



PATIENT

Lucky Fontes

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16 years

WEIGHT

4 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

HOSPITAL NAME

Main Stree AH

REFERRING VET

Dr. Morris

INVOICE

13303

DATE

2/11/22

PRESENTING CLINICAL SIGNS

Fever of unknown origin very quiet not eating well nauseous M1 abdominal breathing Temp: 40.1
meds: LRS with Kcl, Ampicillin, Vetergesic

WBC 20.5 with significant lymphocytosis, mild monocytosis, BUN 4.2, Potassium 3.4, ALT 847, GGT 5,
TBili 18, Spec fPL 9.4

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

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 4.4 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

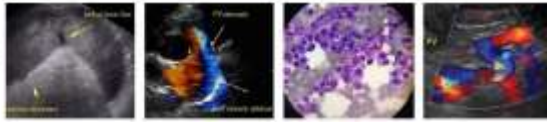
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

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. The spleen measured 0.93 cm width.

Liver/ Gallbladder

The liver exhibited mild to moderate generalized enlargement and primarily maintained a symmetrical to mildly rounded capsule contour. Generalized normal to mildly hypoechoic parenchyma echogenicity exhibiting mild to moderate coarse echotexture was present. Lobar areas of biliary tree mineralization were present. The visualized gallbladder was normal in size containing anechoic content with potential for mild particulate, nonmineralized luminal debris. No overt evidence of common bile duct dilation, stasis, or obstruction was noted.


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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The pylorus wall width measured 0.40 cm.

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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. The jejunum wall width measured 0.28 cm.

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

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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.

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Free Abdomen

Subtle generalized reactive omental appearance with intermittent scant pocket of peritoneal free fluid was present.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting acute on chronic criteria, areas of nonobstructive lobar biliary tree mineralization
- Sonographically unremarkable gallbladder with potential minor luminal debris, no overt post hepatic obstruction
- Pancreatitis
- Gastroenteritis pattern
- Mild generalized reactive mesentery with intermittent scant pockets of peritoneal free fluid
- Bilateral mild chronic kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the hepatic presentation was nonspecific, acute on chronic cholangiohepatitis, given the ALT elevation, may be considered a primary differential diagnosis. Occult hepatic neoplasia or other hepatopathy cannot be definitively excluded.

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Typically, areas of biliary tree mineralization are considered incidental findings, yet may potentially be associated with chronic hepatobiliary inflammation.

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Assuming normal clotting status, ultrasound guided FNA of the liver using a 25-gauge needle may be considered for screening cytology and potential assessment or identification of inflammatory cell type if present.

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Empirically, cholangiohepatitis / pancreatitis treatment protocol with as-needed gastrointestinal support is recommended. CBC pathology review recommended given the lymphocytosis.

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Although no evidence of structural gastrointestinal pathology, the potential for acute Triaditis episode may be considered If previous gastrointestinal signs or evidence of weight loss are noted. Pending clinical response to therapy, recheck sonogram for hepatic, pancreatic, and gastrointestinal reassessment if clinical signs continue.

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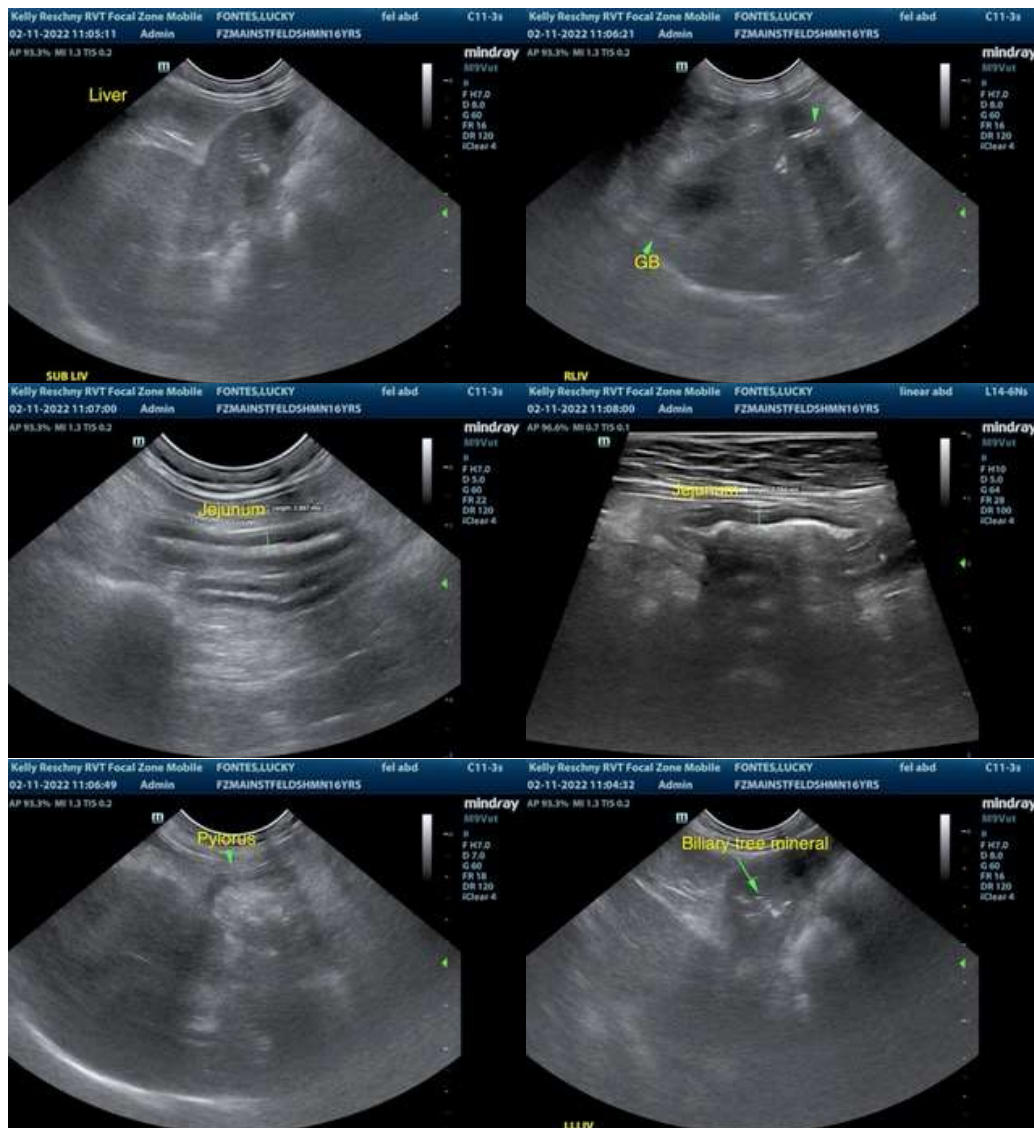
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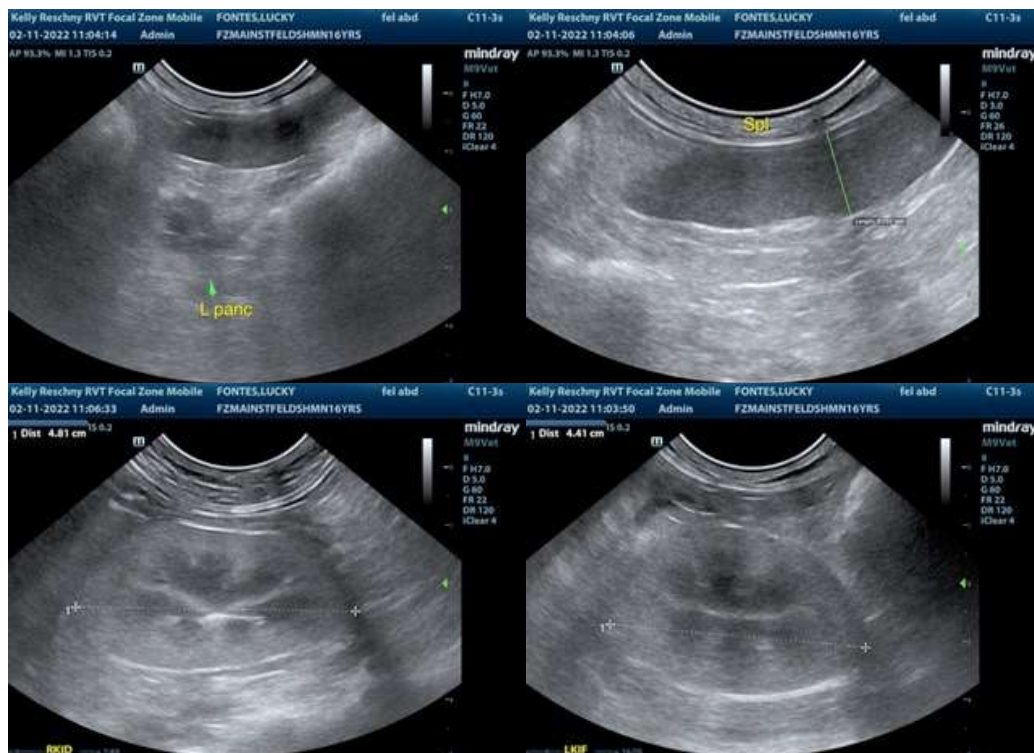
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

HOSPITAL NAME

Main Stree AH

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.

REFERRING VET

Dr. Morris

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info@SonoPath.com

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