normal.
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 was noted.
FS	
AGE	The area of the aortic trifurcation was free of pathology.
12 years	
WEIGHT	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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length. Discrete pinpoint areas of medullary mineral were noted.
6.75 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 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.
IMAGING PERFORMED BY	Spleen
Dr. Ebersole	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 width at the level of the hilus.
HOSPITAL NAME	Liver/ Gallbladder
Scanvet	The liver exhibited mild to possible moderate generalized enlargement with normal structure and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	Gastrointestinal
Dr. Golden	The stomach presented intact wall layering with a normal wall layer ratio. Minor retained pyloric nonshadowing ingesta/ chyme was present with no signs of obstruction or foreign material.
INVOICE	
15440	
DATE	
11/9/22	



PATIENT

Dara Wolfinger

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.

SPECIES

Feline

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

BREED

DSH

Pancreas

The pancreas was normal in size and contour with heterogeneous, subtly hypoechoic parenchyma compared to adjacent nonreactive omentum. No signs of active inflammation or neoplasia.

SEX

FS

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

12 years

ULTRASONOGRAPHIC FINDINGS

- Nonspecific hepatopathy - potential primary or secondary inflammatory hepatopathy i.e., cholangiohepatitis
- Mild age-related renal changes
- Heterogeneous subtly hypoechoic pancreas

WEIGHT

6.75 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Assuming normal clotting status, screening hepatic FNA cytology could be considered primarily to assess for or possibly identify inflammatory cell type if present. No overt evidence of hepatic or hepatobiliary neoplastic criteria.

IMAGING PERFORMED BY

Dr. Ebersole

Given the lack of reported clinical signs in this patient, alternative differential diagnoses such as low-grade to chronic pancreatitis or Triad Disease as a contributing factor may be considered less likely. Spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate could be considered for further assessment if clinically indicated going forward. No anesthetic contraindications, assuming evidence of normal hepatic function exhibited by normal albumin, glucose, BUN and cholesterol levels. Hepatosupportive medications and reassessment of hepatic enzyme levels following dental cleaning, especially if significant dental disease, would be reasonable. Likewise, if evidence of inflammatory criteria on hepatic cytology, empirical cholangiohepatitis protocol and monitoring of hepatic response could be considered.

HOSPITAL NAME

Scanvet

REFERRING VET

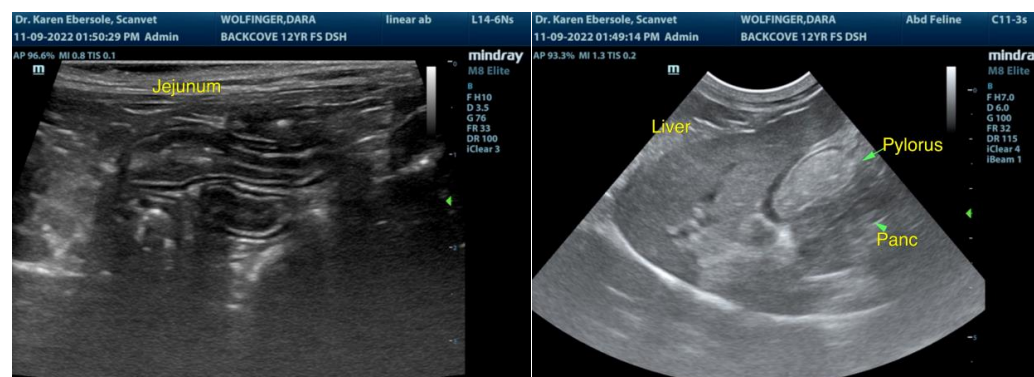
Dr. Golden

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PATIENT

Dara Wolfinger

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12 years

WEIGHT

6.75 lbs.

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IMAGING PERFORMED BY

Dr. Ebersole

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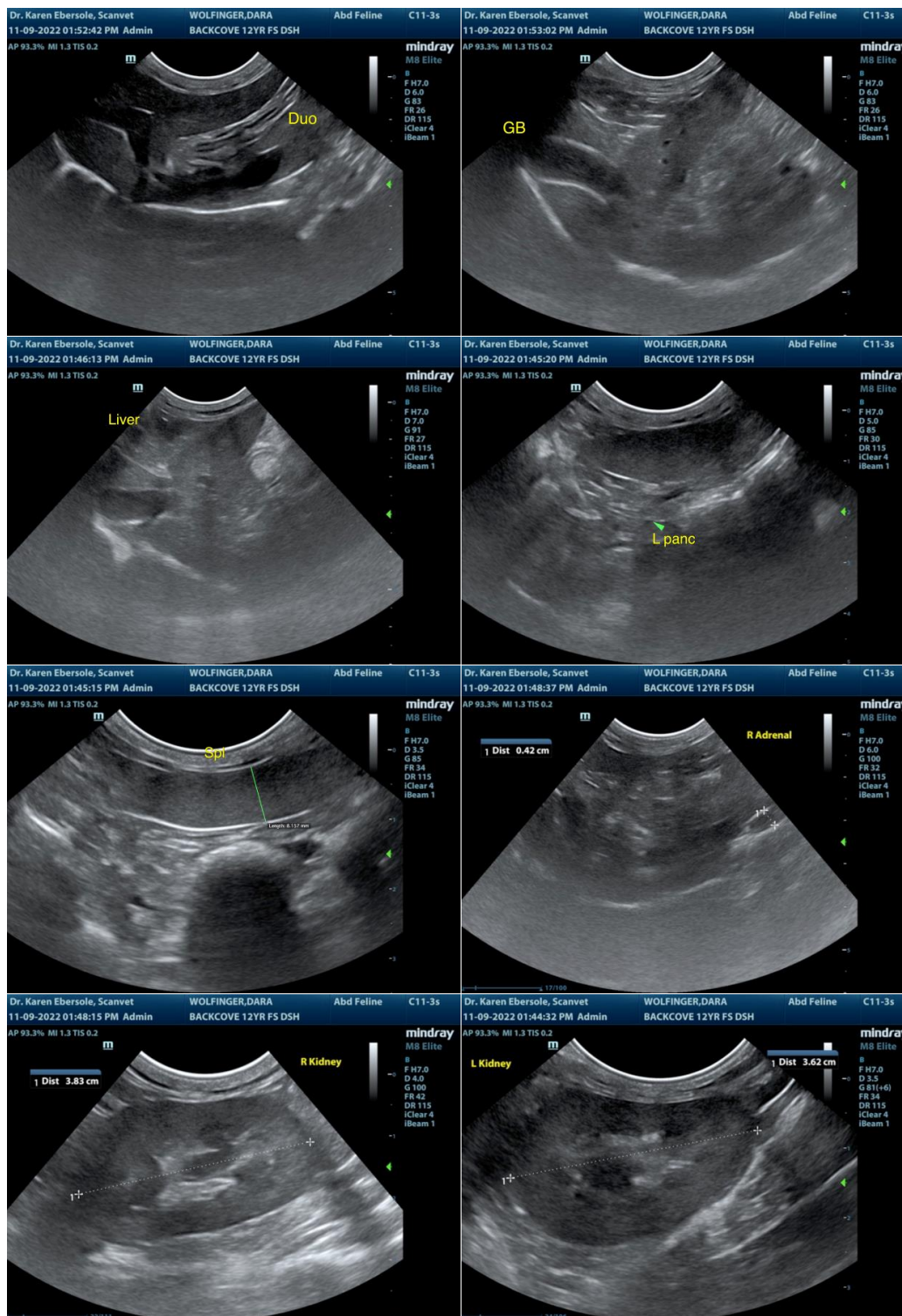
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PATIENT

Dara Wolfinger

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.

BREED

DSH

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

info@SonoPath.com

SEX

FS

AGE

12 years

WEIGHT

6.75 lbs.

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**IMAGING
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