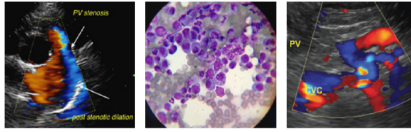


**IMAGING PERFORMED BY**

SVS Mobile Imaging KC 816-401-5010  
svsimagingkc@gmail.com

**PATIENT**

Gizmo Bloom

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

15 Years

**WEIGHT**

7 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rachel Runnells, RVT

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

Dr. Klepper

**INVOICE**

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**DATE**

2/26/22

**PRESENTING CLINICAL SIGNS**

Increased thyroid and liver values.

Abnormal PE/Chem/CBC/UA Results: 02/12/22: Recheck fChem 17, lyte, and T4 blood panel: ALT 723, ALP 321, GGT 12, TBili 1.2, Chlo 275, TT4 6.8.

**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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm. The right kidney measured 3.5 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm in width. The left adrenal gland measured 0.29 cm in width.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.66 cm in width. 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**

The liver exhibited potential for mild generalized enlargement with maintained symmetrical capsule contour. Normal overall hepatic parenchyma echogenicity exhibiting moderate coarse echotexture with evidence of minor parenchymal remodeling. No hepatic masses noted. The gallbladder was normal in size with mildly prominent to echogenic gallbladder walls and primarily anechoic content with mild particulate, non-mineralized luminal debris. Gallbladder wall measured 0.14 cm. The proximal to mid common bile duct was mild to moderately dilated and tortuous without overt post hepatic obstruction. Evidence of mild non-obstructive mucoduct. Common bile duct measured 0.42 cm in width. This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

**Gastrointestinal**

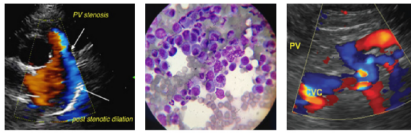
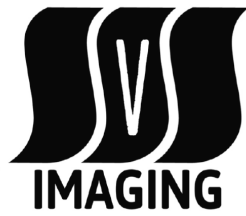
The visualized gastric walls were sonographically normal. The lumen of the stomach contained mild to moderate variably echogenic ingesta. Ventral gastric body wall measured 0.25 cm.

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. Small intestinal wall measured 0.22 cm.

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

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**Pancreas**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**PRIMARY FINDINGS**

- Hepatopathy – subjectively benign.
- Mild gallbladder debris, likely mild cholecystitis
- Mild to moderate proximal to mid common bile duct dilation with mild non-obstructive mucoduct
- Bilateral mild chronic renal changes

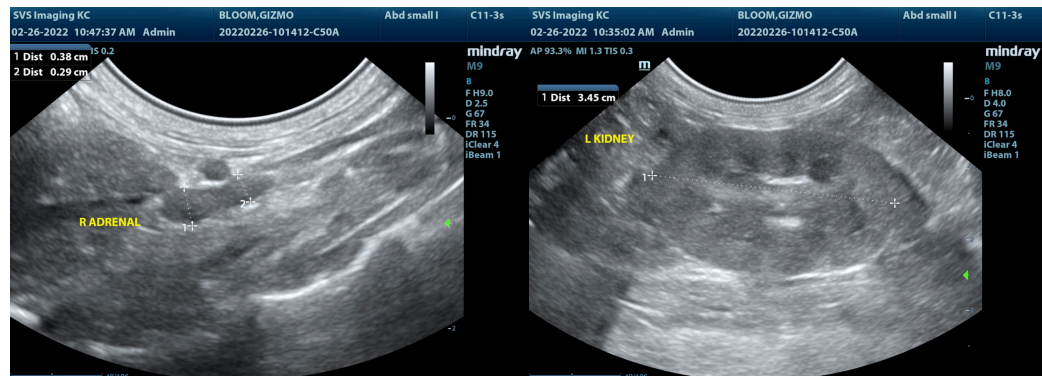
**SECONDARY FINDINGS**

- Gastric ingesta – probable post-prandial presentation

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although not definitive, the overall presentation of the hepatobiliary system is suggestive of cholangitis/cholangiohepatitis with emerging post-hepatic obstruction considered an unlikely differential diagnosis. Some contribution of the hepatic enzyme elevations could be owing to hyperthyroidism. Assuming normal clotting status, ultrasound guided FNA of the liver using 25-gauge needle could be considered for screening cytology, primarily to assess for evidence of and potentially identify inflammatory cells. Hepatic parenchymal or hepatobiliary neoplasia considered a less likely differential diagnosis.

If documented NPO, some degree of metabolic gastric stasis could be considered. No overt evidence of active pancreatic inflammation or structural gastroenteropathy. Empirically, medical therapy for cholangiohepatitis with thyroid treatment and monitoring of hepatic enzymes would be reasonable.



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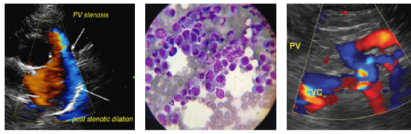
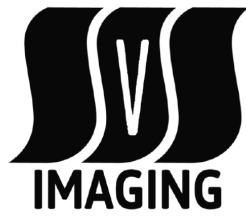
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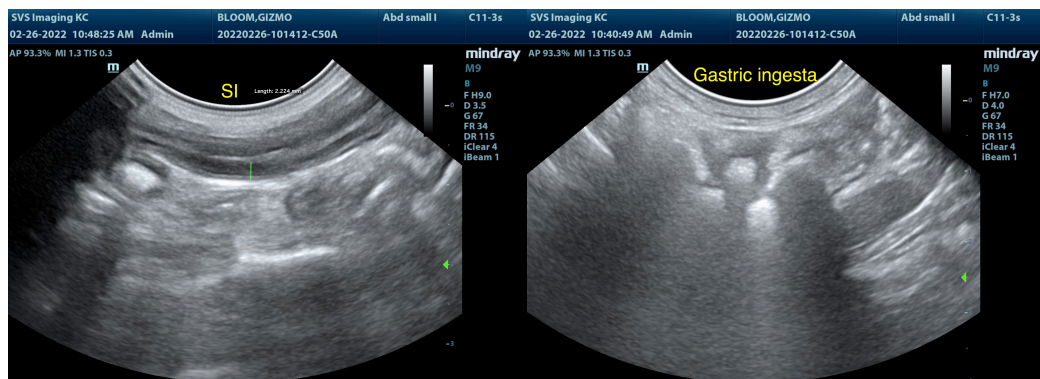
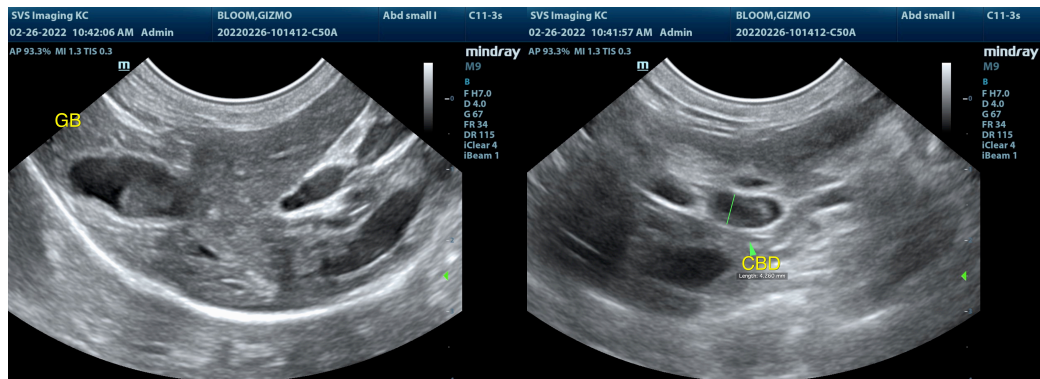
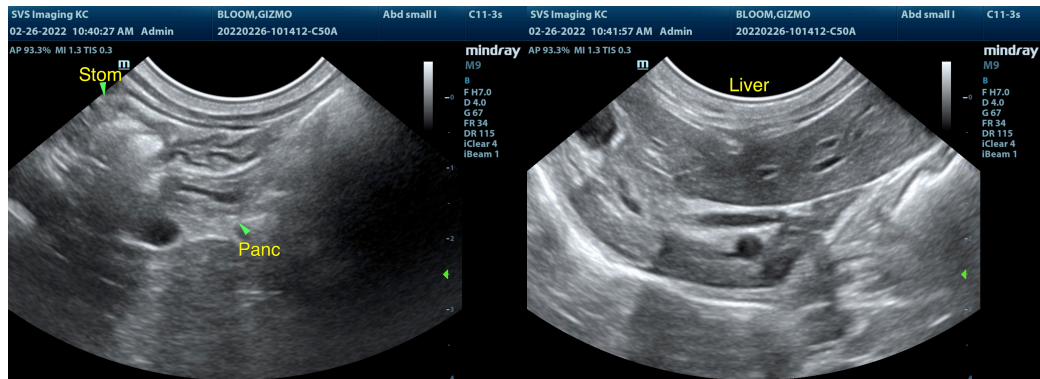
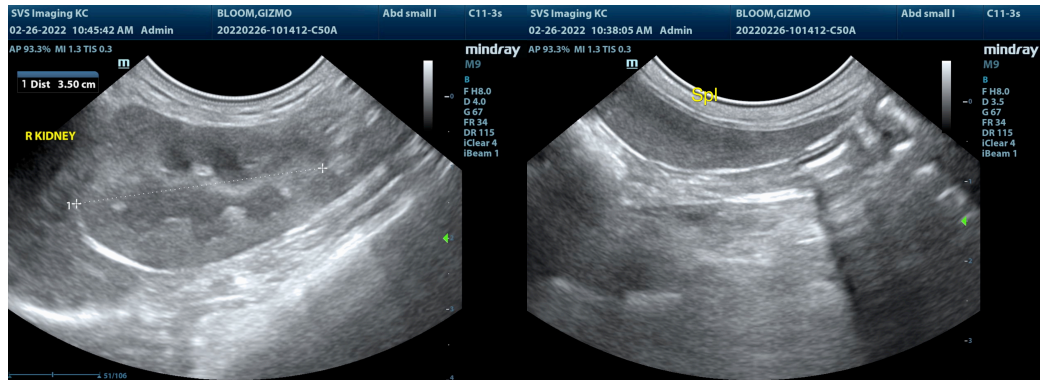
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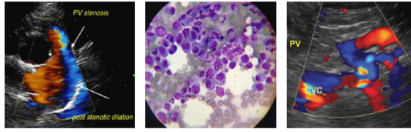
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**PATIENT**

Gizmo Bloom

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

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