



PATIENT

Chloe Licari

PRESENTING CLINICAL SIGNS

Four episodes of vomiting (bile and pink fluid) in the last 3 days, patient stopped eating 2-3 days ago. No diarrhea. Low energy level. No PU/PD

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: BCS 7/9 High glucode 252 (63-133). Negative glucose in the urine High Total Bilirubin 2.0 (0-0.5). High (3+) bilirubinuria Normal ALT, ALP, GGT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

FS

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.8 cm in length.

AGE

14yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

10lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 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

Dr. Suciu

Liver/Gallbladder

HOSPITAL NAME

Animal Clinic of
Queens

The liver exhibited potential borderline to mild enlargement with normal contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal to mid common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.36 cm diameter. Common bile duct dilation to the level of the duodenal papilla was not apparent.

REFERRING VET

Dr. Suciu

Gastrointestinal

INVOICE

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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 measured 0.25 cm in width.

DATE

03/24/2023

The small intestine presented intact wall layering with a mildly prominent segmental to generalized muscularis layer. No evidence of significant intestinal mural hypertrophy, loss of intestinal wall layering



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or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.28 cm width.

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

SPECIES

Pancreas

Feline

The left pancreatic limb was normal in size and contour with subtle non-homogenous hypoechoic parenchyma compared to the adjacent omental fat.

BREED

Free Abdomen

DSH

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

- Subjective borderline/mild hepatomegaly.
- Non-obstructive proximal to mid common bile duct dilation-suspect cholangitis, potential for age related common bile duct changes.
- Unremarkable stomach, possible low grade to mild inflammatory enteropathy pattern.
- Heterogenous mildly hypoechoic left pancreas, possible low grade inflammation.
- Bilateral chronic renal changes.

AGE

14yr

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

10lb

Without evidence of gastric mural pathology, the small intestine exhibited subjective subtle mural changes which may suggest mild underlying inflammatory intestinal criteria. No evidence of post hepatic obstruction. The potential for hepatic parenchymal disease cannot be definitively excluded given the short half-life of hepatic enzymes in cats. Emerging triad disease could be a potential in this patient if evidence of progressive GI signs or weight loss.

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered. for further assessment.

IMAGING PERFORMED BY

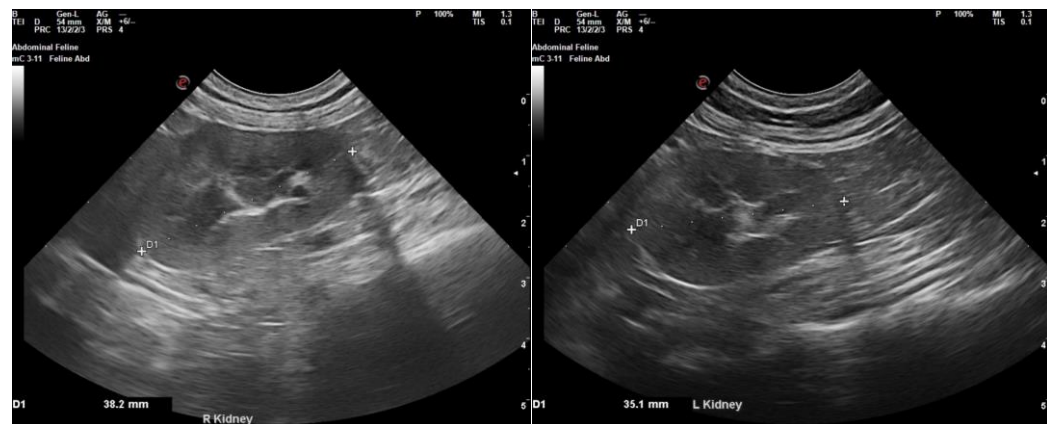
Dr. Suci

HOSPITAL NAME

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SPECIES

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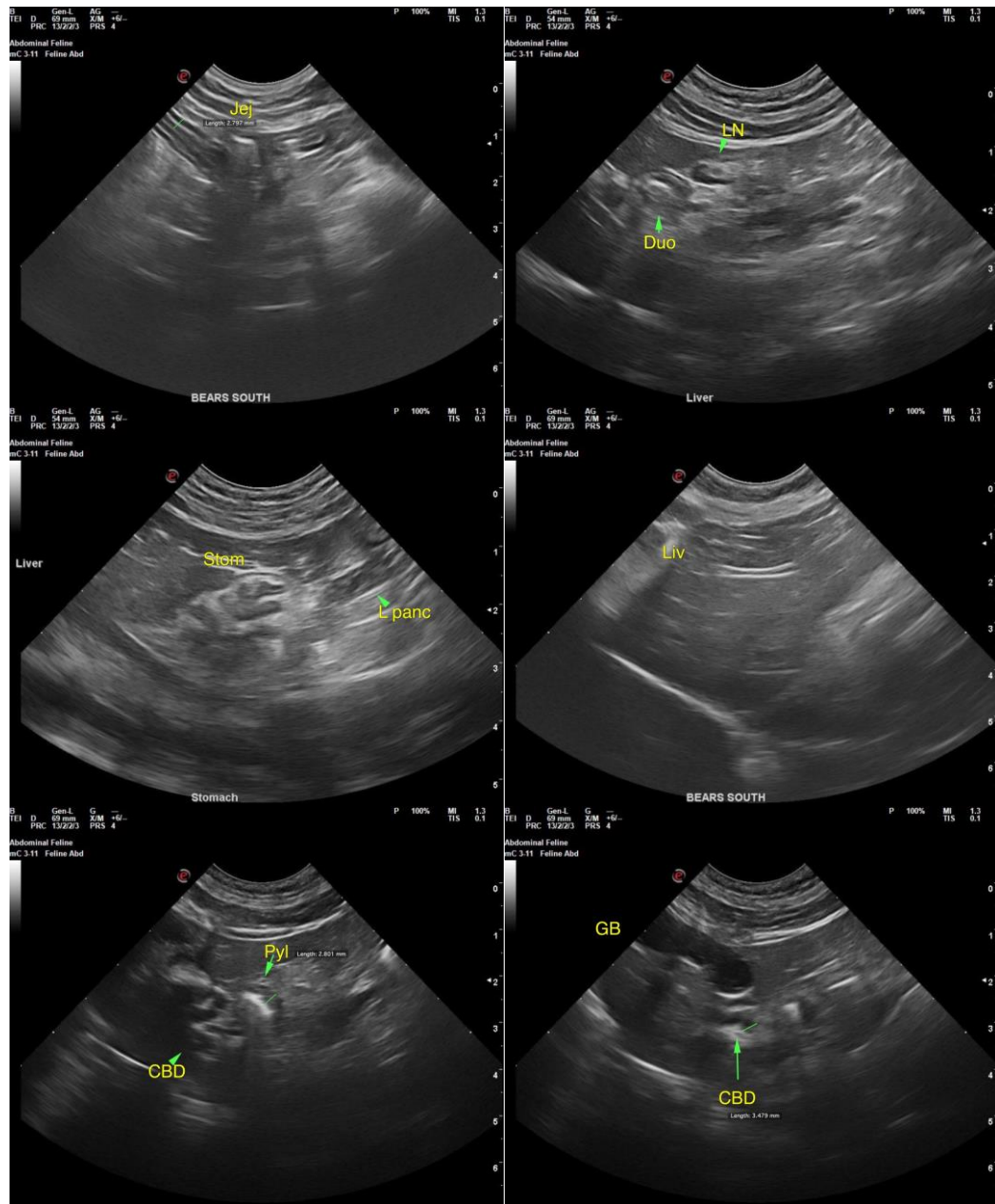
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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