


PATIENT

Bailey Beegle

SPECIES

Feline

BREED

Maine Coone

SEX

NM

AGE

10 years

WEIGHT

11.10 lbs.

PRESENTING CLINICAL SIGNS

History: P IS A 10YR OLD UNDETERMINED DSH PRESENTING TODAY FOR NEIGHBOR CAT. FOSTER FOUND O DEAD AT HOME IN APARTMENT UNSURE HOW LONG P WAS THERE BODY WAS DECOMPOSING ALSO ANOTHER CAT IN HOUSE. FOSTER HAS MULTIPLE P AT HOME CAN NOT KEEP WANTS TO GET CHECKED AND FIND HOME. FOSTER STATES O HAD NO FAMILY AND WAS NOT A FRIENDLY PERSON KNOWS NOTHING ABOUT CAT.

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: BAR EENT: clear OU. clear, no debris AU. No cough on tracheal palpation. Oral cavity: Heavy dental calculus, gingival recession 108/208 Lymph Nodes: No peripheral lymphadenopathy Skin: healthy hair coat. No ectoparasites seen, skin clean dry and intact CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful. no fluid wave, no palpable masses or organomegaly Uro/Perineum: no lesions or abnormalities Musculoskeletal: BCS = 4/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs Neurological: Alert and appropriate. No deficits noted bloodwork --- ALT=696 (10-100) rule-out hepatic lipidosis vs. hepatitis vs. other primary hepatopathy AST=415 (10-100) same ddx as above CPK=926 (56-529) rule-out cachexia/catabolism vs. handling during exam (less likely) rechecked bloodwork 12/15/21--- recheck LEs Results: ALT=555u/L (12-130; previously 696) AST=245u/L (0-48; previously 415)

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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 3.6 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width.

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 0.77 cm width.

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

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INVOICE

12844

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Liver/ Gallbladder

Bailey Beegle

The liver exhibited subjective potential for mild enlargement yet maintained symmetrical capsule contour. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The proximal common bile duct exhibited mild to moderately tortuous distension. The common bile duct measured 0.4 cm in diameter. The degree of distention was not consistent with post hepatic obstruction.

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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.

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 duodenum wall width measured 0.25 cm. The jejunum wall width measured 0.27 cm.

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Pancreas

The pancreas was mildly prominent in size with symmetrical contour and mildly hypoechoic parenchyma compared to adjacent omentum.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

IMAGING PERFORMED BY

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cholangitis / cholangiohepatitis liver pattern
- Suspect mild concurrent pancreatitis
- Sonographically unremarkable gastrointestinal tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

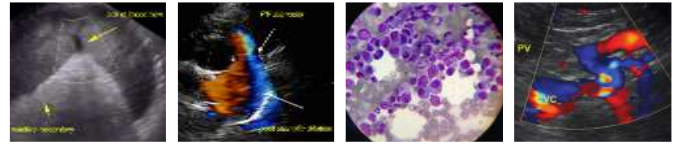
The appearance of the liver and overall hepatobiliary system is most suggestive of probable inflammatory hepatopathy or hepatobiliary process, given the elevated ALT/AST combination and concurrent nonobstructive common bile duct dilation. Assuming normal clotting status, ultrasound guided FNA of the liver could be considered, using a 25-gauged needle, primarily to assess for or possibly identify inflammatory cell type. No overt evidence of hepatic lipidosis or overt neoplastic criteria, which is considered unlikely. Potential for Triad Disease could be considered in this patient if evidence of GI signs. Spec fPL is warranted. Cholangiohepatitis therapy protocol is recommended with continued monitoring of hepatic enzymes.

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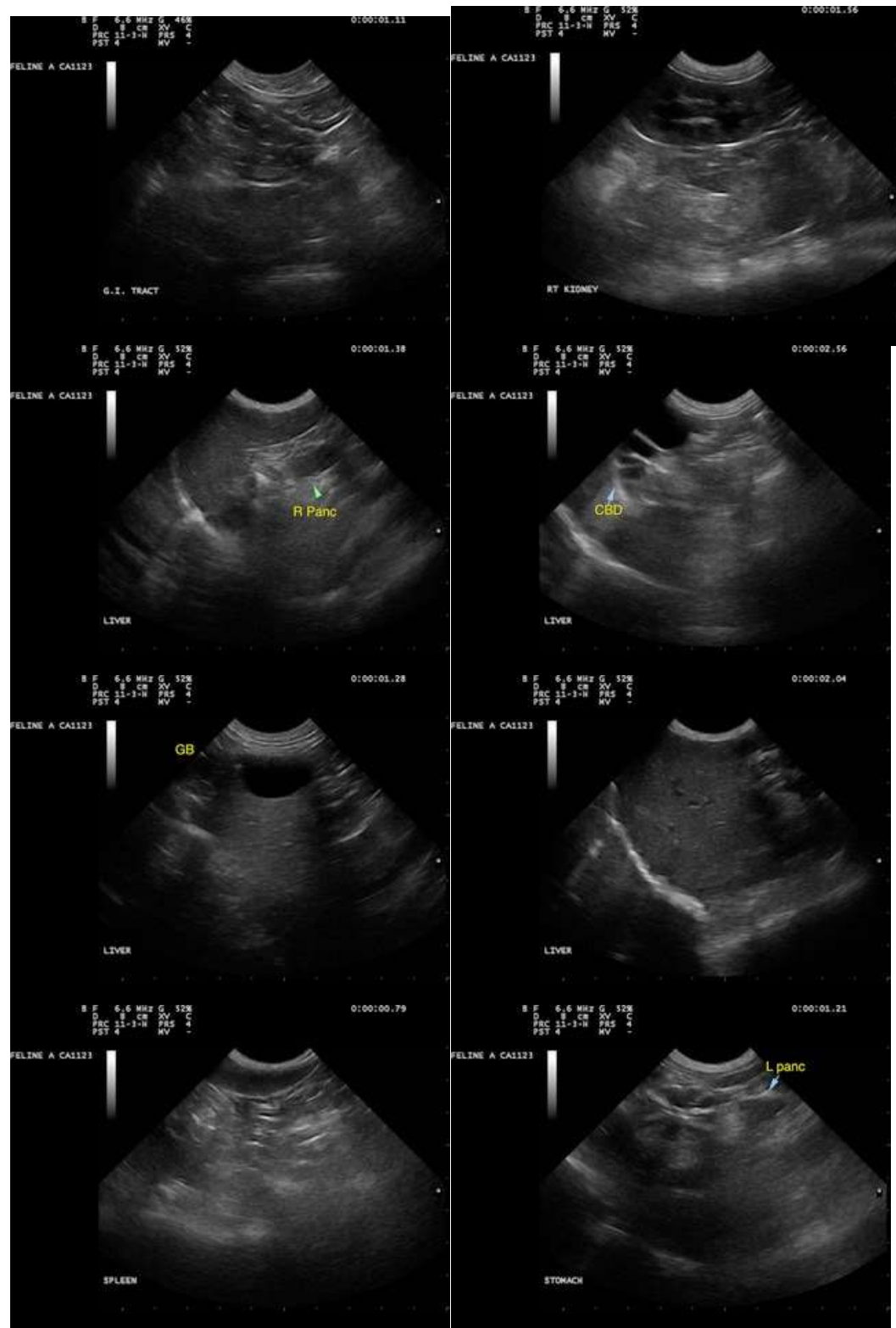
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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