



PATIENT

Smokey Spraggon

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

11

WEIGHT

7

INTERPRETED BY

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

IMAGING PERFORMED BY

Megan Larson

HOSPITAL NAME

Yorkville AH

REFERRING VET

Dr. Luttrell

INVOICE

13389

DATE

2/22/22

PRESENTING CLINICAL SIGNS

Patient was seen here 2/14/22 as a new client. Patient has had no vet care in 8 years. Blood work showed increased liver values. Virals are all negative. Not eating or drinking well, if patient does eat he then vomits shortly after

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. 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 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 3.6 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

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 0.52 cm width.

Liver/ Gallbladder

The liver exhibited generalized subjective mild enlargement. Primarily uniform mild increased parenchyma echogenicity compared to the spleen and falciform fat was present with a moderate coarse echotexture. Intermittent intraparenchymal cysts to cystic nodules were present with an example measuring 1.1 cm. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

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. The gastric body wall width measured 0.26 cm.



PATIENT	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 duodenum wall width measured 0.32 cm. The jejunum wall width measured 0.24 cm.
Smokey Spraggon	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	Pancreas
BREED	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mild pancreatic duct dilation was present.
DSH	
SEX	Free Abdomen
NM	Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 0.45 cm diameter. No effusion was noted.
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R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> Mild urinary bladder sediment Bilateral age-related renal changes Hepatopathy exhibiting mild generalized increased parenchyma echogenicity with intermittent intraparenchymal cysts to cystic nodules - subjectively benign Mild nonobstructive proximal common bile duct dilation - age-related changes or secondary to underlying cholangitis / cholangiohepatitis given current liver enzymes elevations, no overt signs of post hepatic obstruction.
IMAGING PERFORMED BY	
Megan Larson	<ul style="list-style-type: none"> Heterogeneous pancreas Overtly normal gastrointestinal tract
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Yorkville AH	The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.
REFERRING VET	Overall, the liver was nonspecific yet suggestive of benign hepatopathy. Considerations may include vacuolar hepatopathy, cholangiohepatitis, intermittent intraparenchymal cysts or cystic biliary adenomas, or other hepatopathy. Neoplasia is considered a less likely differential diagnosis.
Dr. Luttrell	
INVOICE	Assuming normal clotting status and using a 25-gauge needle, hepatic FNA for screening cytology primarily to assess for evidence of Inflammatory cells and rule out unlikely neoplasia is warranted.
13389	
DATE	Potential for structurally insignificant gastrointestinal disease or low-grade to chronic pancreatitis, which may present as sonographically normal, may be possible. Likewise, Triad Disease may be a consideration in this patient, given the gastrointestinal signs, if evidence of weight loss. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.
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Empirically, as-needed gastrointestinal and hepatic support +/- Triad Disease protocol if clinically indicated would be reasonable.

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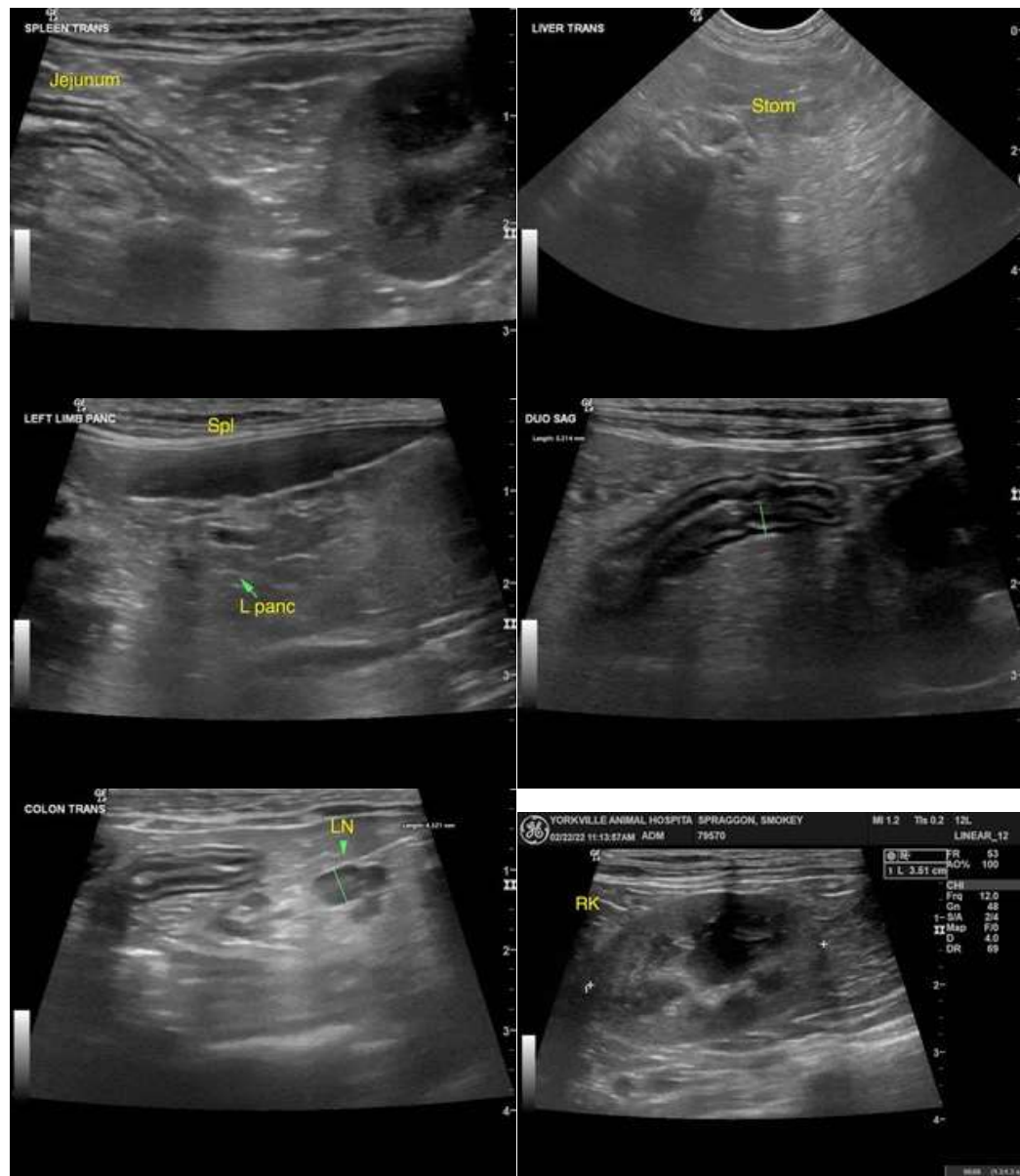
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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