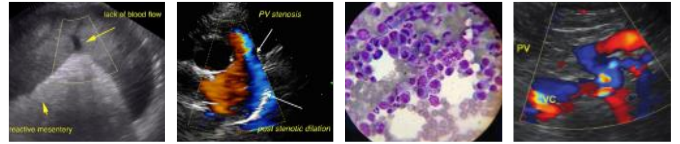


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Pixie Landress-Bowkett

SPECIES
Feline

BREED
DLH

SEX
FS

AGE
11 years

WEIGHT
9.1 lbs

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Sholola VH

REFERRING VET
Dr. DeMeo

INVOICE
16479

DATE
3/29/23

PRESENTING CLINICAL SIGNS

Vomiting. Hx of elevated liver enzymes. Large mass effect noted in cranial abd. on xray along liver. No current meds

Abnormal PE/Chem/CBC/UA Results: Baso 192 (100H); Potassium 3.3 (3.7 L); unconj. Bili 0.3 (0.2 H); TBili 0.4 (0.3H); Alp 117 (59H); Phos 1.7 (2.9L); ALT 221 (158H); Na 145 (147 L); CL 109 (114L); Glucose 181 (175H)

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 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 4.2 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

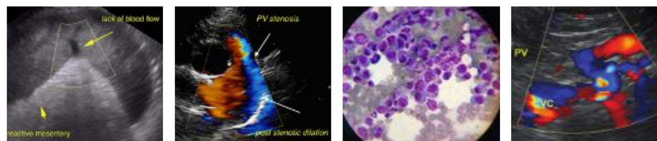
The left adrenal gland was overt normal in size, position, and shape. The left adrenal gland subjectively measured 0.5 cm width. The right adrenal gland was not definitively visualized.

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 with capsule asymmetry exhibiting normal to mildly increased subjective hepatic parenchyma echogenicity with moderate coarse echotexture. Evidence of variable lobar biliary tree dilation was noted diffusely throughout the liver. The subjective gallbladder was overtly non-distended with possible mildly prominent to hyperechoic gallbladder walls. Anechoic content was present within the subjective nondilated gallbladder with mild echogenic debris and mucus. Severe generalized bile duct dilation containing primarily anechoic content with segmental, marked, echogenic, non-shadowing mucus was present. The degree of subjective bile duct dilation obscured visualization in certain aspects of the liver. Potential bile duct dilation measured up to approximately 5.0-6.0 cm in diameter, but potentially greater bile duct diameter. Possible, although not definitive, concurrent large intrahepatic cyst was noted in the subjective mid to left liver containing anechoic content and possibly



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measured approximately 10.0 cm in diameter. The common bile duct dilation appeared to extend to the level of the duodenal papilla, although evidence of significant distal common bile duct dilation or overt evidence of definitive duodenal papilla obstruction was not obvious.

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 visualized left and right pancreas exhibited subjective normal to mildly prominent size, maintained symmetrical capsule contour, and subtle nonhomogeneous parenchyma with generalized concurrent significant pancreatic duct dilation. The pancreatic duct measured up to 0.95 cm in diameter containing anechoic content.

Free Abdomen

Intermittent scant pockets of peritoneal free fluid were present. No overt omental masses or significant lymphadenopathy were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

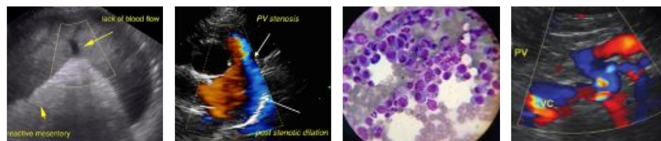
- Suspect generalized variable yet severely dilated bile duct with segmental mucoduct and bile pooling
- Possible although not definitive large intraparenchymal hepatic cyst
- Evidence of lobar biliary tree dilation
- Concurrent significant generalized pancreatic duct dilation - possible chronic pancreatitis
- Sonographically unremarkable gastrointestinal tract
- Scant peritoneal free fluid

Secondary Findings

- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations for the hepatobiliary presentation may include severe chronic cholangitis / cholangiohepatitis with evidence of bile pooling and mucoduct with potential for chronic post hepatic obstruction of unknown etiology. Correlation with a recheck CBC/Chemistry panel and Urinalysis, if not recently done, is recommended. Abdominal CT is strongly suggested if possible for further clarification



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with potential for bile C/S and/or surgical options if clinically indicated pending CT assessment and possible surgical planning.

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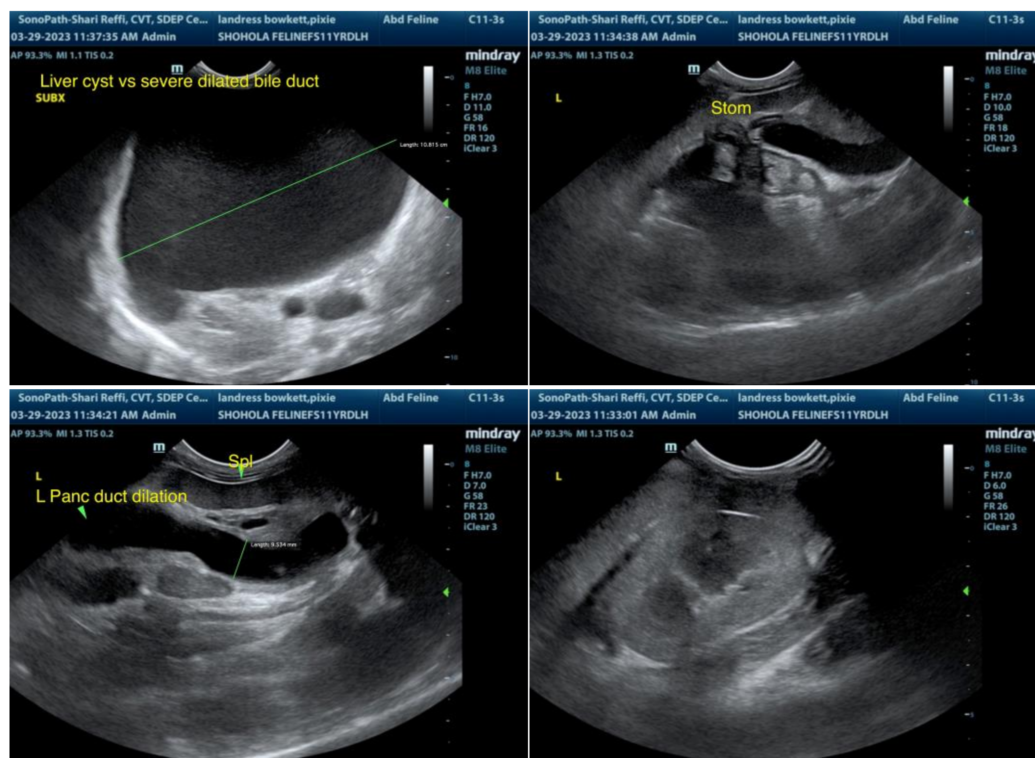

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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