



PATIENT

Percy Nadeau

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 years

WEIGHT

8.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Goodman

INVOICE

13367

DATE

2/16/22

PRESENTING CLINICAL SIGNS

Presented for acting "grumpy" and weight loss was noted. Owner reports a good appetite. Sedated with Torbugesic IV and Alfaxan IM for US.

Abnormal PE/Chem/CBC/UA Results: BW: ALT 511, AST 141, T. Bili 1.4, unconjugated Bili 0.8, conjugated bili 0.6. Alb 2.7.

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. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. Minor cellular or crystalline debris is suspected. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the adrenal glands. The left adrenal gland was indistinctly visualized, measuring 0.48 cm in width.

Spleen

The spleen exhibited mild enlargement, decreased splenic parenchyma echogenicity with generalized parenchyma heterogeneity. The spleen exhibited mild asymmetrical to scalloped medial capsule contour. Multiple, well-demarcated, uniformly hyperechoic parenchymal nodules were present in the spleen.

Liver/ Gallbladder

The liver exhibited mild generalized enlargement with subjective mild decreased hepatic parenchyma echogenicity exhibiting mild uniform coarse echotexture. The gallbladder was non-distended in size with mild gallbladder debris. The proximal common bile duct was mildly dilated and tortuous. The common bile duct measured 0.2 cm diameter. This is not consistent with post hepatic obstruction.

Gastrointestinal

The stomach presented intact wall layering subtle prominent wall layering noted in the antrum and pylorus with mild retained pyloric fluid. The pylorus wall width measured 0.30 cm.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent wall layering owing to mildly prominent mucosa



PATIENT	along with subtle segmental jejunal corrugation. The jejunum wall width measured 0.25 cm. No evidence of loss of intestinal wall layering or intestinal masses.
Percy Nadeau	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
	<i>Pancreas</i>
Feline	The pancreas was normal in size with mildly hypoechoic parenchyma. Pancreatic duct dilation was present.
BREED	
DSH	<i>Free Abdomen</i>
SEX	No overt evidence of significant lymphadenopathy or peritoneal effusion was present. Subtle generalized reactive mesentery was noted.
MN	
AGE	ULTRASONOGRAPHIC FINDINGS
9 years	<ul style="list-style-type: none"> • Moderate chronic renal changes • Mild splenomegaly exhibiting decreased parenchyma echogenicity with multifocal well-demarcated hyperechoic nodules • Hepatopathy - acute or acute on chronic cholangiohepatitis given the ALT / AST combination and presence of gallbladder debris suspected, occult neoplasia is considered a less likely differential diagnosis • Mild gallbladder debris with nonobstructive proximal common bile duct dilation • Chronic to chronic active pancreatitis pattern • Suspect gastroenteropathy with mild gastric hypomotility
WEIGHT	
8.6 lbs.	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
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Dr. Ebersole	The proximal common bile duct dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.
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Dr. Goodman	Given the patient's weight loss, and assuming normal clotting status, hepatosplenic FNA using a 25-gauge needle is warranted for screening cytology to assess for benign, inflammatory, or potential neoplastic changes. Potential for Triad Disease may be considered in this patient. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.
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DATE	Empirically, acute on chronic cholangiohepatitis / pancreatitis (Triad Disease) protocol would be reasonable with an assessment of clinical response. Recheck sonogram is suggested if persistent evidence of weight loss is noted despite conservative therapy.
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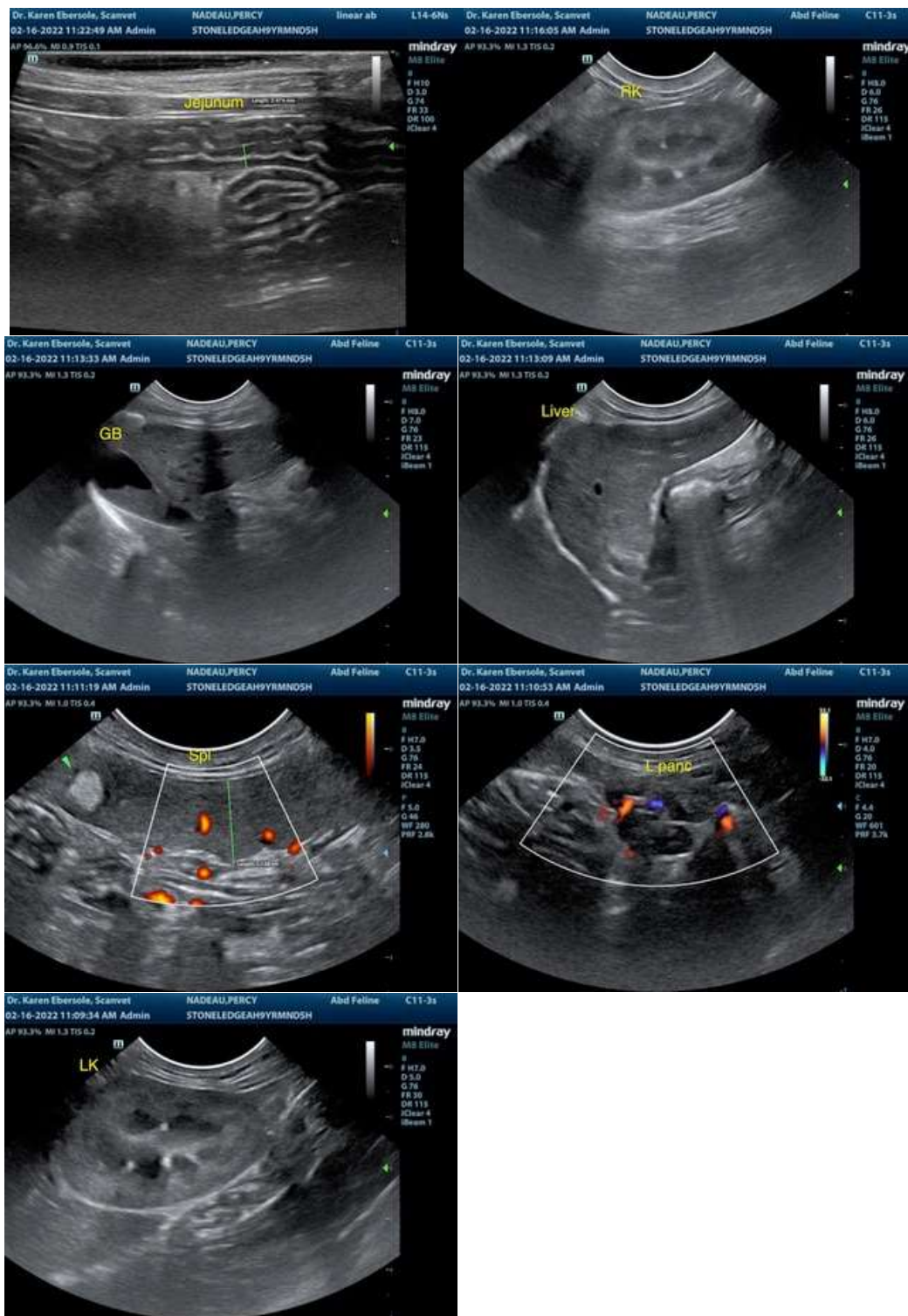
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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