



PATIENT PRESENTING CLINICAL SIGNS

Quadrille Marias Presented to WilVet Salem yesterday for several weeks hyporexia and vomiting.
Abnormal PE/Chem/CBC/UA Results: wbc 29,430 neuts 20,220 bands present lymphocytes 7,840
mono 1,150 ALT276 ALP272 GGT9 tbili 5.9

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

DSH

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.

SEX

Spayed Female

The area of the aortic trifurcation was free of pathology.

AGE

12 Years

Both kidneys were mildly prominent in size and exhibited mild asymmetrical margination with primarily uniform increased cortex echogenicity with mildly enhanced corticomedullary border demarcation. The left kidney measured 4.9 cm. The right kidney measured 4.7 cm. Pinpoint areas of dystrophic mineral noted in both kidneys. No evidence of pyelectasia.

Adrenal Glands

WEIGHT

10.7 Pounds

The adrenal glands were not definitively visualized.

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 0.9 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.

Liver

IMAGING PERFORMED BY

Carter

The liver exhibited subjective mild generalized enlargement with symmetrical to rounded hepatic contour. Generalized moderately coarse parenchyma exhibiting normal echogenicity. The gallbladder was non-distended in size with mildly prominent yet isoechoic walls. The gallbladder contained anechoic content extending into the cystic biliary duct. The cystic biliary duct and subjective generalized common bile duct exhibited mild to moderate tortuous distention extending into the approximate level of the duodenal papilla, although the duodenal papilla was not overtly visualized. Overt evidence of common bile duct calculi was not definitively evident. Common bile duct dilation measured up to 0.4 cm diameter.

HOSPITAL NAME

Willamette VH

Gastrointestinal

REFERRING VET

WilVet Salem

The stomach exhibited sonographically unremarkable wall layering. Gastric body wall measured 0.25 cm. The stomach contained a mild to moderate amount of retained anechoic fluid and pyloric chyme. No evidence of shadowing gastric ingesta or overt foreign material.

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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. Jejunum wall measured 0.20 cm.

DATE

12/3/21

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



PATIENT

Pancreas

Quadrille Marias

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

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Feline

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Cholangitis/cholangiohepatitis hepatobiliary pattern exhibiting mild to moderate common bile duct dilation – subjectively acute on chronic.
- Suspect concurrent mild pancreatitis
- Hypomotile stomach
- Non-specific prominent kidneys with increased cortex echogenicity – patient variant, chronic renal changes, with potential for underlying nephritis such as interstitial nephritis. No suspicion of renal neoplastic criteria.

AGE

12 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The possibility of emerging post-hepatic obstruction in this patient cannot be definitively excluded, as the area of the duodenal papilla was indistinctly visualized. However, at this time, the degree of common bile duct dilation was not overtly consistent with post-hepatic obstruction. Potential for occult hepatic round cell neoplasia considered a less likely differential diagnosis, yet cannot be definitively excluded.

WEIGHT

10.7 Pounds

Assuming normal clotting status, ultrasound guided FNA of the liver using 25-gauge needle warranted for screening cytology to potentially identify inflammatory cell type or assess for possible neoplasia. Empirically, cholangiohepatitis/pancreatitis protocol with assessment of clinical response and recheck sonogram if increasing evidence of cholestasis would be appropriate. Potential for triad disease may be possible, although no evidence of structural gastrointestinal pathology.

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PATIENT

Quadrille Marias

SPECIES

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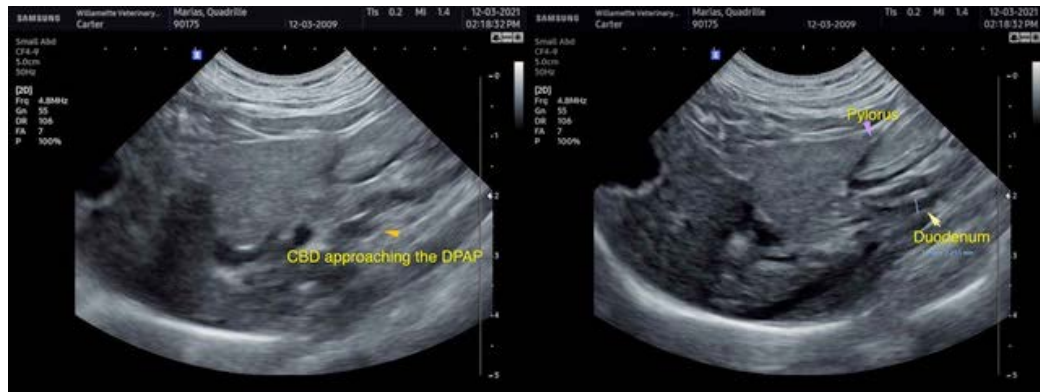
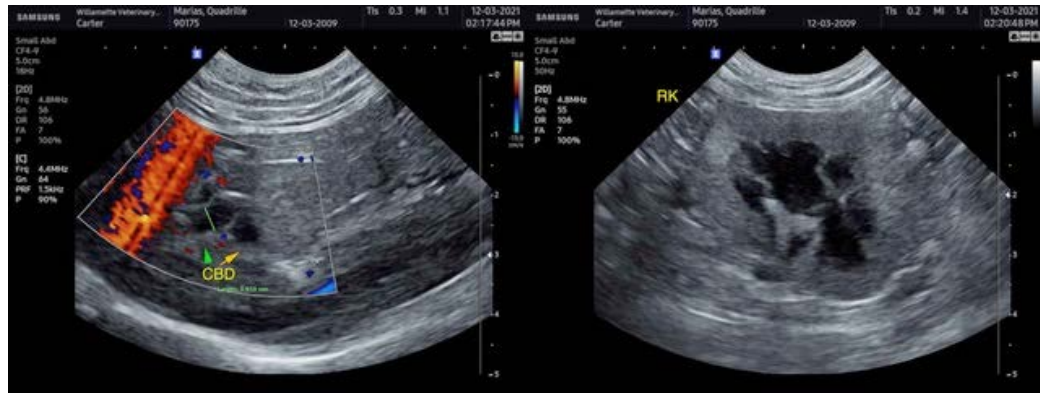
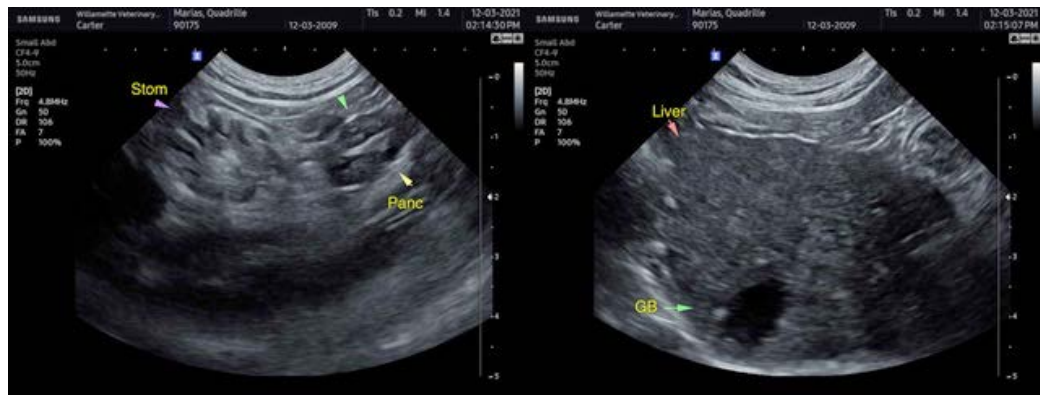
Spayed Female

AGE

12 Years

WEIGHT

10.7 Pounds



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PATIENT

Quadrille Marias

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.

SPECIES

Feline

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.

BREED

DSH

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Spayed Female

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