



**PATIENT**

Tucker Baum

**PRESENTING CLINICAL SIGNS**

Not eating since Monday AM, elevated ALT on blood work. Mild GI pain upon palpation

**SPECIES**

Feline

**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.

**BREED**

DSH

Both kidneys were normal in size and margination. Maintained 1:3 cortex to medulla ratio was noted. Mild uniform increased cortex echogenicity with mildly enhanced corticomedullary border demarcation noted. No evidence of pyelectasia. The left kidney measured 4.2 cm in length. The right kidney measured 4.0 cm in length.

**SEX**

Neutered Male

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**AGE**

12 Years

**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.

**WEIGHT**

10

**INTERPRETED BY**

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

**Liver**

The liver presented normal in size and contour. The liver revealed uniform decreased hepatic parenchyma echogenicity with mild increased prominence of portal vascular borders. Distinct masses or nodules were not evident.

**IMAGING PERFORMED BY**

Erin Baum, LVT

The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Brunswick VH

**Gastrointestinal**

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.

**REFERRING VET**

Dr, Heather Burrows

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.

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

**INVOICE**

18918

**Pancreas**

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 was evident.

**DATE**

12/1/22

**Free Abdomen**



**PATIENT**

No overt omental masses, lymphadenopathy or evidence of peritoneal free fluid was present.

Tucker Baum

**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

- Hepatopathy- potentially acute, suspect hepatitis/cholangiohepatitis given the ALT elevation

Feline

- Sonographically unremarkable gallbladder/common bile duct

**BREED**

- Sonographically unremarkable gastrointestinal tract

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Assuming normal clotting status, hepatic FNA cytology, using a 25-gauge needle could be considered for further assessment, primarily to potentially identify inflammatory cell type. Potential for occult hepatic neoplasia is considered a less likely differential diagnosis. Low grade to chronic pancreatitis, which may present sonographically normal may be considered if primarily cranial abdominal or subxiphoid discomfort on abdominal palpation. Correlation with a spec FPL may be considered.

Neutered Male

**AGE**

Empirically, hospitalization with IV fluid and gastrointestinal support with empirical therapy for cholangiohepatitis and assessment of hepatic and clinical response would be reasonable.

12 Years

**WEIGHT**

10

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Erin Baum, LVT

**HOSPITAL NAME**

Brunswick VH

**REFERRING VET**

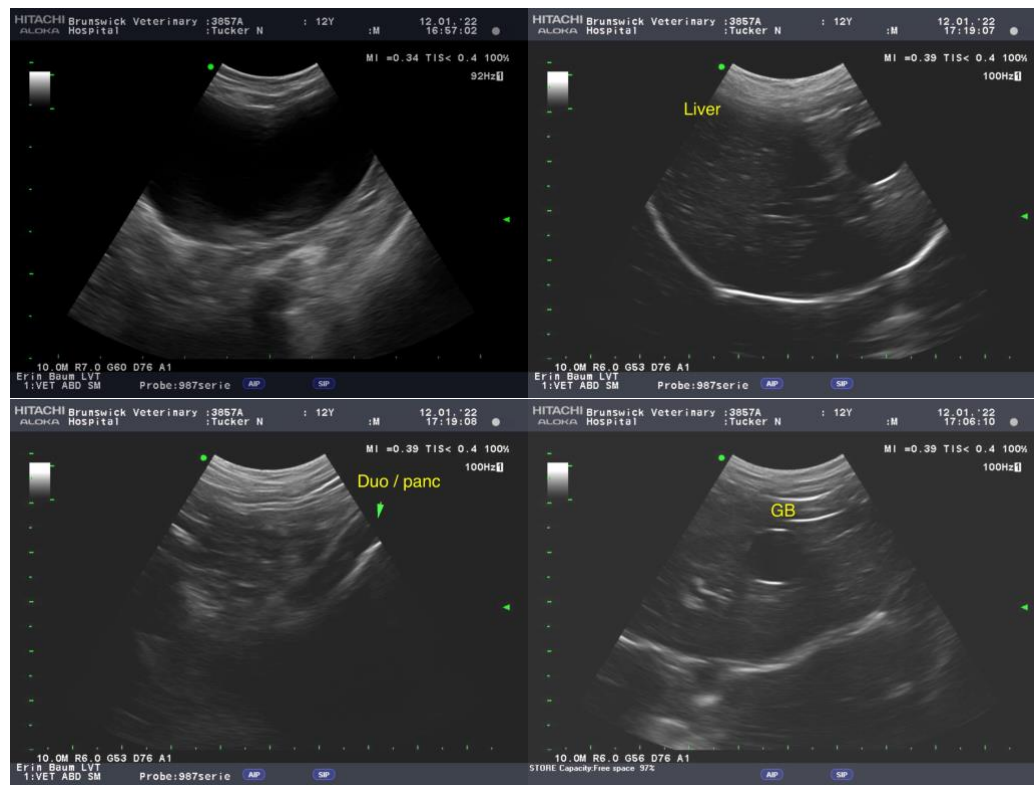
Dr, Heather Burrows

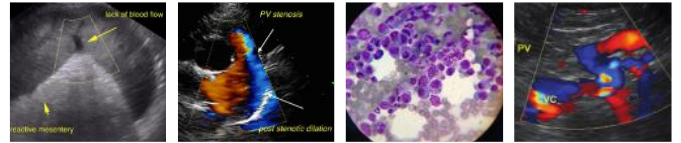
**INVOICE**

18918

**DATE**

12/1/22





**PATIENT**

Tucker Baum

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

10

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Erin Baum, LVT

**HOSPITAL NAME**

Brunswick VH

**REFERRING VET**

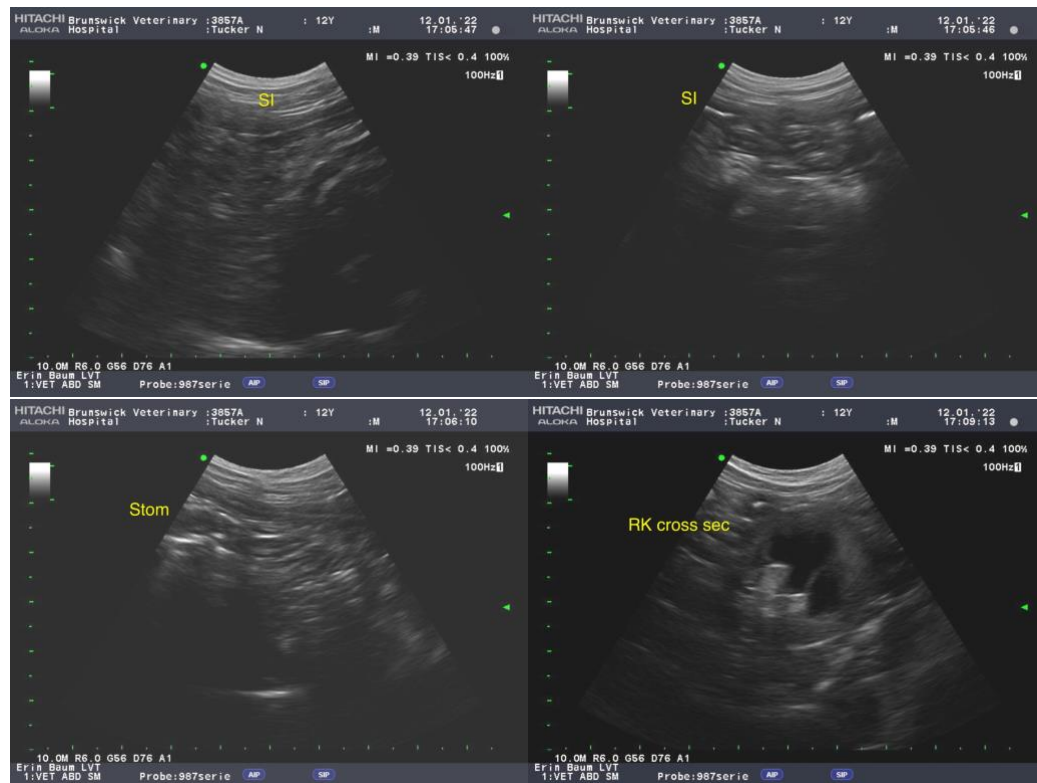
Dr, Heather Burrows

**INVOICE**

18918

**DATE**

12/1/22



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