



PATIENT	PRESENTING CLINICAL SIGNS
Zipper Schaeffer	-Very thin, losing weight, inappropriate elimination in owners bathtub, increased thirst. Tense abdomen. Was treated with Clavaseptin.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Low Lymphs, Elevated ALT, AST, ALKPPOS, T. Bili and GGT.
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
DSH	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.
SEX	
FS	The area of the aortic trifurcation was free of pathology.
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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.5 cm in length.
15 years	
WEIGHT	Adrenal Glands
2.55 kg	No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP	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 0.7 cm in width.
IMAGING PERFORMED BY	Liver/ Gallbladder
Crystal Hill	The liver exhibited potential for mild generalized enlargement. Overall normal hepatic parenchyma echogenicity with mild to moderate coarse echotexture was noted. Intermittent, intraparenchymal cysts were present in the liver primarily around the gallbladder. The gallbladder was non-distended in size exhibiting mild prominent gallbladder walls with mild gallbladder debris. The cystic biliary duct was mildly dilated containing debris extending into the common bile duct, which exhibited segmental to generalized dilation containing anechoic content with intermittent common bile duct mucus. Common bile duct dilation measured 0.38 cm. The common bile duct walls were mildly echogenic and prominent in appearance. No overt evidence of common bile duct obstruction was noted, although the area of the duodenal papilla was indistinctly visualized.
HOSPITAL NAME	
Buck AH	
REFERRING VET	
Dr. Gilmer	
INVOICE	
12933	
DATE	
12/30/21	



PATIENT	<i>Gastrointestinal</i>
Zipper Schaeffer	The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild amount of retained, non-shadowing ingesta / chyme. The gastric body wall width measured 0.26 cm.
SPECIES	
Feline	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. The jejunum wall width measured 0.23 cm. The duodenum wall width measured 0.23 cm.
BREED	
DSH	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
FS	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.
AGE	<i>Free Abdomen</i>
15 years	No omental masses, lymphadenopathy or peritoneal effusion were present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
2.55 kg	<i>Primary Findings</i>
INTERPRETED BY	<ul style="list-style-type: none"> • Cholangitis / cholangiohepatitis pattern, Intermittent intraparenchymal hepatic cysts • Mild chronic renal changes • Mild retained gastric chyme, sonographically unremarkable small bowel and colon
R. McKenzie Daniel, DVM, DABVP	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
IMAGING PERFORMED BY	The intraparenchymal hepatic cysts are consistent with benign cysts or potential cystic biliary adenomas.
Crystal Hill	
HOSPITAL NAME	The degree of common bile duct dilation was not overt consistent with post hepatic obstruction, yet continued monitoring for evidence of increasing cholestasis is recommended. No overt suspicion of hepatobiliary neoplasia which is considered a less likely differential diagnosis. Assuming normal clotting status, ultrasound- guided FNA of the liver, using a 25-gauge needle, could be considered for screening cytology with potential identification of inflammatory cell type.
Buck AH	
REFERRING VET	
Dr. Gilmer	The possibility of low-grade to chronic pancreatitis may be present yet sonographically. Likewise, potential for Triad Disease may be a consideration in this patient, given the weight loss. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.
INVOICE	
12933	Three view chest radiographs are suggested if not done to rule out occult thoracic pathology which may cause weight loss in geriatric patients.
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12/30/21	



PATIENT

Zipper Schaeffer

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15 years

WEIGHT

2.55 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Buck AH

REFERRING VET

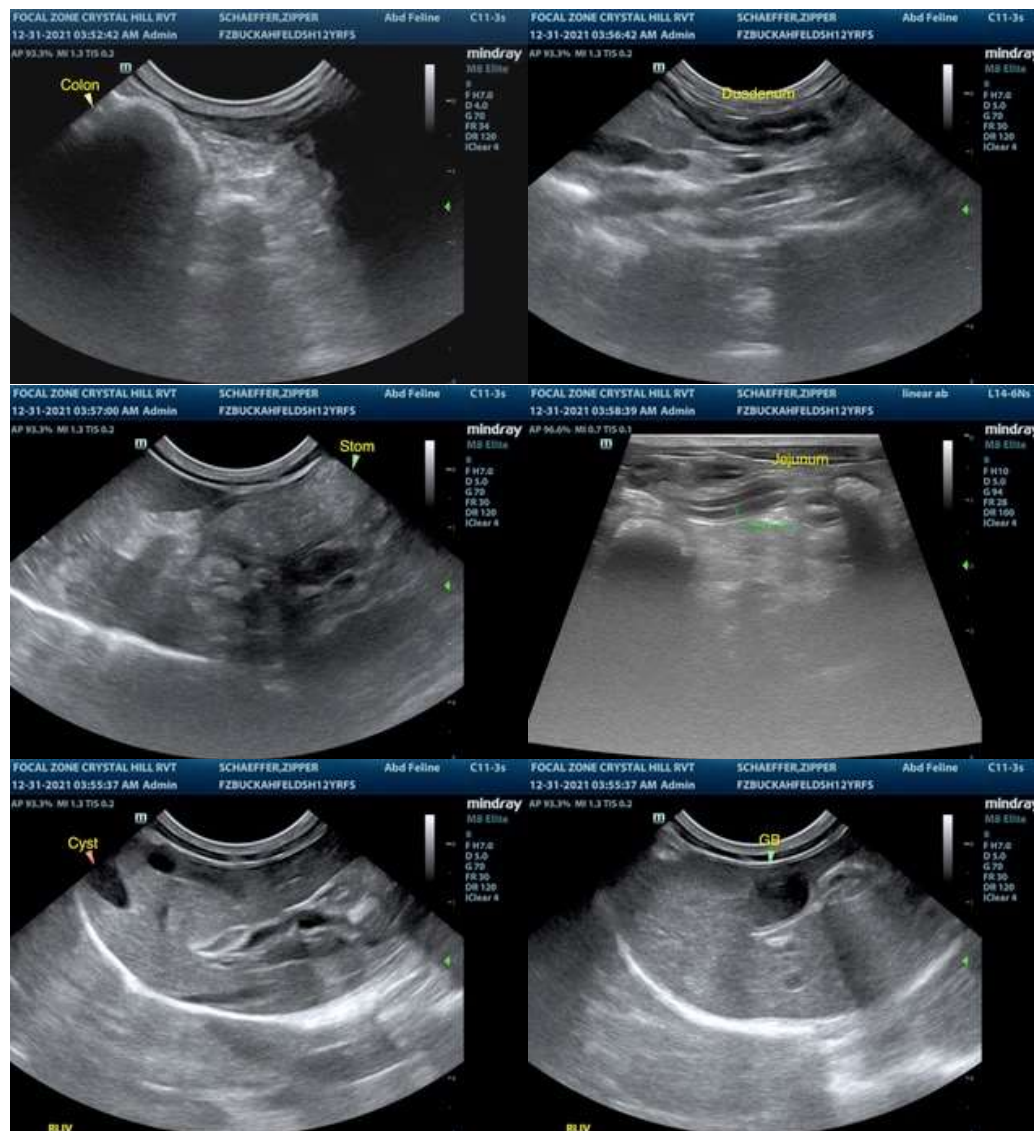
Dr. Gilmer

INVOICE

12933

DATE

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PATIENT

Zipper Schaeffer

SPECIES

Feline

BREED

DSH

SEX

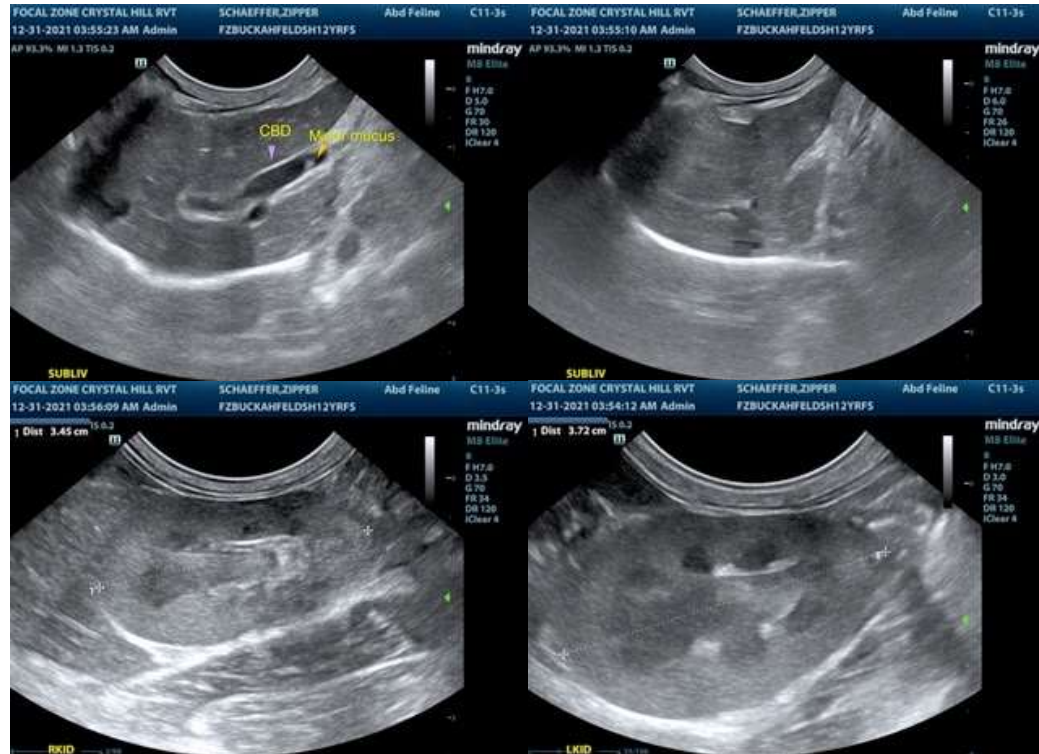
FS

AGE

15 years

WEIGHT

2.55 kg



INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

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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.

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