



PATIENT PRESENTING CLINICAL SIGNS

Milo Saragusa History: Decreased appetite/difficulty eating?, 4# weight loss in 3 weeks, ate chipmunk last week
 Medication: Mirtazapine

SPECIES ALT 397, ALP 279, AST 120, GGT 2, TBili 0.6, WBC 5.4, Hct 46.3, Spec FPL 1.2, T4 2.5

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Domestic Shorthair

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

SEX

Neutered Male

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 right kidney measured 4.1 cm. The left kidney measured 4.0 cm.

AGE

8 years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

12.3 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm in width. The left adrenal gland measured 0.33 cm in width.

Spleen

INTERPRETED BY

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

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.84 cm in width. 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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver

The liver was overall normal in size and contour. Non-uniformly echogenic hepatic parenchyma noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Lehigh Valley AH
 (Bath)

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. Gastric body wall measured 0.25 cm.

REFERRING VET

Dr. Ferrari

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. Duodenum wall measured 0.23 cm. Jejunum wall measured 0.20 cm.

INVOICE

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

DATE

12.2.2021



PATIENT *Pancreas*

Milo Saragusa 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.

SPECIES *Free Abdomen*

Feline No omental masses, lymphadenopathy or peritoneal effusion.

BREED **ULTRASONOGRAPHIC FINDINGS**

- Domestic Shorthair
- Hepatopathy exhibiting generalized non-uniformly echogenic parenchyma
 - Sonographically unremarkable gallbladder and common bile duct
 - Sonographically unremarkable gastrointestinal tract

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

8 years

The overall appearance of the liver was non-specific with considerations including primary concern for subjective chronic hepatitis/cholangiohepatitis (infectious, immune mediated, or other), lipidosis (given the recent history of anorexia), vacuolar hepatopathy, or fibrosis, while the possibility of round cell neoplasia cannot be excluded.

WEIGHT

12.3 Pounds

Assuming normal clotting status, hepatic FNA using 25-gauge needle warranted for screening cytology with potential identification of inflammatory cell type if present, and to assess for or rule out potential neoplasia. The possibility of low-grade to chronic pancreatitis (which may present sonographically normal) and structurally insignificant gastrointestinal disease (given the patient's weight loss) i.e., potential for triad disease may be a possibility in this patient. Further assessment given the weight loss may be a GI panel to include PLI, TLI, cobalamin and folate.

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(Canine and Feline)

If not done, 3-view chest radiographs suggested to rule out occult thoracic or esophageal pathology, which may account to the patient's clinical signs or weight loss. Toxoplasmosis serology may be considered if the patient has a chronic history of rodent ingestion. Potentially, feeding tube placement in this patient may be considered. Empirically, hepatitis/cholangiohepatitis protocol with as needed gastrointestinal support is recommended.

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ARDMS/RVT

HOSPITAL NAME

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(Bath)

REFERRING VET

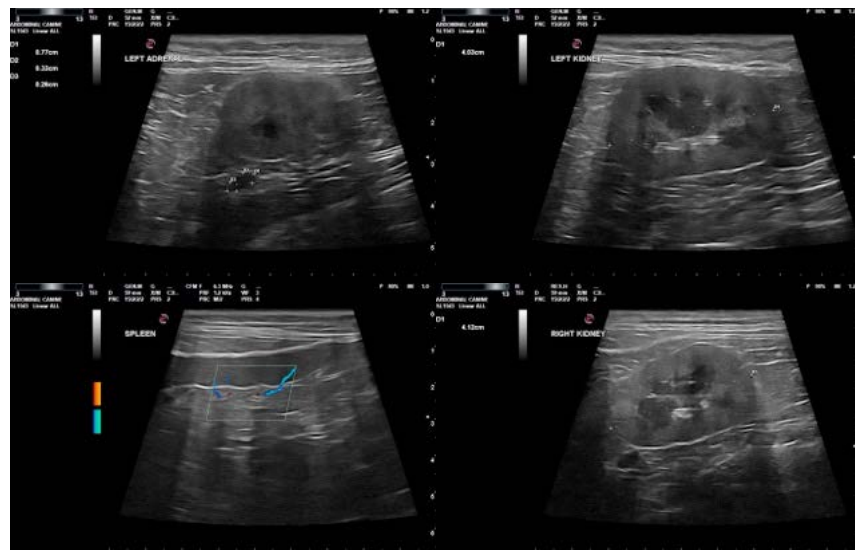
Dr. Ferrari

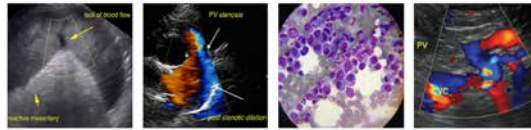
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PATIENT

Milo Saragusa

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

8 years

WEIGHT

12.3 Pounds



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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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