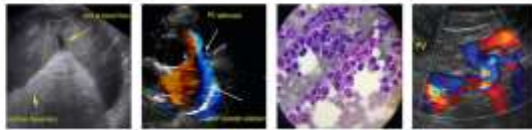


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Rusty Parker	History: Lethargic, distended abdomen, heart 'murmur', renal disease, hypertension, hypertensive retinopathy
<b>SPECIES</b>	Medication: Amlodipine
Feline	BUN 40, Glob 5.4, ALT 162, increased GGT CBC unremarkable, USG 1.019
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Domestic Shorthair	<i>Urinary System</i> 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.
<b>SEX</b>	The area of the residual prostate appeared normal and free of pathology.
Neutered Male	No evidence of pathology in the area of the aortic trifurcation.
<b>AGE</b>	Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.2 cm in length. The right kidney measured 3.45 cm in length.
15 years	
<b>WEIGHT</b>	<i>Adrenal Glands</i> No overt pathology in the area of the left or right adrenal glands.
11.9 Pounds	<i>Spleen</i> 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.
<b>INTERPRETED BY</b>	<i>Liver / Gallbladder</i> The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Gastrointestinal</i> The gallbladder was non-distended in size with primarily anechoic luminal content. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The proximal common bile duct measured 0.2 cm diameter and was not consistent with post-hepatic obstruction.
<b>IMAGING PERFORMED BY</b>	
Rebekah Jakum, CVT ARDMS/RVT	
<b>HOSPITAL NAME</b>	
Littlestown VH	
<b>REFERRING VET</b>	
Dr. Wimer	
<b>INVOICE</b>	
48945	
<b>DATE</b>	
12.10.2021	



**PATIENT**

Rusty Parker

The small intestine exhibited intact wall layering with subjective propensity for mildly prominent segmental muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall width measured 0.24 cm and the jejunum wall width measured 0.26-0.28 cm. The ileocolic wall width measured 0.34 cm.

**SPECIES**

Feline

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

***Pancreas***

**BREED**

Domestic Shorthair

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.

***Free Abdomen***

**SEX**

Neutered Male

No omental masses, lymphadenopathy, or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

15 years

- Mild chronic renal changes.
- Generalized echogenic liver parenchyma.
- Mild nonobstructive proximal common bile duct dilation.
- Subjective mildly prominent segmental small intestinal muscularis layer.

**WEIGHT**

11.9 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

The appearance of the liver was nonspecific but may indicate vacuolar hepatopathy, chronic hepatitis/cholangiohepatitis, lipidosis, or fibrosis while round cell hepatic neoplasia, although thought unlikely, cannot be excluded. Assuming normal coagulation parameters, ultrasound guided FNA of the liver using a 25-gauge needle would be warranted for cytology, primarily to assess for evidence of inflammatory cells and to rule out round cell neoplasia. Vitamin K administration would be suggested prior to FNA if elected. Serum cobalamin levels may be considered if lipidosis is confirmed.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

The mild proximal common bile duct dilation is nonspecific and may indicate age related common bile duct changes or potential low grade cholangitis given the ALT elevation.

**HOSPITAL NAME**

Littlestown VH

The subjective segmental mildly prominent small intestinal muscularis layer is nonspecific and may be a normal patient variant. However, if previous history of gastrointestinal signs or evidence of weight loss going forward, potential for low grade to emerging inflammatory enteropathy may be possible. No evidence of intraabdominal neoplastic criteria.

**REFERRING VET**

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**PATIENT**

Rusty Parker

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

15 years

**WEIGHT**

11.9 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Littlestown VH

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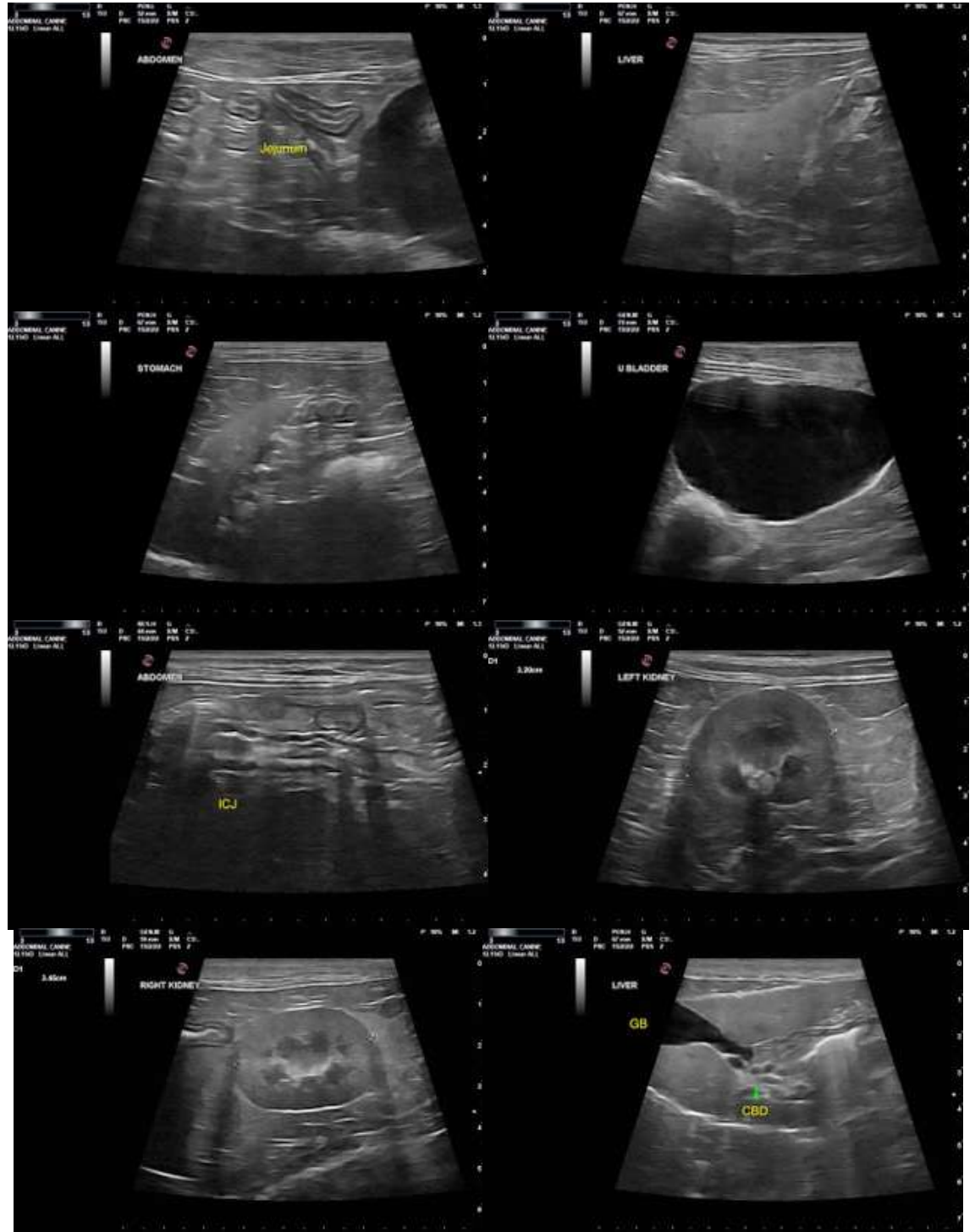
Dr. Wimer

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**PATIENT**

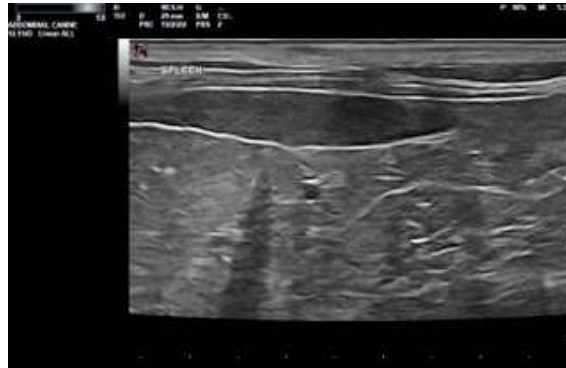
Rusty Parker

**SPECIES**

Feline

**BREED**

Domestic Shorthair



**SEX**

Neutered Male

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.

**AGE**

15 years

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.

**WEIGHT**

11.9 Pounds

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)

**INTERPRETED BY**

R. McKenzie Daniel,  
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**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

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