



PATIENT

Calico Storm

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12y

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Summers

INVOICE

16162

DATE

2/14/23

PRESENTING CLINICAL SIGNS

Elevated ALT
Abnormal PE/Chem/CBC/UA Results: ALT 532

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 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 4.4 cm in length. The right kidney measured 4.4 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 0.4 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 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.

Liver/ Gallbladder

The liver was borderline to mildly enlarged in size with symmetrical capsule contour and uniform mild increased hepatic parenchyma echogenicity. Normal hepatic vascular volume was noted. No masses or nodules were present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal. No evidence of post hepatic stasis or obstructive criteria was noted.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor pyloric nonshadowing ingesta / chyme was present.

The small intestine presented intact generalized prominent to mildly thickened wall layering to the level of the ileocolic junction, primarily secondary to generalized propensity for variably prominent to thickened muscularis layer. No evidence of loss of intestinal wall layering or intestinal masses was noted.



PATIENT	The duodenum wall measured 0.37 cm width. The jejunum wall measured 0.42 cm width. The ileocolic wall measured 0.49 cm width.
Calico Storm	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
	<i>Pancreas</i>
Feline	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
BREED	
DSH	<i>Free Abdomen</i>
SEX	No omental masses, lymphadenopathy, or peritoneal effusion was noted.
FS	ULTRASONOGRAPHIC FINDINGS
AGE	<ul style="list-style-type: none"> • Hepatopathy - subjectively benign, suspect primary or secondary reactive or inflammatory hepatopathy i.e., cholangiohepatitis or similar. • Sonographically normal gallbladder / common bile duct • Generalized intact yet thickened small bowel walls • Heterogeneous pancreas • Mild chronic renal changes
12y	
WEIGHT	
Not Provided	
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Assuming normal clotting status and using a 25-gauge needle, screening hepatic FNA cytology could be considered for further clarification and possible identification of inflammatory cell type if present. The small intestinal appearance is of unclear clinical significance with potential for patient variant, given the lack of reported gastrointestinal signs or weight loss, yet sonographically suggestive of inflammatory criteria i.e., possible emerging IBD, eosinophilic enteritis, or similar. Technically, the possibility of emerging neoplastic infiltrative enteropathy with round cells which may appear sonographically similar cannot be excluded yet thought less likely. Triad Disease may be a potential in this patient if current unreported or future gastrointestinal signs or weight loss are noted.
IMAGING PERFORMED BY	
Val Shumskaya	
HOSPITAL NAME	
Blairstown AH	A GI panel to include PLI/TLI/Cobalamin/Folate for further assessment may be considered. Sonographic reassessment of the liver, pancreas, and small intestine is recommended if evidence of gastrointestinal signs and weight loss going forward are noted.
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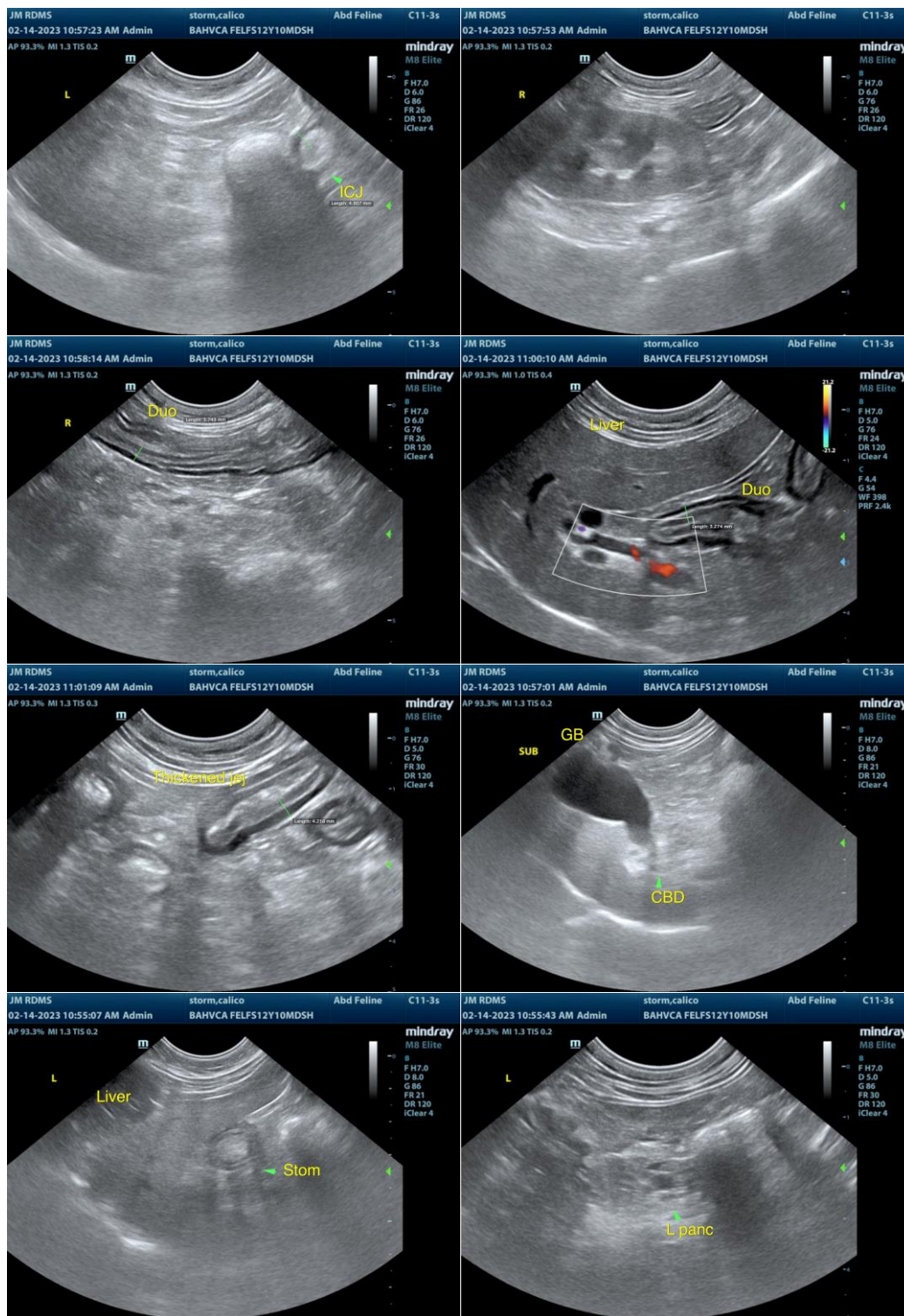
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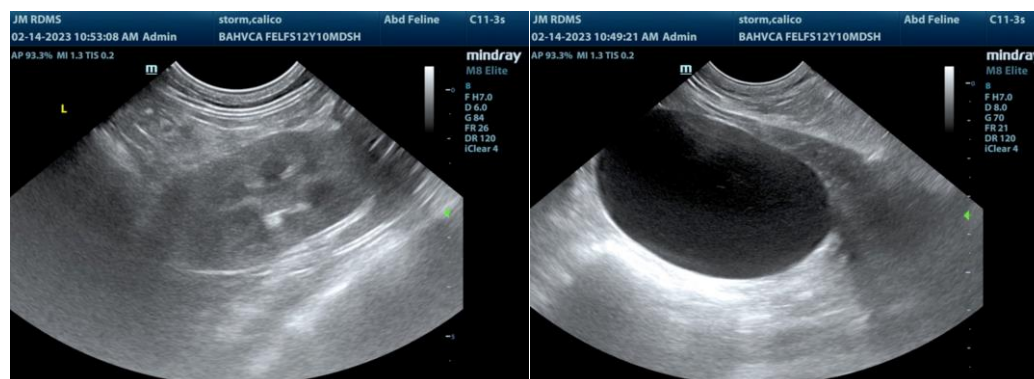
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com