



PATIENT

Kaya Firmston

SPECIES

Feline

BREED

DSH

SEX

Female Spay

AGE

11

WEIGHT

3.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Ramsey AC

REFERRING VET

Dr. Gupta

INVOICE

13547

DATE

3/24/22

PRESENTING CLINICAL SIGNS

Pre dental exam elevated liver enzymes non clinical
Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes on pre dental exam

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 3.4 cm in length. The right kidney measured 3.2 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 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 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.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was normal in size with mild cystic bile duct dilation containing anechoic content. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.16 cm diameter.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic fluid was present. The gastric body wall width measured 0.25 cm. The gastric body wall width measured 0.24 cm.



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The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with subjective propensity for subtle to mildly prominent muscularis layer, yet without evidence of overt mural hypertrophy, loss of Intestinal wall layering, or intestinal masses. The jejunum wall width measured 0.20 cm. The Ileocolic wall width measured 0.33 cm. The duodenum wall width measured 0.23 cm.

Normal visible colon wall layers were present containing subjective semi-formed to soft feces in lumen.

Pancreas

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.

Free Abdomen

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.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Hepatopathy - subjectively benign, reactive or inflammatory hepatopathy suspected
- Minor nonobstructive proximal common bile duct dilation
- Mild active to chronic active pancreatitis
- Possible mild gastric hypomotility and mild inflammatory enteropathy
- Intermittent subjectively benign / reactive jejuno-colic lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subtle mural changes which may suggest mild inflammatory enteropathy. However, given the lack of reported gastrointestinal signs or weight loss in this patient, this finding is nonspecific. Potential Triad Disease could be considered if gastrointestinal signs or weight loss are currently present or are noted going forward.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate and, assuming normal clotting status, hepatic FNA using a 25-gauge needle for screening cytology primarily to assess for or possibly identify hepatic Inflammatory cell type if present.



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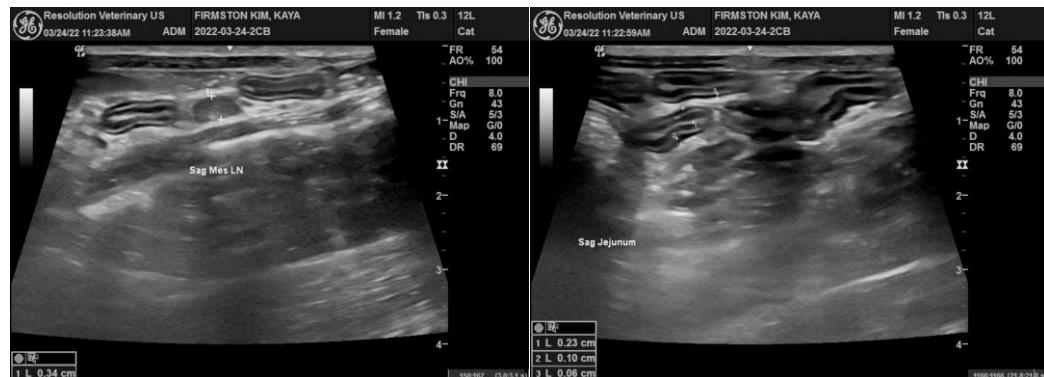
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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