

**PATIENT**

Axis Reyes

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2yr

WEIGHT

15lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Sciortino

INVOICE

13024ah

DATE

02/20/2023

PRESENTING CLINICAL SIGNS

Hx: chronic head tilt, started Prozac in Dec for aggression towards other cats in house, gradually eating less since, 6lb weight loss since Dec. Stopped eating Thursday. Started on IVF yesterday at the emergency center. Continuing IVF today and placed feeding tube.

Abnormal PE/Chem/CBC/UA Results: Icteric, hepatopathy, hepatomegaly ALP - 1113, ALT - 118, Amylase - 1277, tbil - 13.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.3 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 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 0.82 cm in width at the level of the hilus.

Liver/Gallbladder

The liver was enlarged with mildly rounded contour and generalized uniform increased parenchymal echogenicity compared to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. No masses or nodules visualized.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild congealed non-mineralized debris primarily in the lumen and gallbladder neck. The common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The proximal common bile duct contained mild anechoic content with no evidence of calculi or mucus measuring 0.18 cm diameter.

Gastrointestinal

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.

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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.

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

SPECIES***Pancreas***

Feline

The pancreas exhibited normal size and contour with isoechoic subtly heterogenous parenchyma compared to the adjacent omental fat.

BREED***Free Abdomen***

DSH

No overt lymphadenopathy was present.

Minor volume peritoneal free fluid primarily in the cranial abdomen around the liver was present.

SEX

Uniform omental echogenicity was present.

MN

ULTRASONOGRAPHIC FINDINGS**AGE**

2yr

- Hepatopathy exhibiting parenchymal hyperechogenicity-lipidosis. Inflammatory disease, vacuolar hepatic changes, occult neoplasia all potentials
- Minor gallbladder debris, minor non-obstructive proximal CBD dilation-possible mild cholangitis
- Subtly heterogenous left pancreas-not overtly consistent with significant pancreatitis
- Sonographically unremarkable small bowel
- Minor volume peritoneal effusion
- Urinary bladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Assuming normal clotting status and with Vit K pretreatment and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment.

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Low grade to chronic pancreatitis which may present sonographically normal possible although significant pancreatic pathology was not evidence. No overt evidence of definitive post hepatic obstructive criteria. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology as a contributing factor to the weight loss is recommended.

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Empirically hospitalization with IVF, GI support, hepatosupportive medications with coverage for potential cholangiohepatitis, monitoring of hepatic and clinical response and as needed feeding given potential for lipidosis would be reasonable.

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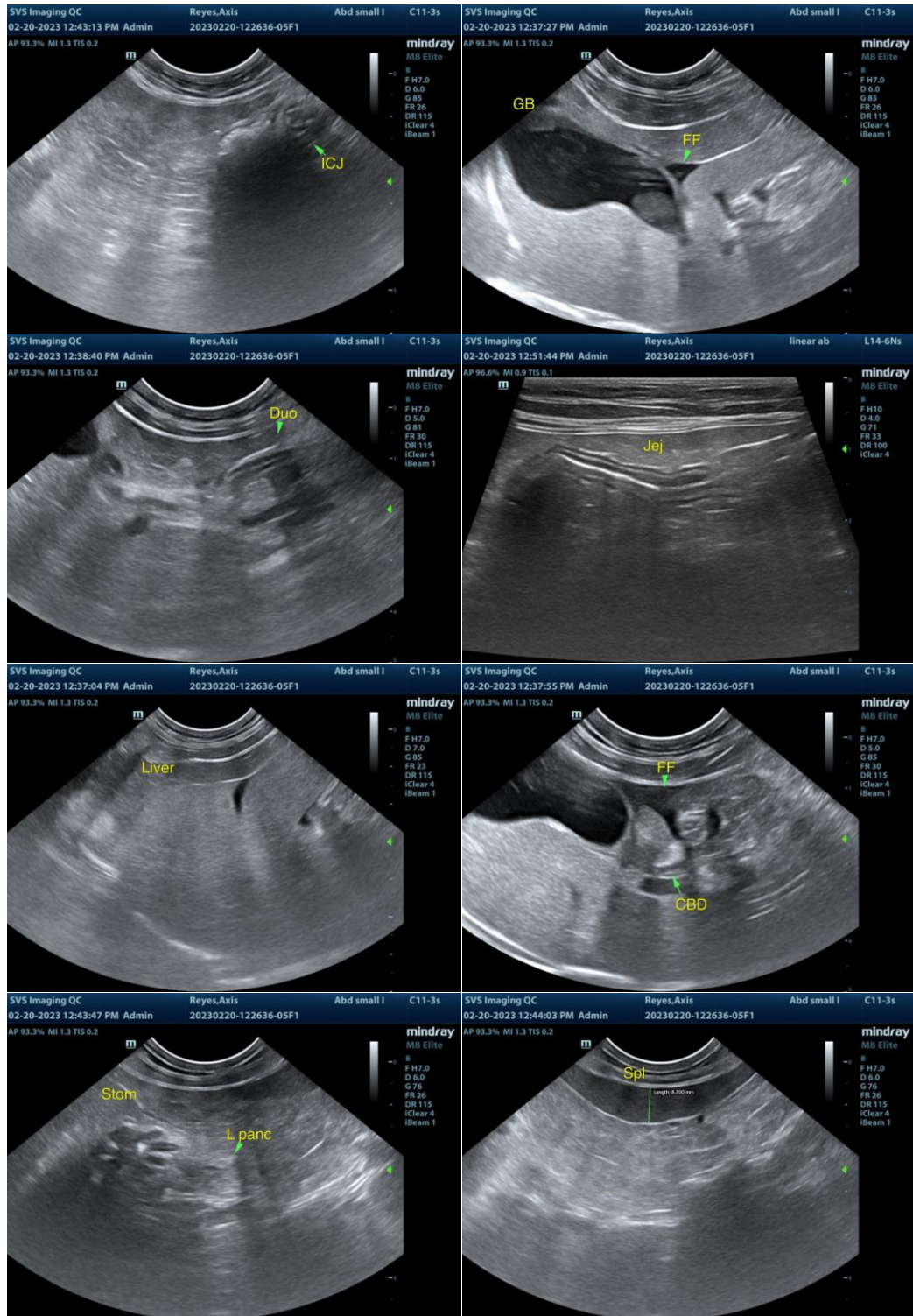
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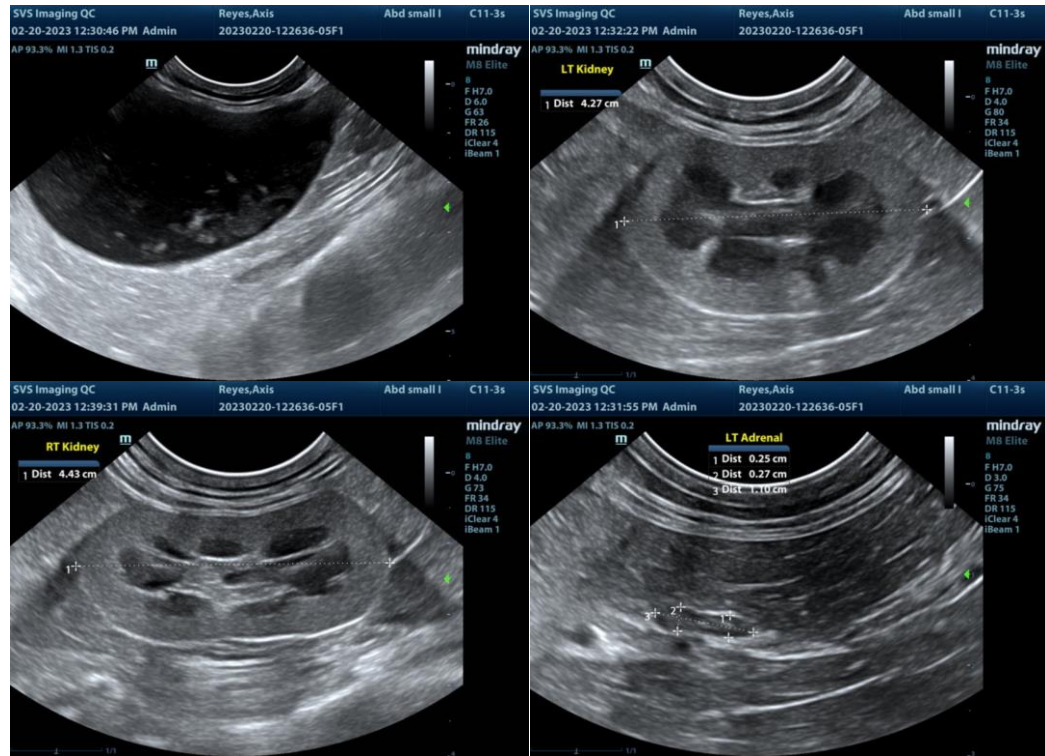
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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