

PATIENT

Savannah Sergent

PRESENTING CLINICAL SIGNS

History: > 2-year duration elevated liver values, polyphagic, losing weight, icteric

SPECIES

Feline

Labs: WBC 25.5 with neutrophilia and lymphopenia, ALT 569, AST 226, ALP 360, GGT 7, Total bilirubin 12.5

BREED

Domestic Shorthair

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 were noted.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

9 years

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 4.0 cm in length. The right kidney measured 4.1 cm in length.

WEIGHT

5.2 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 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.

INTERPRETED BY

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

Spleen

The spleen exhibited borderline to mild enlargement with mild asymmetrical medial capsule contour potentially owing to regional areas of splenic parenchymal expansion. No distinct splenic masses or nodules were noted. The spleen measured 1.2 cm width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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.

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Dinello

The gallbladder was indistinctly visualized, potentially owing to subnormal to contracted size. The cystic duct presented mildly dilated in size with primarily anechoic content. The common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.15 cm width. Overt evidence of significant common bile duct or gallbladder distention was not present.

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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 was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm.

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The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.25 cm.

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Normal visible colon wall layers were present with semi-formed to soft feces in lumen.

SEX

FS

Pancreas

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

AGE

9 years

Free Abdomen

Mild volume peritoneal free fluid was present. No evidence of significant lymphadenopathy was noted. Generalized reactive mesentery was present.

WEIGHT

5.2 Pounds

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy - subjectively acute on chronic, acute on chronic cholangiohepatitis, vacuolar hepatic changes, nonobstructive cholestasis, or occult neoplasia possible
- Mild heterogeneous pancreas - patient variant with potential for low-grade chronic to chronic active inflammation
- Possible enteropathy
- Nonspecific borderline to mild splenomegaly - hyperplasia, hematopoiesis, splenitis, neoplasia possible
- Small volume peritoneal effusion
- Mild generalized reactive mesentery and small pockets of scant peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound-guided hepatosplenic FNA using a 25-gauge needle is warranted for screening cytology and potential identification of hepatic inflammation cell type if present, as well as assessment for or rule out of potential hepatosplenic neoplasia, given the patient's weight loss.

Potential for Triad Disease flair-up may be possible, given the patient's gastrointestinal signs and sonographic presentation. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

Empirically, Medical therapy for acute on chronic cholangiohepatitis / Triad Disease would be reasonable.



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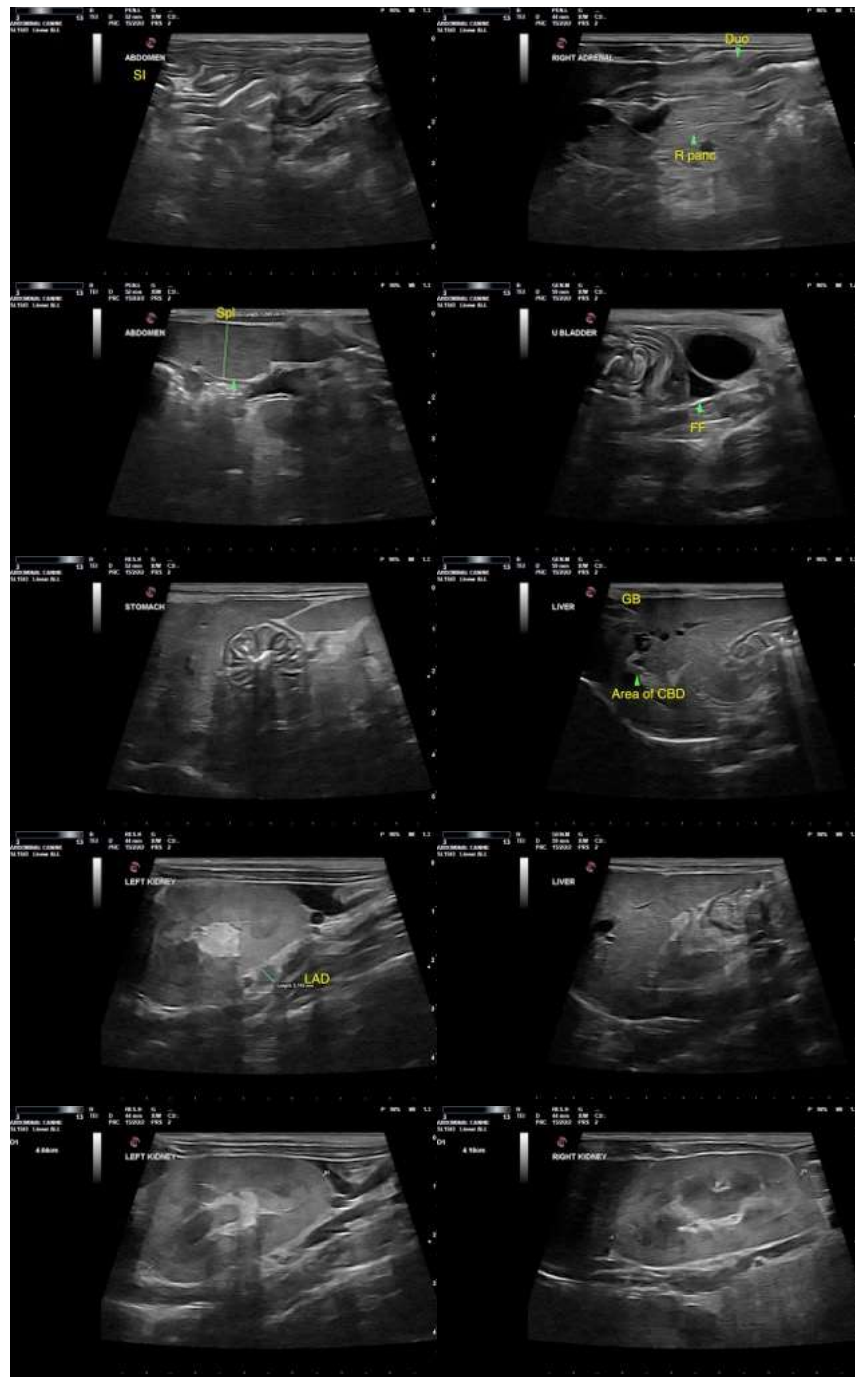
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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