



**PATIENT**

Tom Sherlock

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

16 years

**WEIGHT**

8.10

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Hannah Fearing

**HOSPITAL NAME**

Lanier AH

**REFERRING VET**

Dr. Macie Joncas

**INVOICE**

16348

**DATE**

3/10/23

**PRESENTING CLINICAL SIGNS**

Tom is here today for not eating or drinking water. Mom said that he has not been acting himself and has not eaten or drank in two days. Mom said he has not been acting himself and is just hiding in the garage.

Abnormal PE/Chem/CBC/UA Results: GLOB 5.6 g/dL 2.8 5.1 2.8-5.1 ALT 241 U/L 12 130 12-130 ALKP 496 U/L 14 111 14-111

**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 was noted.

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

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 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 0.72 cm width at the level of the hilus.

**Liver/ Gallbladder**

The liver was subjectively normal in size with a maintained symmetrical capsule contour. Mild increased primarily uniform hepatic parenchyma echogenicity compared to the spleen was noted with mild to moderate coarse echotexture. A solitary, intraparenchymal cystic lesion was noted in the mid-cranial liver containing anechoic fluid measuring 1.2 cm in diameter. Normal hepatic vascular volume was noted. The gallbladder was non-distended in size containing anechoic content with mild non-organized echogenic gallbladder debris. The cystic and common bile ducts were normal. No evidence of post-hepatic obstructive criteria.



**PATIENT**

***Gastrointestinal***

Tom Sherlock

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 0.25 cm.

**SPECIES**

Feline

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 measured 0.22 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.25 cm width.

**BREED**

DSH

**SEX**

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

MN

***Pancreas***

**AGE**

16 years

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 were evident.

**WEIGHT**

8.10

***Free Abdomen***

Intermittent, mildly prominent, mesenteric and medial iliac 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 lymph node measured 0.74 cm diameter. No omental masses or evidence of peritoneal effusion was noted.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy with intraparenchymal cyst
- Mild gallbladder debris, normal common bile duct
- Sonographically unremarkable gastrointestinal tract / pancreas
- Age-related kidneys
- Intermittent, minor subjective benign / reactive mesenteric and medial iliac lymphadenopathy

**IMAGING PERFORMED BY**

Dr. Hannah Fearing

**HOSPITAL NAME**

Lanier AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Macie Joncas

Overall, the liver was nonspecific. Primary consideration for inflammatory hepatopathy i.e., cholangiohepatitis, given the ALT elevation and presence of mild gallbladder debris, with potential for primary or concurrent vacuolar hepatic changes. Infiltrative neoplasia is thought less likely.

**INVOICE**

16348

Assuming normal clotting status, screening hepatic FNA cytology using a 25-gauge needle could be considered primarily to assess for or possibly identify inflammatory cell type if present. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for occult intestinal or pancreatic disease as a contributing factor i.e., assess for evidence of possible Triad Disease, although no evidence of intestinal mural pathology or sonographic active pancreatitis was present.

**DATE**

3/10/23

Empirically, hepatosupportive medications, cholangiohepatitis protocol, and as-needed gastrointestinal support with monitoring of hepatic and clinical response would be reasonable. Three-view chest radiographs are suggested to rule out thoracic pathology if not done.



**PATIENT**

Tom Sherlock

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

16 years

**WEIGHT**

8.10

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Hannah Fearing

**HOSPITAL NAME**

Lanier AH

**REFERRING VET**

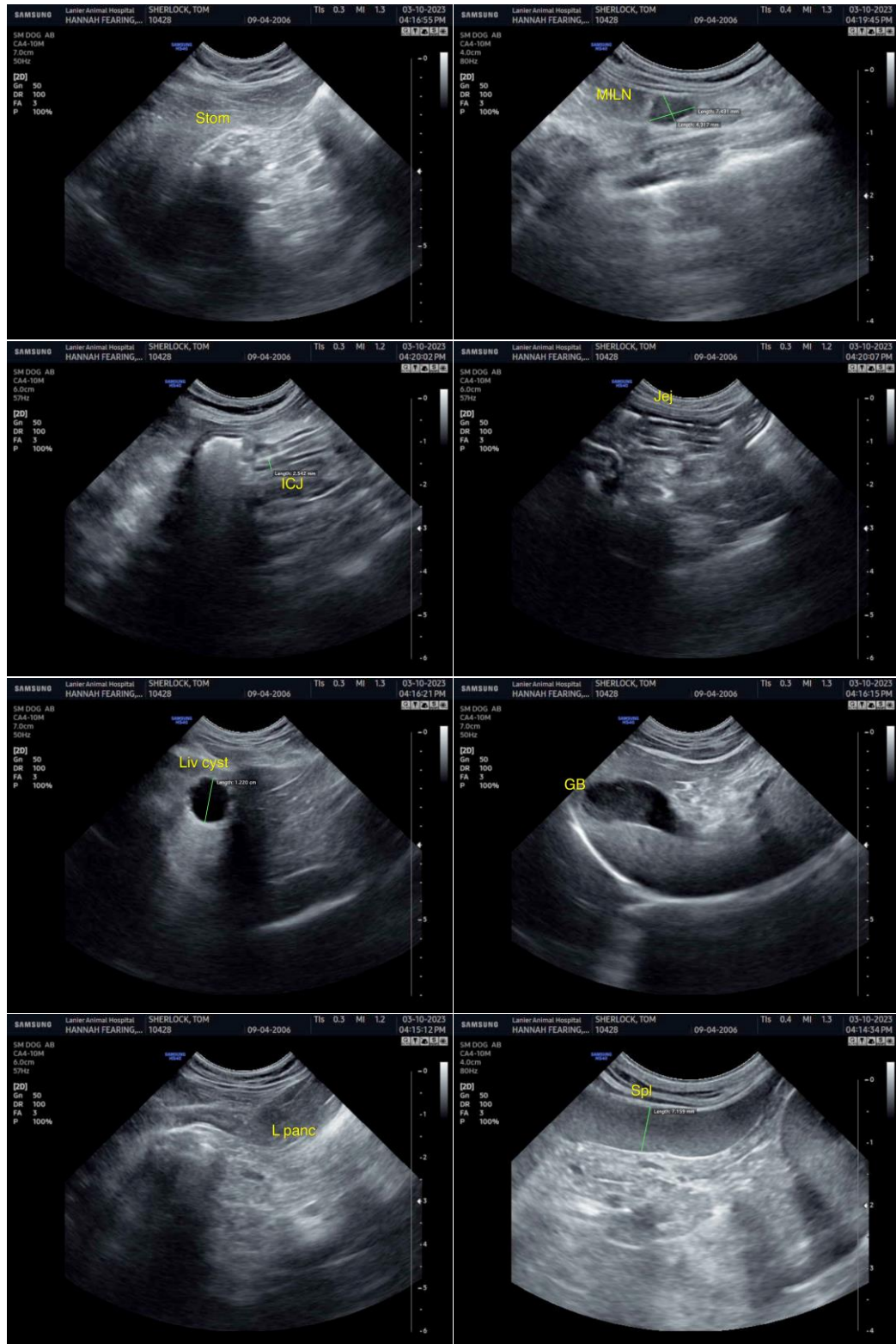
Dr. Macie Joncas

**INVOICE**

16348

**DATE**

3/10/23





**PATIENT**

Tom Sherlock

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

16 years

**WEIGHT**

8.10

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Hannah Fearing

**HOSPITAL NAME**

Lanier AH

**REFERRING VET**

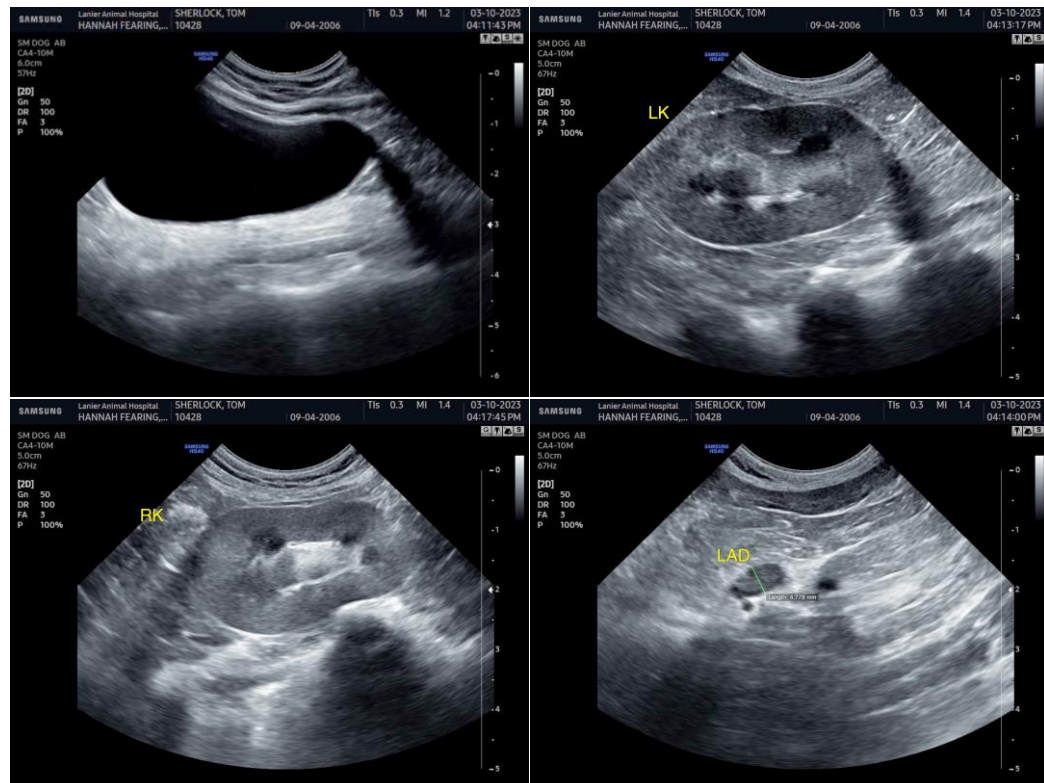
Dr. Macie Joncas

**INVOICE**

16348

**DATE**

3/10/23



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