



PATIENT

Otis Bose

PRESENTING CLINICAL SIGNS

Inappetence, dehydrated, QAR, elevated liver issues. Jaundice. No current meds.
Abnormal PE/Chem/CBC/UA Results: ALT 208, ALP 381, GGT 38, tBili 10.2, WBC 41.22, neut 36.35

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

11.4lb

Normal size and asymmetric margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and marked loss of corticomedullary definition were present. Mild cortical hypertrophy and isoechoic corticomedullary echogenicity were present. Bilateral moderate pyelectasia was present. No evidence of hydroureter. The left kidney measured 3.7 cm in length. The right kidney measured 3.8 cm in length.

AGE

13yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

11.4lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Jessica Miller

Liver/Gallbladder

HOSPITAL NAME

Newton VH

The liver was subjectively mildly enlarged with symmetrical capsule contour and normal to mild variable parenchyma echogenicity. Moderate coarse echotexture and evidence of parenchymal remodeling was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. A moderately sized asymmetrical non-homogenous cystic mass was present dorsal to the gallbladder and common bile duct with potential for minor common bile duct displacement. Possible although not definitive emerging mineralization within the mass parenchyma was noted. The gallbladder appeared to exhibit borderline distention with non-organized echogenic luminal debris. The common bile duct exhibited mild tortuous dilation in the proximal common bile duct adjacent to the hepatic intraparenchymal mass. The CBD dilation measured 0.26 cm and did not overtly extend to the level of the duodenal papilla.

REFERRING VET

Dr. Wyman
Greenwald

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained non-shadowing pyloric ingesta/chyme with no signs of ileus, obstruction or foreign material.

DATE

03/21/2023



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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.

SPECIES

Feline

Pancreas

The pancreas was normal in size and contour with hypoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

DSH

Free Abdomen

Minor cranial abdominal hyperechoic omentum was present.

SEX

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- Minor urinary bladder sediment.
- Chronic degenerative renal changes with bilateral pyelectasia.
- Acute or chronic hepatopathy with moderately sized asymmetrical mixed echogenic mass-cholangitis/cholangiohepatitis, cystic biliary adenoma, cystic biliary carcinoma or other. Potential for intra mass emerging mineralization may suggest higher likelihood of neoplastic process. Post hepatic obstructive criteria was not obvious. Close sonographic monitoring of the liver mass with empirical therapy for cholangitis/cholangiohepatitis is recommended. Assuming normal clotting status and using a 25g needle, a hepatic mass FNA for screening cytology is warranted for further assessment.

AGE

13yr

WEIGHT

11.4lb

- Moderate gallbladder debris with subjective mild CBD dilation.
- Chronic/chronic active pancreatitis.
- Sonographically unremarkable GI tract.

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage or IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended. Assessment of systemic BP is recommended.

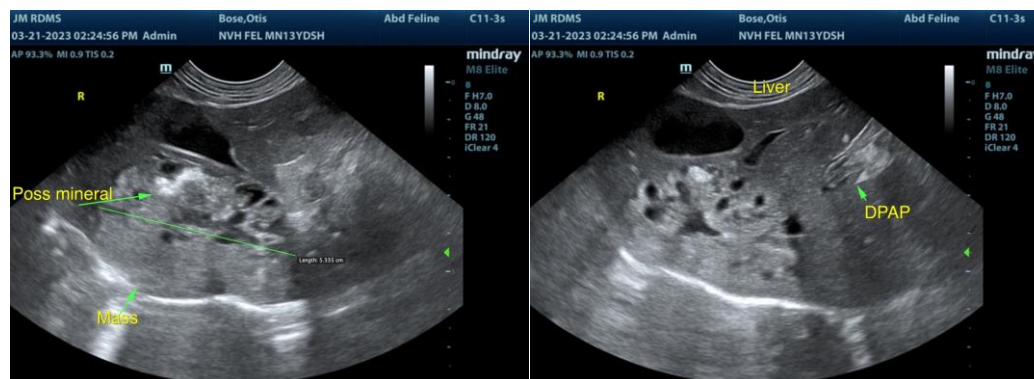
IMAGING PERFORMED BY

Jessica Miller

As needed GI support and empirical therapy for possible concurrent pancreatitis would be reasonable. Recheck sonogram recommended if evidence of progressive hepatic enzyme elevation/cholestasis.

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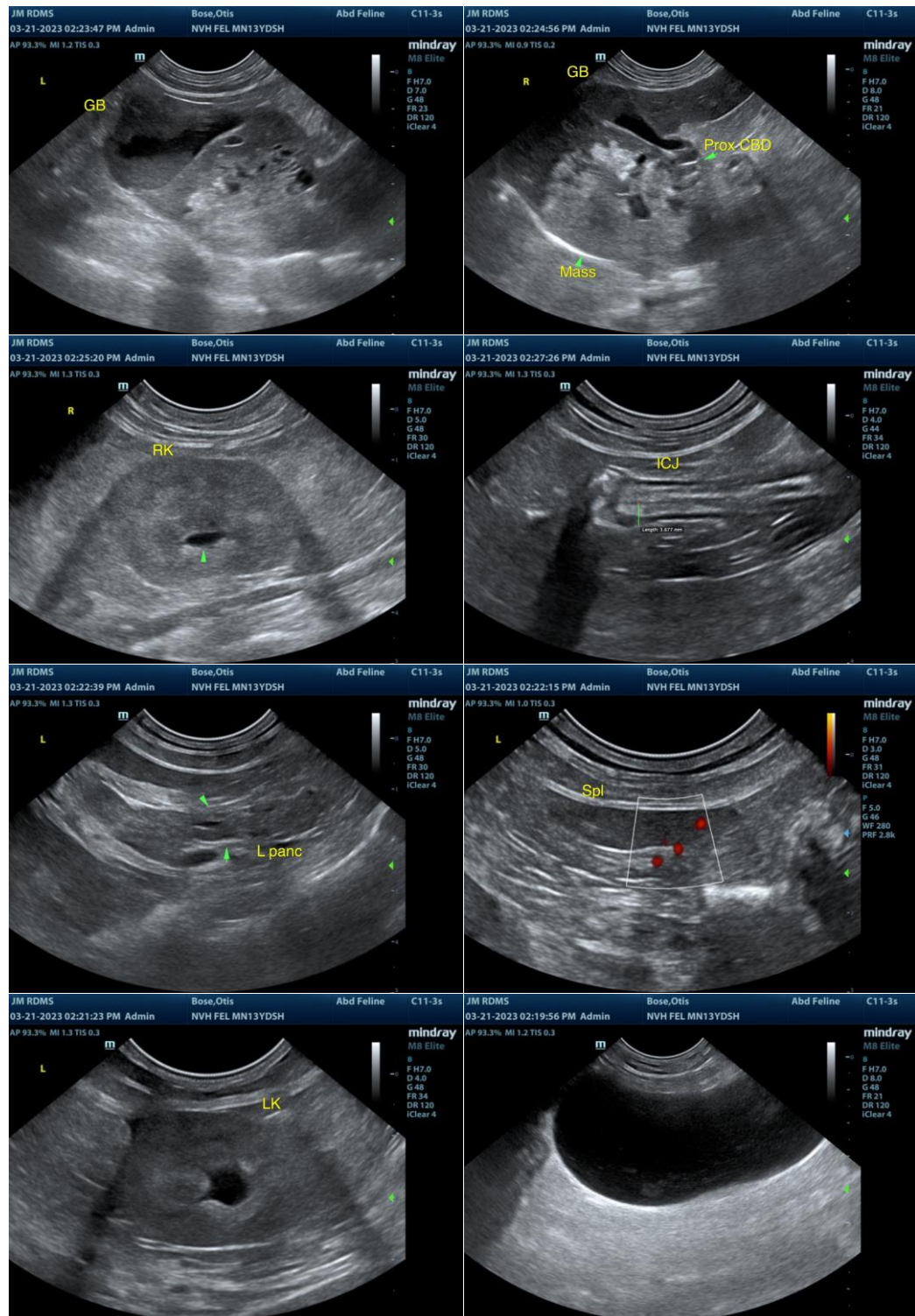
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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mac.daniel@sonopath.com

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