



PATIENT

Braveheart Cohen

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

16 Years

WEIGHT

6.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

JSS

HOSPITAL NAME

King Hopkins PH

REFERRING VET

Dr. Sasha Black

INVOICE

45548

DATE

2/27/23

PRESENTING CLINICAL SIGNS

Patient presented with Hx of straining to have BM. - Decreased appetite & lethargy for more than a week.

Abnormal PE/Chem/CBC/UA Results: - Distended abdomen - Radiograph reveals excessive fat/abdominal fluid - Gas in colon, bladder stones? - Abdominocentesis - 1200ml over last 24 hrs - Labored breathing

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size, yet overtly normal wall layering without evidence of inflammatory criteria. No evidence of urinary bladder tumors. Mild anechoic urine. No sediment or calculi. The urethra was normal in structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The right kidney measured 3.6 cm. The left kidney measured 3.9 cm.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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

The liver was mildly enlarged with areas of mild capsule asymmetry. Generalized mild increased parenchyma echogenicity noted. Lobar biliary tree mineralization noted. A mildly expansive, asymmetrical, subjective compartmentalized cystic lesion noted in the left liver measuring 4.3 cm diameter, containing anechoic fluid with mild echogenic content. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. Mild dependent mineral present. The proximal common bile duct was mildly dilated (0.20 cm in width) and tortuous without overt post hepatic obstruction. This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

Mild volume peritoneal free fluid exhibiting mild fluid echogenic changes noted. Regional mild non-uniform to discretely nodular mid abdominal omentum. No omental masses or evidence of significant lymphadenopathy.

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.



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.
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Feline	Pancreas
BREED	The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. Distal left limb cystic lesion noted measuring 2.6 cm in diameter, containing anechoic fluid with mild echogenic content.
DLH	
SEX	ULTRASONOGRAPHIC FINDINGS
Neutered Male	<ul style="list-style-type: none"> • Lobar biliary tree mineralization with left intraparenchymal subjective compartmentalized cystic lesion. • Minor gallbladder mineral, mild non-obstructive proximal common bile duct dilation • Pancreatitis pattern with left limb cystic lesion – pancreatic cyst, potential for abscess, necrosis, less likely neoplastic criteria, although it cannot be definitively excluded. • Intact gastrointestinal wall layering with possible mild descending colon constipation pattern containing shadowing fecal matter. • Mild volume peritoneal effusion exhibiting mild echogenic changes, regional mid abdominal non-uniform omentum.
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INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The hepatobiliary tree mineralization in conjunction with mild gallbladder mineral and non-obstructive common bile duct dilation may be incidental findings or possibly associated with age related changes. Potential for low-grade cholangitis/cholangiohepatitis could also be associated with these findings.
IMAGING PERFORMED BY	Ultrasound guided centesis of the hepatic and pancreatic cystic lesions for fluid analysis, cytology, +/- culture and sensitivity is recommended. Concurrent peritoneal effusion analysis, cytology +/- culture and sensitivity for further clarification is suggested. The peritoneal effusion may indicate non-specific inflammation/peritonitis, possibly associated with hepatobiliary disease or pancreatitis, although neoplastic criteria (i.e., carcinomatosis, lymphomatosis, or similar is possible).
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REFERRING VET	3-view chest radiographs recommended if not done. Empirical therapy for hepatopathy, given short half-life of hepatic enzymes in cats, and pancreatitis with as-needed gastrointestinal support pending additional diagnostics would be reasonable. Guarded to extremely guarded prognosis.
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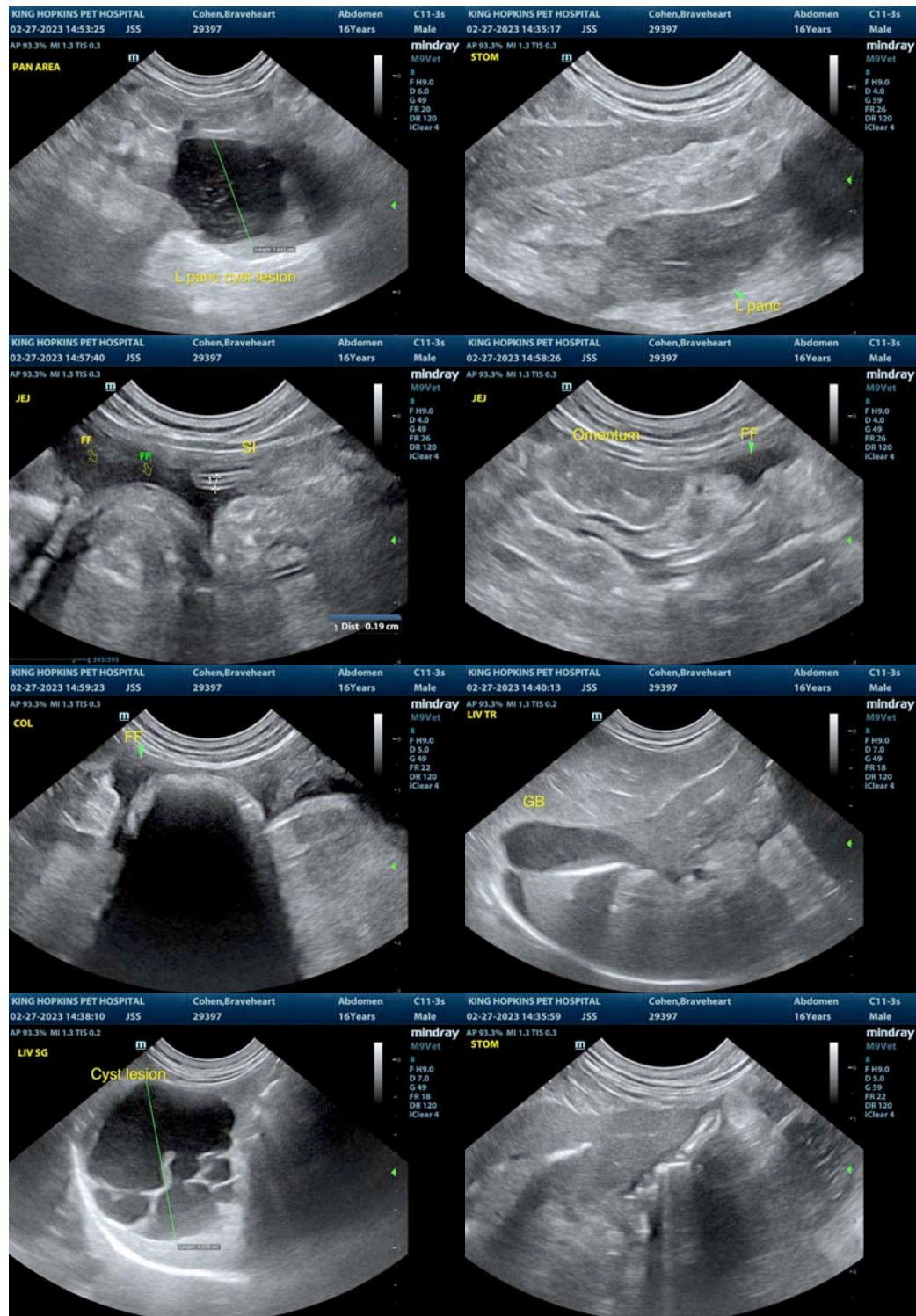
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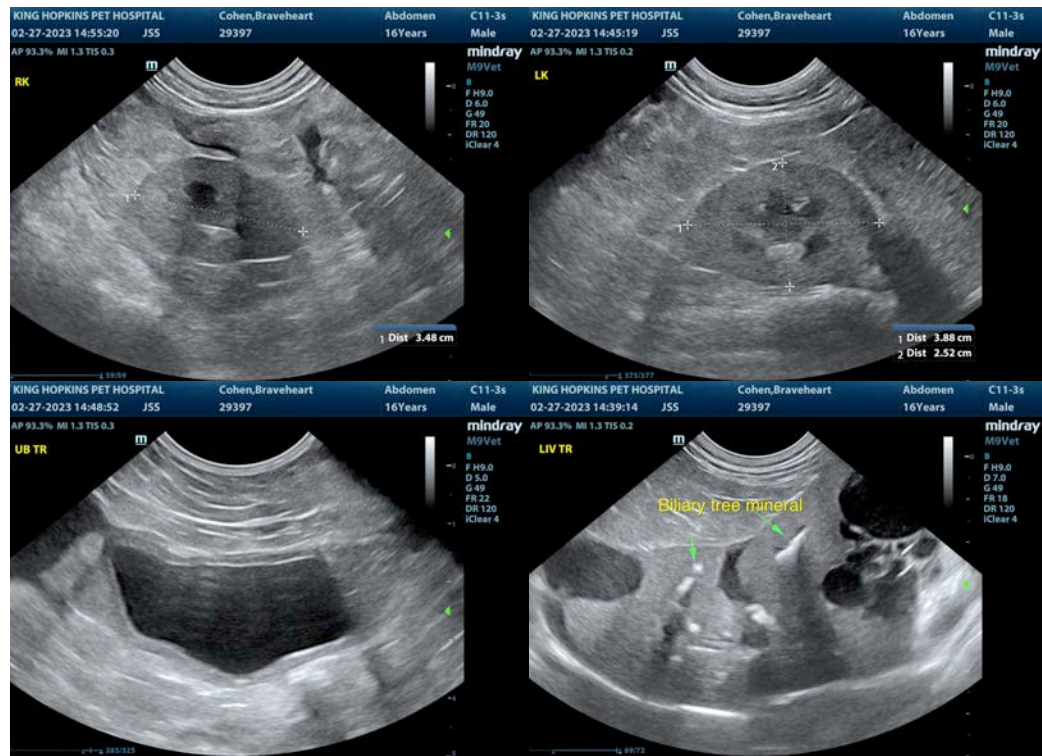
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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