



PATIENT

Serendipity Dyer

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

18 years

WEIGHT

2.96 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Katlin

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Schwanebeck

INVOICE

16338

DATE

3/11/23

PRESENTING CLINICAL SIGNS

18yr FS DSH presenting as transfer for elevated liver values. Bloodwork at rDVM showed elevated liver enzymes and dehydration. Patient also showing symptoms of UTI. Normal appetite but decreased thirst.

Abnormal PE/Chem/CBC/UA Results: BW done at rDVM ALT: 858, ALP: 295, GGT:11 T4: 8.6
Radiographic findings: THORAX: The cardiac silhouette is normal in size and shape. The pulmonary vasculature is normal in size and tapers appropriately. The cranial mediastinum and pulmonary parenchyma are normal. No soft tissue pulmonary nodules or masses are identified. There is no evidence of pleural effusion or thoracic lymph node enlargement. There is mild ventral spondylosis deformans of the imaged vertebral column. There is enthesophytosis of the medial humeral epicondyles bilaterally.

ABDOMEN: Abdominal serosal detail is normal. The stomach contains a moderate amount of heterogeneous soft tissue opaque material and gas. The small bowel contains a small volume of gas without evidence of pathologic dilation. The colon contains material consistent with normal feces. The liver is mildly enlarged. The spleen, visible margins of the kidneys, and urinary bladder are normal. There bilaterally incidentally identified meniscal ossicles. There is periarticular osteophytosis of the right coxofemoral joint. No mineral opaque urinary calculi are identified.

Conclusion 1. No mineral opaque urinary calculi. Cystitis, radiolucent calculi, or neoplasia remain possible for the patient's described hematuria. 2. Mild hepatomegaly. Vacuolar hepatopathy secondary to chronic steroid usage is prioritized over hepatitis or neoplasia. Correlate to serum chemistry evaluation. An abdominal ultrasound could be considered for further evaluation. 3. Otherwise unremarkable postprandial abdomen 4. Normal thorax 5. Mild osteoarthritis of the right coxofemoral joint

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. No evidence of mineral or calculi was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left adrenal gland was normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.43 width. The right adrenal gland was not definitively visualized.



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Spleen

The spleen was borderline enlarged with areas of mild capsule asymmetry with mild generalized parenchyma heterogeneity. No splenic masses or nodules were noted. The spleen measured 1.1 cm width at the level of the hilus.

Liver/ Gallbladder

The liver exhibited generalized enlargement with areas of capsule asymmetry. Moderate to severe nonhomogeneous mixed echogenic hepatic parenchyma exhibiting parenchymal remodeling was noted. Normal hepatic vascular volume was present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 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.

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

Pancreas

The pancreas was mild to variably prominent in size with areas of asymmetrical pancreatic capsule contour. The pancreas exhibited nonhomogeneous parenchyma with pancreatic duct dilation.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic kidneys with mild left kidney pyelectasia - The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.
- Enlarged, nonhomogeneous to mixed echogenic liver - nonspecific, vacuolar hepatopathy, chronic inflammatory hepatopathy, hyperplasia, hematopoiesis, fibrosis, infiltrative neoplasia, all potentials
- Sonographically normal gallbladder / common bile duct
- Borderline enlarged heterogeneous spleen - age / patient variant, incidental hyperplasia, hematopoiesis, or potential splenitis suspected, infiltrative neoplasia thought less likely
- Prominent to remodeled pancreas - suggestive of chronic pancreatitis



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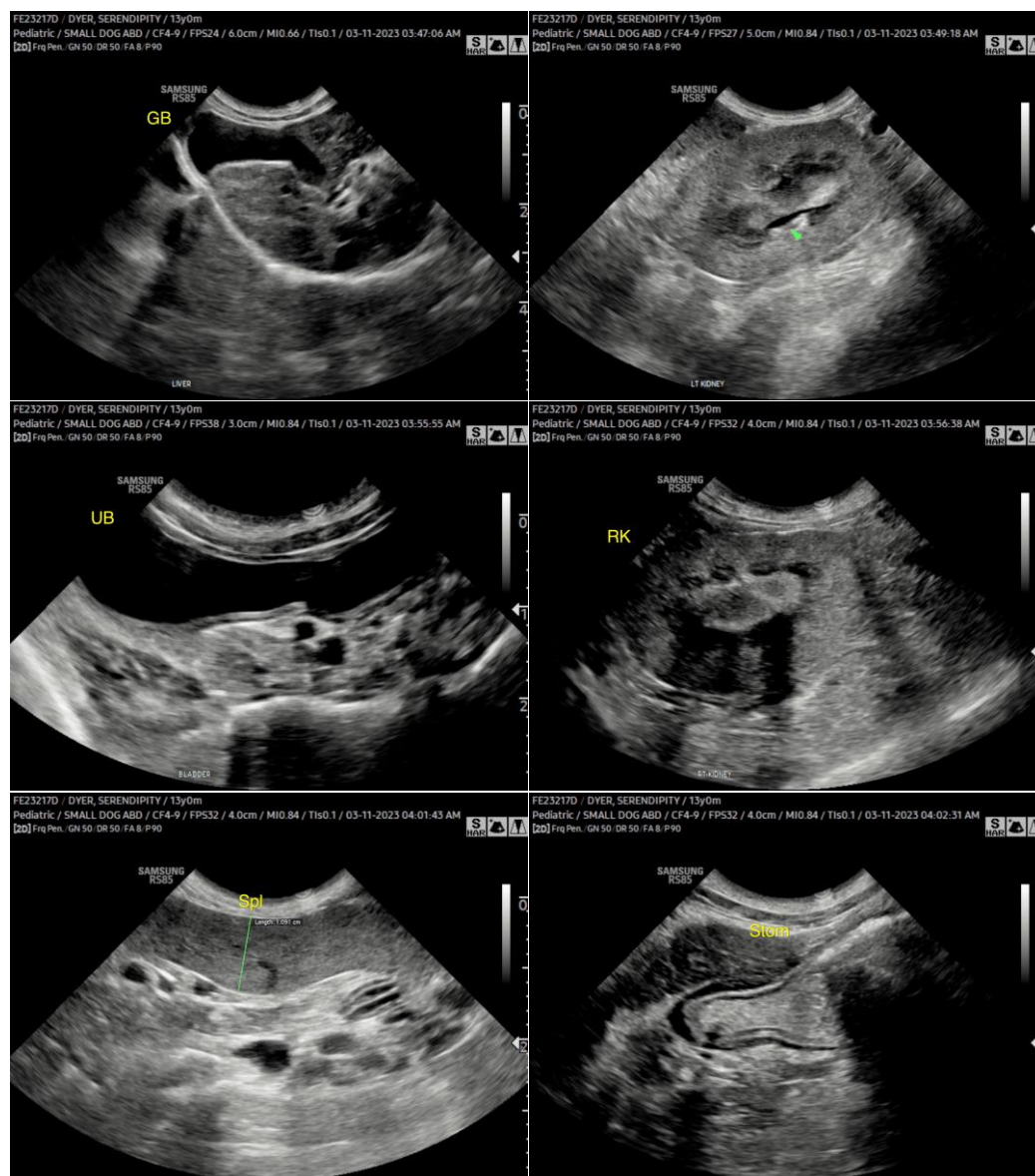
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology is warranted for further clarification, primarily to assess for or possibly identify inflammatory cell type, given the primarily elevated ALT, as well as assess for evidence of neoplastic criteria.

Concurrent splenic FNA cytology could be considered if evidence of persistent splenomegaly and/or weight loss. Empirically, hepatosupportive medications +/- empirical therapy for chronic inflammatory hepatopathy and monitoring of hepatic enzymes going forward would be reasonable.





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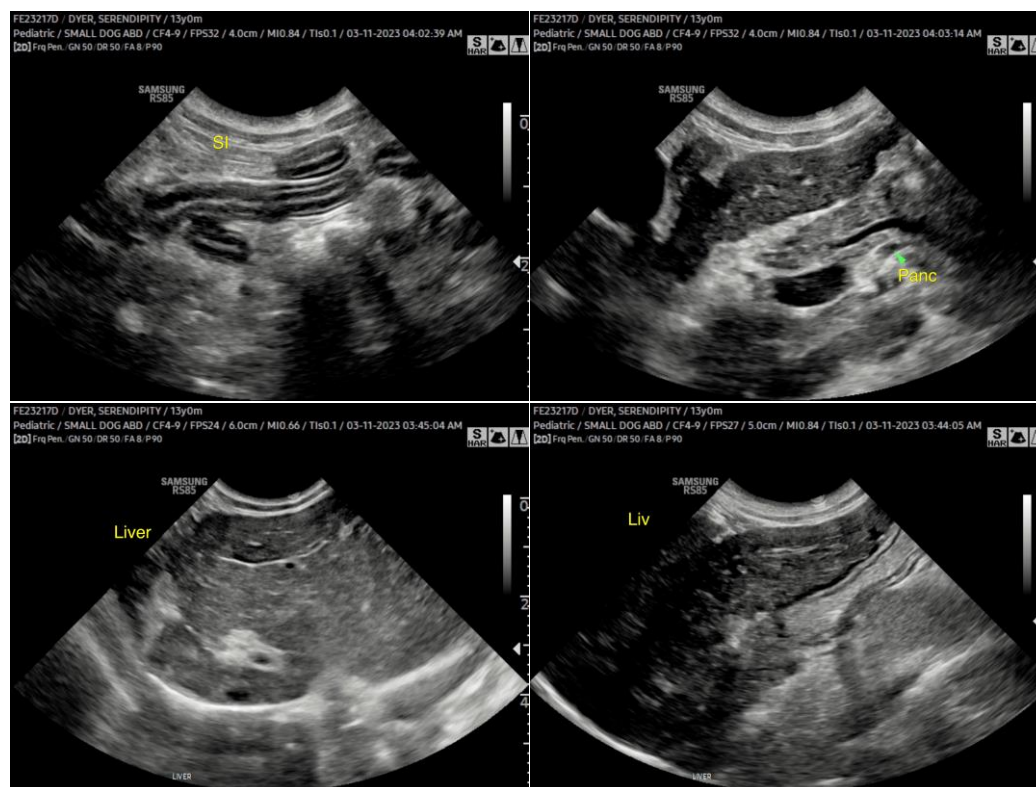
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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