



PATIENT

Johnny Kuza

SPECIES

Feline

BREED

DSH

SEX

N/M

AGE

8 years

WEIGHT

9.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Suci

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Glendale VC

INVOICE

16044

DATE

2/1/23

PRESENTING CLINICAL SIGNS

Seen at the family vet for wound on paw on 1/30/23. Blood work and x-rays done for jaundice noted at the physical exam. Patient is indoors, appetite is fine, no V/D, increased thirst and urination. Tested negative for retroviruses at adoption several years ago. Patient was treated with Convenia, Denamarin was dispensed

Abnormal PE/Chem/CBC/UA Results: high ALP 168 (10-90) high ALT 393 (20-100) high total bilirubin 9.1 (0.1-0.6) high globulin 6.5 (1.5-5.7) high neutrophils 17.13 (1.63-13.37) AXR report (Taylor Veterinary Imaging): "1. Bronchial markings. Lower airway disease such as feline asthma could be considered. Discrete nodules are not identified. 2. Decreased serosal detail. Differentials include visceral crowding or lack of abdominal fat. Trace effusion associated with inflammatory malignant etiology could also be considered. 3. Probable constipation secondary to clinical dehydration 4. Otherwise somewhat indeterminate evaluation of the abdomen"

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 renal size with asymmetrical margination were 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 3.6 cm in length. The right kidney measured 4.6 cm in length. Minor medullary mineral was noted in both kidneys. No pyelectasia was present.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.



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Liver/ Gallbladder

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The liver presented as moderately enlarged in size. 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 capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended with overtly normal gallbladder walls containing anechoic content. A solitary gallbladder luminal mineral to non-obstructive cholelith was present. Mild generalized common bile duct dilation was noted with segmental nonobstructive mineral to the level of the duodenal papilla. No evidence of obstructive duodenal papilla pathology was present.

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 gastric body wall width measured 0.25 cm.

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 measured 0.24 cm width. The jejunum wall measured 0.24 cm width. The ileocolic wall measured 0.31 cm width.

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

Pancreas

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 reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

No overt evidence of significant lymphadenopathy was present. Intermittent small pocket of scant perihepatic to peritoneal free fluid was present. No omental masses were noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy - Subjectively acute or acute on chronic, suspect acute or acute on chronic cholangiohepatitis, given concurrent presence of gallbladder and common bile duct mineral, vacuolar hepatopathy, cholestasis, occult infiltrative neoplasia are all potentials. No evidence of post hepatic biliary obstruction.
- Nondistended gallbladder with mild luminal mineral / small cholelith
- Mild nonobstructive common bile duct dilation with segmental luminal mineral
- Possible low-grade pancreatitis



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- Overtly normal gastrointestinal walls
- Nonspecific chronic renal changes

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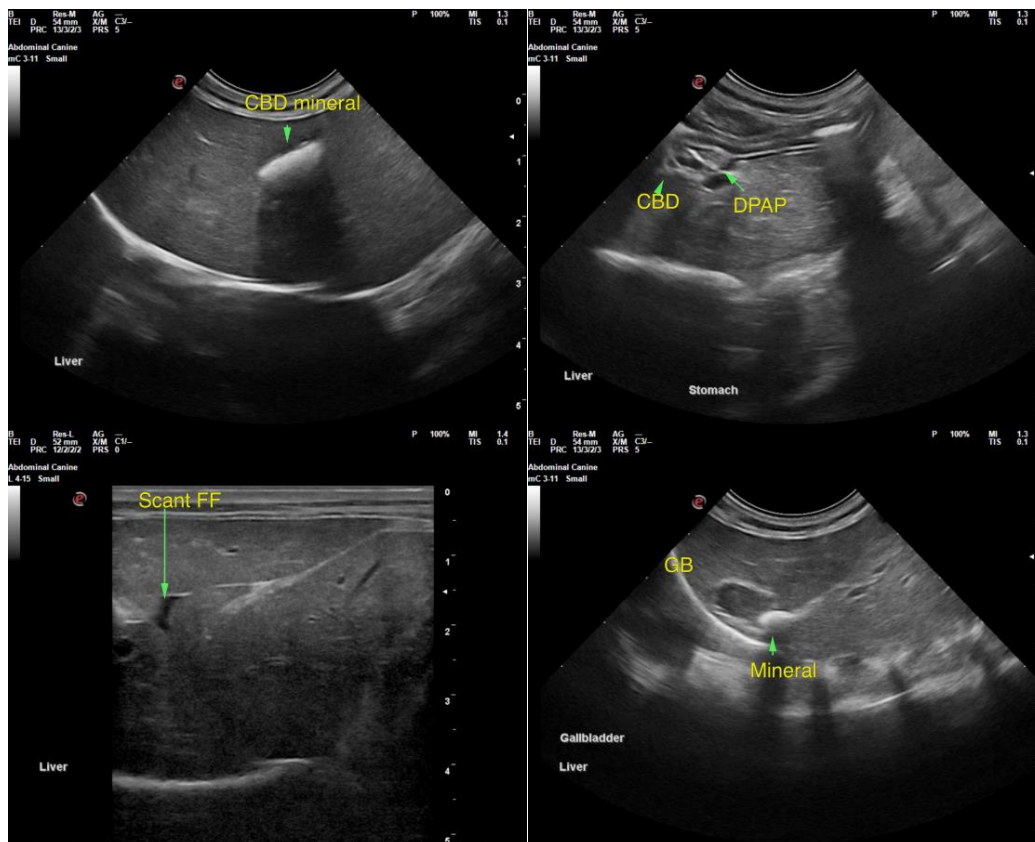
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening hepatic FNA cytology, assuming normal clotting status and using a 25-gauge needle and with recommended vitamin K pretreatment is warranted for further assessment and possible identification of inflammatory cell type if present, as well as rule out potential for infiltrative neoplasia.

Empirically, hepatosupportive medications and therapy for cholangiohepatitis with assessment of clinical and hepatic response would be reasonable. Potential for Triad Disease may be a consideration in this patient if evidence of weight loss or gastrointestinal signs. Sonographic reassessment of the gallbladder and common bile duct is recommended if progressive evidence of icterus or cholestasis.





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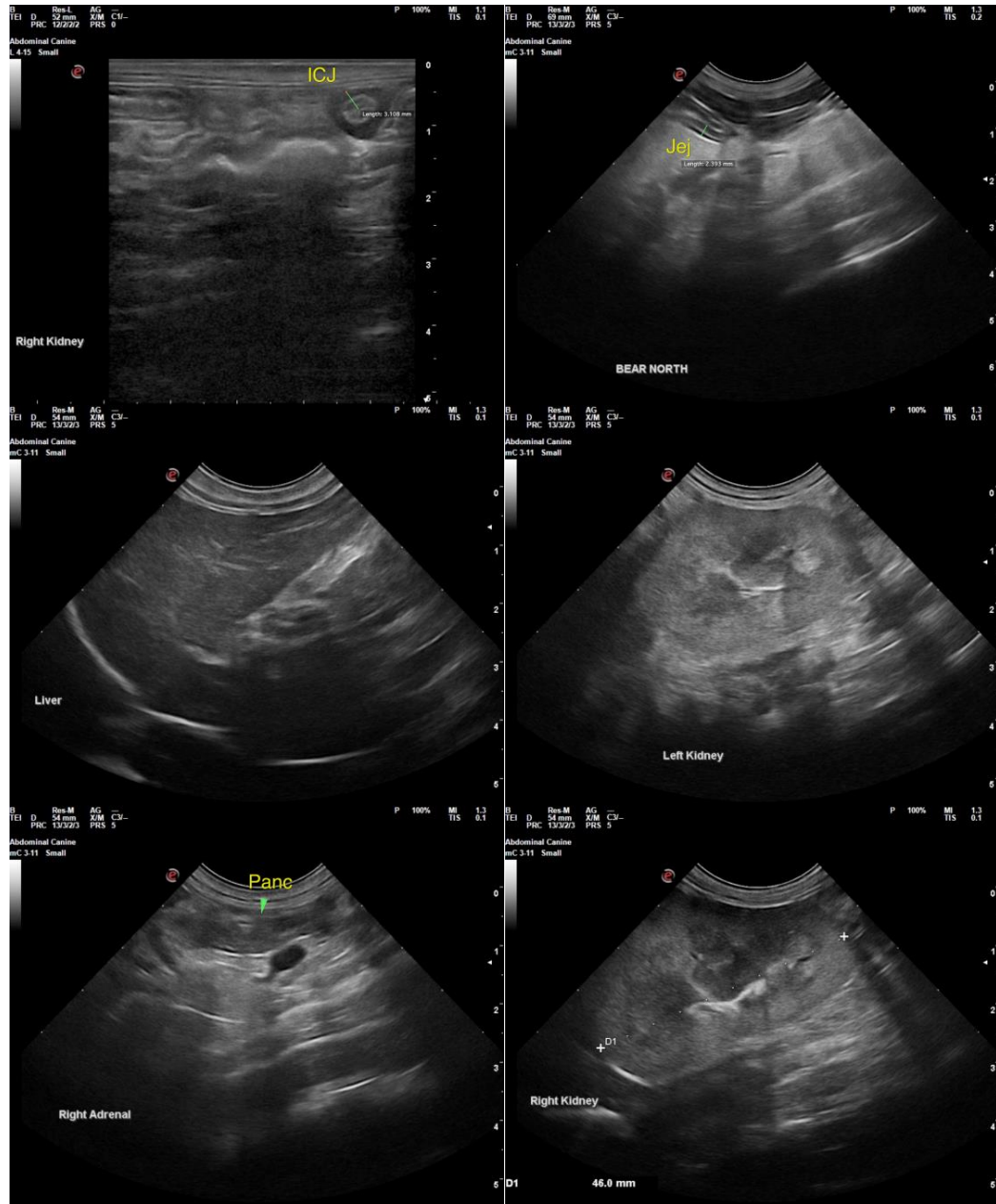
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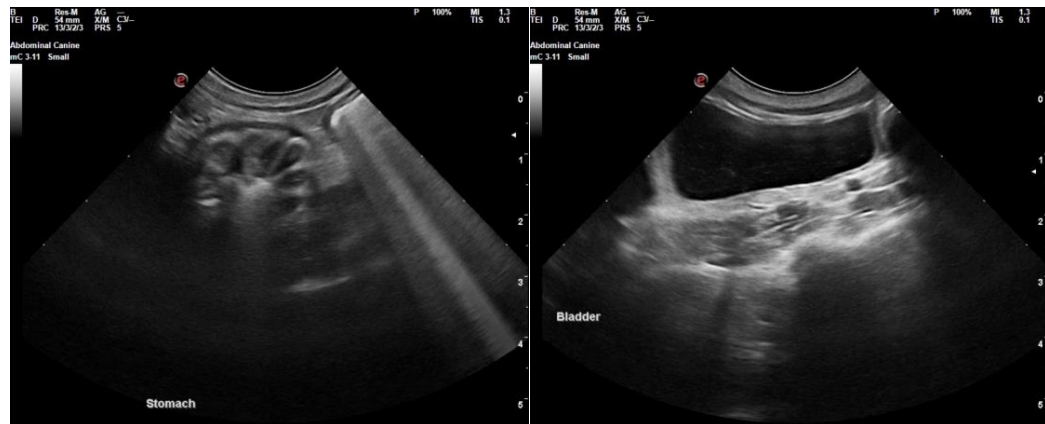
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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