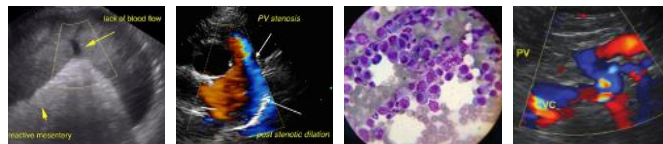
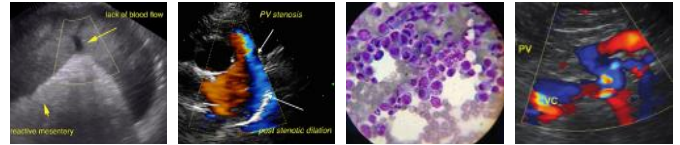


PATIENT	PRESENTING CLINICAL SIGNS
Murray Worley	Patient has been losing weight over the past 6 months and on recent labs had elevated liver enzymes. Abnormal PE/Chem/CBC/UA Results: ALP 112 ALT 483 AMY 1115 TBIL 0.9
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	<i>Urinary System</i>
BREED	The urinary bladder was normal in size and tone. Mild to moderate dependent mineral/sand was present along with mild nondependent particulate sediment. The 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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
Domestic Longhair	
SEX	No evidence of pathology in the area of the aortic trifurcation.
M	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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present in the left or right kidney. The left kidney measured 4.1 cm in length. The right kidney measured 4.4 cm in length.
AGE	<i>Adrenal Glands</i>
13	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.
WEIGHT	<i>Spleen</i>
10.0	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 1.0 cm width at the level of the hilus.
INTERPRETED BY	<i>Liver / Gallbladder</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. A solitary indistinct well demarcated hyperechoic nodule present in the mid-caudal liver likely consistent with benign nodules such as lipogranuloma or nodular hyperplasia. The hepatic and portal vasculature were normal in appearance without signs of congestion.
IMAGING PERFORMED BY	<i>Gastrointestinal</i>
James Hornbuckle	The gallbladder was non-distended in size. The gallbladder wall was mildly thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema, and anaphylaxis. The gallbladder wall measured 0.2 cm width.
HOSPITAL NAME	
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REFERRING VET	
James Hornbuckle	
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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 0.28 cm and the jejunum wall width measured 0.25 cm.
Murray Worley	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	Pancreas
BREED	The pancreas presented normal in size and contour with a mildly hypoechoic to nonhomogeneous parenchyma compared to adjacent omentum. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.
Domestic Longhair	Free Abdomen
SEX	No overt lymphadenopathy or peritoneal effusion was present.
M	ULTRASONOGRAPHIC FINDINGS
AGE	Primary
13	<ul style="list-style-type: none"> Mild to moderate urinary bladder primarily dependent mineral/sand. Cholangiohepatitis pattern with mild gallbladder wall edema. Pancreatitis - subjectively mild active to chronic active pancreatitis. Mild nonspecific chronic renal changes.
WEIGHT	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
10.0	Assuming normal clotting status, ultrasound guided FNA of the liver using a 25 gauge needle could be considered for screening cytology primarily to assess for and possibly identify inflammatory cell type.
INTERPRETED BY	The gallbladder wall edema may potentially be secondary to sedation if clinically applicable although suggestive of acute mild cholecystitis.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Although no evidence of structural gastrointestinal mural changes, potential for triad disease may be considered in this patient given the weight loss. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.
IMAGING PERFORMED BY	Urine culture and sensitivity on a sterile urine sample suggested given the presence of urinary bladder mineral.
James Hornbuckle	Triaditis/Pancreatitis protocol
HOSPITAL NAME	Part or all of this protocol may be considered based on your clinical impression of the patient: Recommend pain management when anorexic with Buprenorphine (0.01-0.02 mg/kg IM or SC), clinical trial of Zithromax (50 mg sid/cat x 10 days, 3 weeks if bartonella +), Prednisolone (0.5-2 mg/kg tapering over 1 week to minimal effective dose), and B12 injections if weight loss (Cyanobalamine 250 mcg sub-q once-weekly x six weeks, then every other week for six weeks and then once-monthly, long-term if necessary), novel-protein or hydrolyzed diet (<i>Hydrolyzed diets have been shown to be more effective in dietary intolerance case management compared to hypoallergenic diets</i>) or the magical Purina DM (changing protein source is crucial and may need rotation every 6 months if clinical signs recur) Diet trials is a whatever works phenomenon. If vomiting becomes a persistent issue then endoscopy would be warranted and/or recheck sonogram to assess more emerging disease. One diet does not work for all patients so different trials may be necessary or protein source rotation every 6 months as new sensitivities develop.
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2-4-22	



PATIENT

Murray Worley

SPECIES

Feline

BREED

Domestic Longhair

SEX

M

AGE

13

WEIGHT

10.0

INTERPRETED BY

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

IMAGING PERFORMED BY

James Hornbuckle

HOSPITAL NAME

Golden Isles Animal
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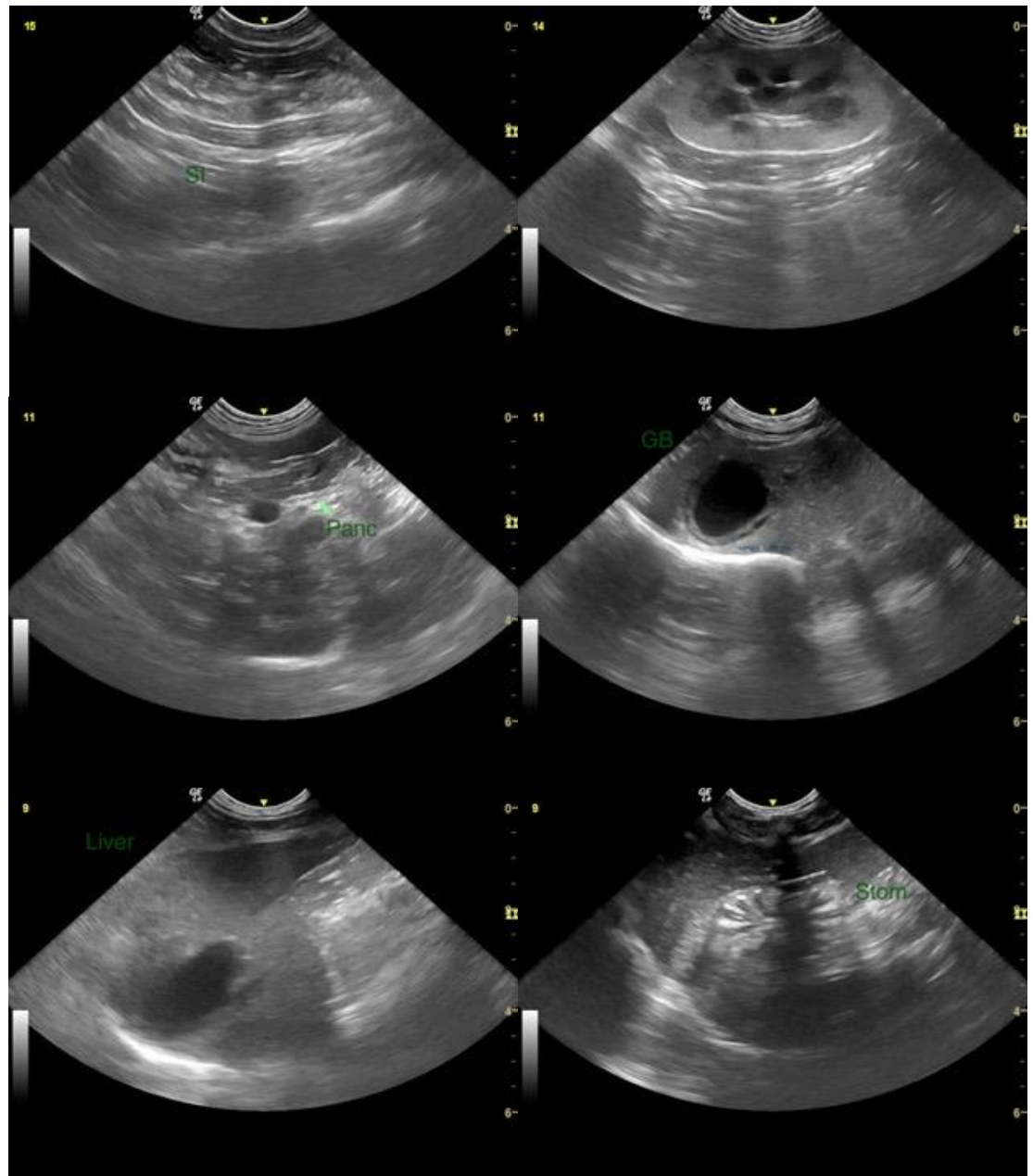
James Hornbuckle

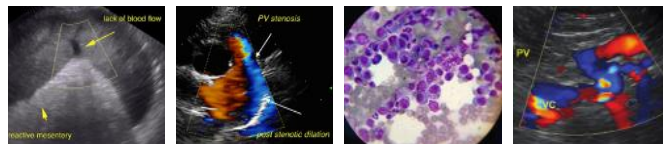
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PATIENT

Murray Worley

SPECIES

Feline

BREED

Domestic Longhair

SEX

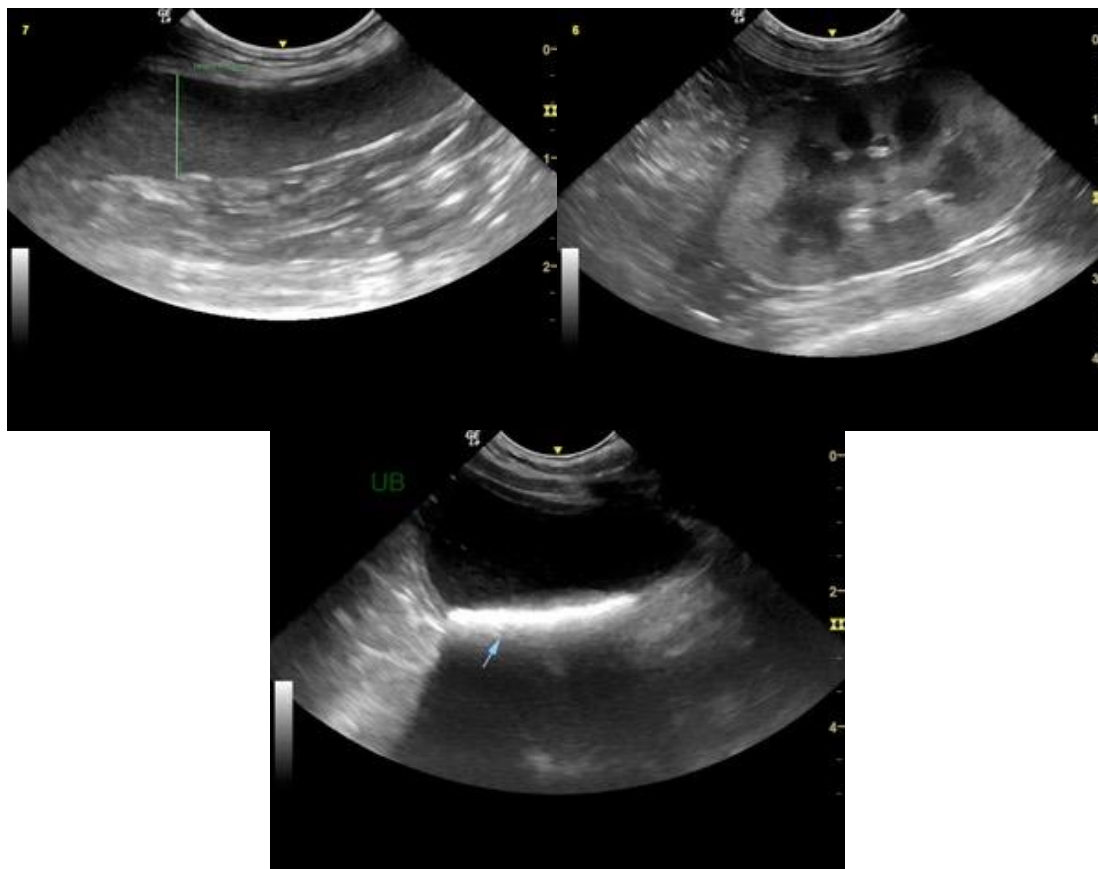
M

AGE

13

WEIGHT

10.0



INTERPRETED BY

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

**IMAGING
PERFORMED BY**

James Hornbuckle

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DATE

2-4-22

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