



PATIENT PRESENTING CLINICAL SIGNS

Sylvie Staff

History: Clinical Exam Findings: Weight loss over the past year. concern for liver disease - unknown if primary or secondary. could be secondary to intestinal disease, p has had chronic diarrhea and difficult to assess if IBD/lymphoma causing hepatitis as well. would need ab u/s to know +/- FNA's. Primary Question/Differential to Be Answered in This Exam CONCERN FOR LIVER DISEASE, IBD/LYPHOMA

SPECIES

Feline

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: ALT = 260 AST = 94 GGT = 8 Calcium = 8 Sodium = 140 WBC = 25.9

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

15 Years

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. Aortic trifurcation was normal.

WEIGHT

4.5 Pounds

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.8 cm in length.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size, which is nonspecific and likely patient variant. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.58 cm. The right adrenal gland measured 0.57 cm. No evidence of adrenal tumors noted.

IMAGING PERFORMED BY

Jenna Walsh, CVT

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.

HOSPITAL NAME

Reid VH

Liver

The liver presented 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.

REFERRING VET

Dr. Reid

INVOICE

20898

DATE

2/1/23

Gastrointestinal

The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



PATIENT

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.

Sylvie Staff

SPECIES

The small intestine presented intact generalized prominent wall layering owing to altered muscularis to mucosa ratio, secondary to generalized prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured up to 0.39 cm. The ileocolic wall measured 0.34 cm.

Feline

BREED

The colon revealed sonographically normal wall layering. The colon contained generalized semi to non-formed fecal matter.

DSH

SEX

Pancreas

The left pancreas was variably prominent in size, exhibiting capsule asymmetry and nonhomogenous mildly hypoechoic parenchyma. No overt evidence of neoplasia. Left limb pancreatic duct dilation was noted.

Spayed Female

AGE

Free Abdomen

Intermittent, irregular nonhomogenous cystic mesenteric lymph nodes were present, an example measured 2.4 cm in diameter. Concurrent small pockets of scant peritoneal free fluid were present.

15 Years

WEIGHT

ULTRASONOGRAPHIC FINDINGS

4.5 Pounds

INTERPRETED BY

- Hepatopathy
- Infiltrative enteropathy pattern
- Subjective chronic active pancreatitis
- Associated nonhomogenous cystic mesenteric lymphadenopathy and scant peritoneal free fluid
- Mild age-related renal changes

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(Canine and Feline)

IMAGING PERFORMED BY

Jenna Walsh, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Triad disease is a suspected primary consideration in this patient. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as screening hepatic FNA cytology, using a 25-gauge needle and assuming normal clotting status. Potential for neoplastic infiltrative enteropathy or hepatopathy with round cells, such as lymphoma is also a potential consideration. Definitive diagnosis would likely require full thickness intestinal, as well as hepatopancreatic biopsies.

Reid VH

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Empirically, cobalamin supplementation, hepatosupportive medications, and empirical therapy for cholangiohepatitis, prednisolone (at lowest effective dose to control clinical signs), dietary therapy and as needed gastrointestinal support with assessment of clinical response would be reasonable.

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AGE

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WEIGHT

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HOSPITAL NAME

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REFERRING VET

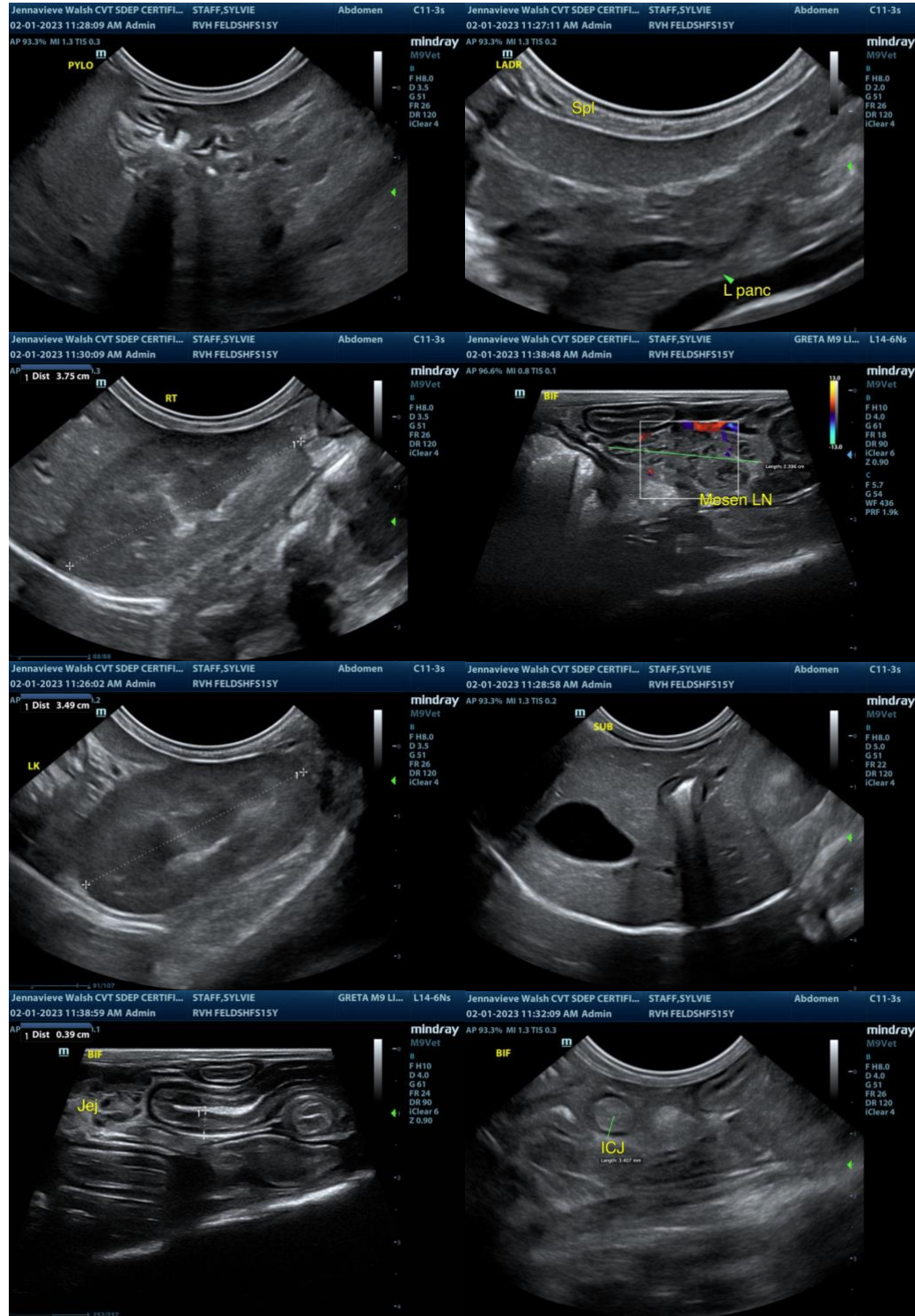
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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