



PATIENT

Dixie Kurtzman

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

11 years

WEIGHT

6.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Linda Grau

INVOICE

13525

DATE

3/23/22

PRESENTING CLINICAL SIGNS

Inappetance, weight loss Recent loss of housemate-owner didn't feel like they were "close"

Abnormal PE/Chem/CBC/UA Results: PE: Mild jaundice CBC: wnl ALT 825 ALP 468 AST 323 Bili 9.2 Chol 375 TG 117 CPK 1279 Rule out hepatitis, lipidosis, lymphoma

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.

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 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 3.0 cm in length. The right kidney measured 3.4 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 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm.

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/ Gallbladder

The liver exhibited mild generalized enlargement with maintained symmetrical capsule contour. Mild reduced hepatic parenchyma echogenicity exhibiting mild to moderate coarse echotexture and subtly increased prominence of the portal vascular borders was present. No hepatic masses or nodules were noted. The gallbladder was non-distended containing anechoic content and without overt luminal sediment or calculi. The gallbladder walls were mildly prominent to isoechoic measuring 0.2 cm in width. 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.



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.
Dixie Kurtzman	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
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 reactivity / inflammation. No overt evidence of neoplasia.
DMH	
SEX	Free Abdomen
FS	No overt lymphadenopathy or peritoneal effusion was present.
AGE	ULTRASONOGRAPHIC FINDINGS
11 years	Primary Findings
WEIGHT	<ul style="list-style-type: none"> • Acute to subacute cholangiohepatitis pattern • Concurrent mild to moderate pancreatitis • Overtly normal gastrointestinal tract • Mild chronic renal changes
6.6	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt evidence of post hepatic obstruction was evident in this study. Overall, the sonographic findings are consistent with acute cholangiohepatitis and concurrent pancreatitis without overt evidence of concurrent structural gastrointestinal pathology. Occult hepatic neoplasia is considered a less likely differential diagnosis.
IMAGING PERFORMED BY	Although no evidence of structural gastrointestinal pathology, the potential for Triad Disease may be a consideration in this patient.
Chelsea Pastor	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 or possibly identify inflammatory cells. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.
HOSPITAL NAME	Empirically, cholangiohepatitis / pancreatitis +/- Triad Disease protocol with as-needed gastrointestinal support would be reasonable. Recheck sonogram to assess for progressive inflammatory hepatopancreatic and / or gastrointestinal changes could be considered if clinical signs continue.
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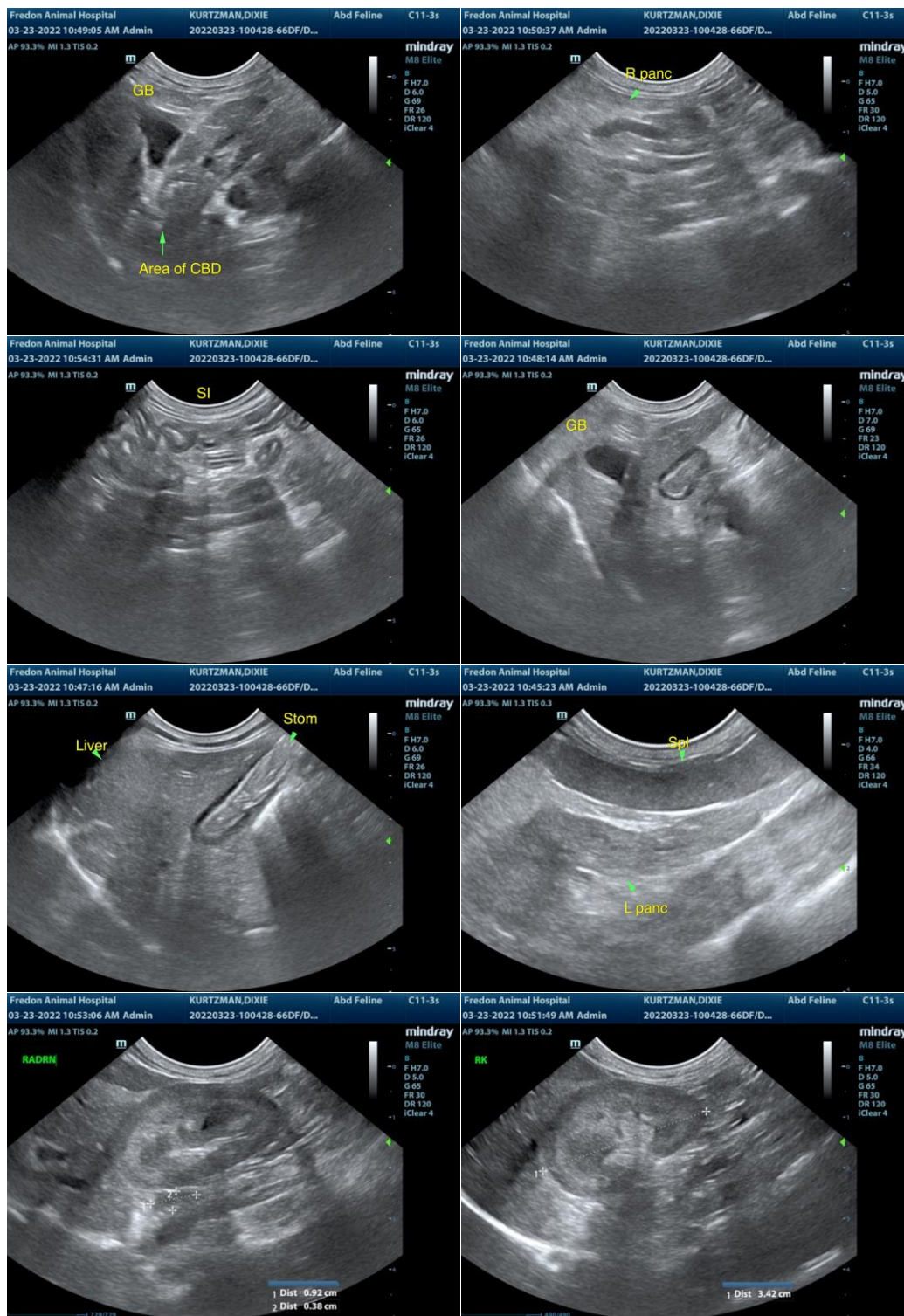
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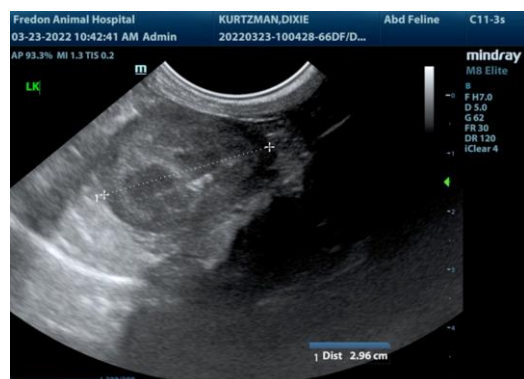
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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