

PATIENT	PRESENTING CLINICAL SIGNS
Salem Melvin	Several episodes of vomiting and not acting right. Consistently elevated hepatic enzymes
SPECIES	Abnormal PE/Chem/CBC/UA Results: 9-12: ALT 416, ALKP 308, 9/19: ALT 453, ALKP 306, 10-11: ALT 416, ALKP 264, 11-3: ALT 360, ALKP 236
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DLH	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. Potential for focal discrete dependent mineral was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
SEX	
MN	
AGE	Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.0 cm in length. The right kidney measured 4.2 cm in length.
12	
WEIGHT	The area of the aortic trifurcation was free of pathology.
10lb	Adrenal Glands
INTERPRETED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm width. No overt pathology in the area of the right adrenal gland.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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.
Peter Nelson	Liver
HOSPITAL NAME	The liver exhibited borderline to mild enlargement with symmetrical capsule contour. The liver parenchyma was uniform and hypoechoic to the spleen with a moderate coarse echotexture. Subtly prominent portal vascular borders were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with minor non-mineralized echogenic luminal debris. Subtle dilation of the cystic biliary duct was observed.
Valley Veterinary Service	Gastrointestinal
REFERRING VET	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.
Dr. Crum	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.
INVOICE	Normal visible colon wall layers were present with apparent formed feces in lumen.
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DATE	
12/05/2022	



PATIENT

Pancreas

Salem Melvin

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SPECIES

Free Abdomen

Feline

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

BREED

ULTRASONOGRAPHIC FINDINGS

DLH

- Cholangiohepatitis pattern
- Minor gallbladder debris
- Possible low-grade pancreatitis
- Unremarkable GI tract with mild gastric ingesta/chyme
- Bilateral non-specific chronic renal changes

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

12

Assuming normal clotting status and using a 25g needle, a liver FNA for screening cytology is warranted for further assessment. Pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Triad disease is considered a less likely differential given GI appearance and lack of reported GI signs. As needed GI support with hepatosupportive medications +/- cholangiohepatitis/pancreatitis therapy and assessment of hepatic and clinical response would be reasonable.

WEIGHT

10lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Peter Nelson

HOSPITAL NAME

Valley Veterinary
Service

REFERRING VET

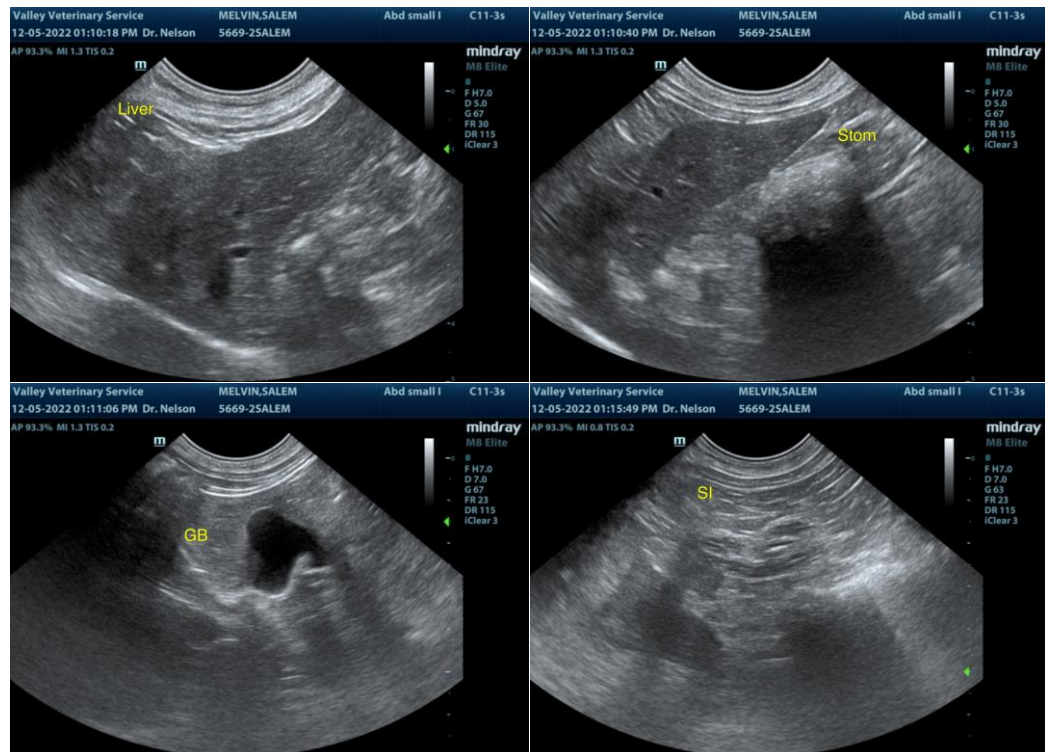
Dr. Crum

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PATIENT

Salem Melvin

SPECIES

Feline

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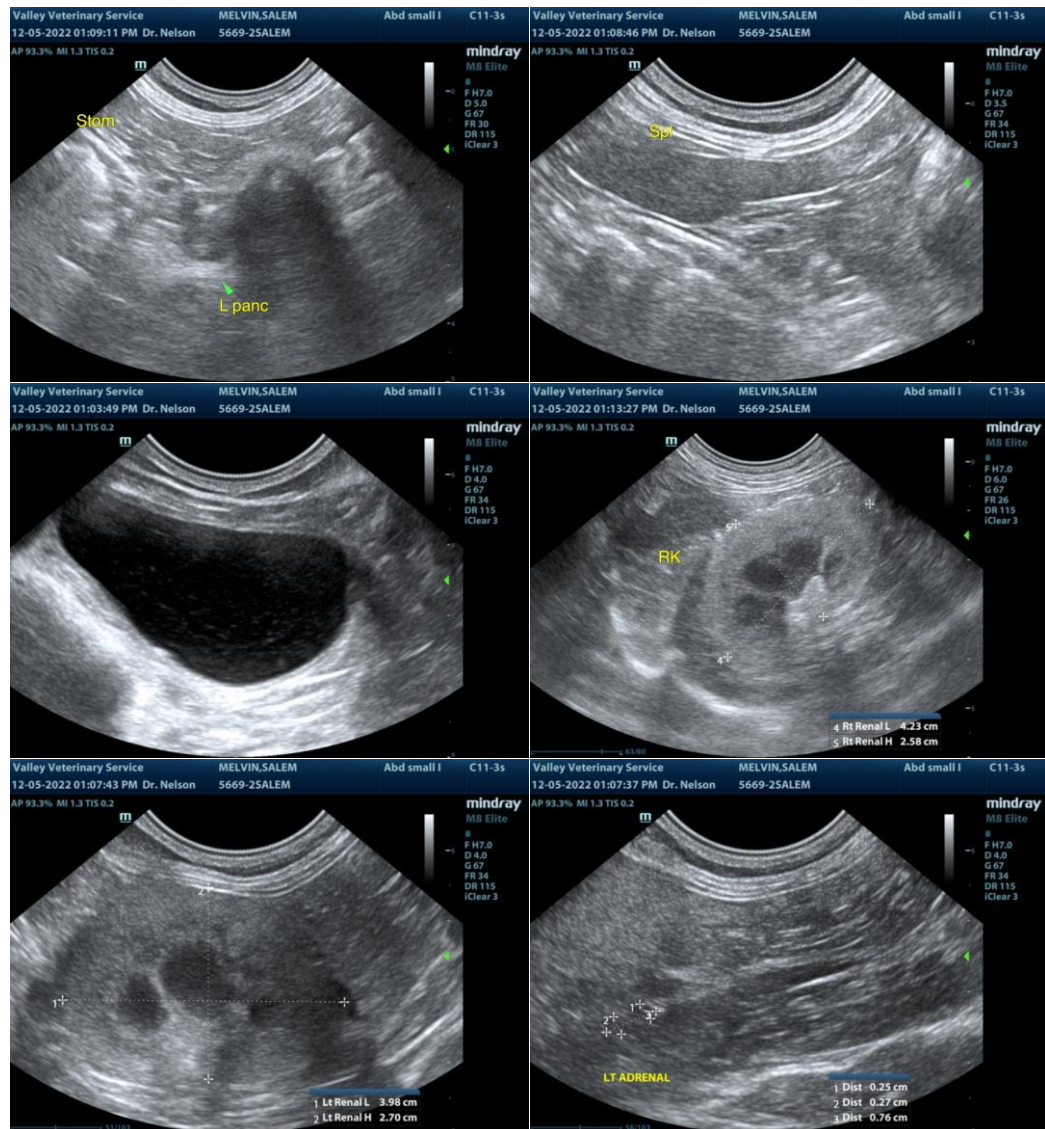
Dr. Crum

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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)
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