

PATIENT

Mr. T Thomas

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2012

WEIGHT

7.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Aloha AH

REFERRING VET

Dr. Freese

INVOICE

10751

DATE

4/1/26

PRESENTING CLINICAL SIGNS

History:

- Weight loss, Icteric
- Medication: Denamarin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. 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 renal size with symmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. Mildly thickened hyperechoic cortex was noted with mildly enhanced to indistinct corticomedullary border. The left kidney measured 4.1 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands, although not definitively visualized.

Spleen

The spleen was borderline enlarged with mild asymmetrical medial capsule contour exhibiting subtle heterogeneous parenchyma. The spleen measured 1.0 cm width at the level of the mid-spleen.

Liver/ Gallbladder

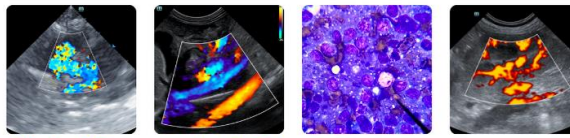
The liver presented mildly enlarged in size with symmetrical contour. Mildly hypoechoic parenchyma was present with a mild to variably coarse echotexture. Mild increased prominence of the intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. 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 common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.32 cm diameter.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild lumen gas and nonshadowing ingesta without signs of obstruction or foreign material.

The intestinal walls presented a thickened wall with an altered, primarily jejunal, wall layer ratio owing to a propensity for mildly thickened jejunal mucosa and muscularis layer. The duodenum wall measured 0.26 cm width. The jejunum wall measured up to 0.36 cm width.

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



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Pancreas

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The pancreas exhibiting prominent size with capsule asymmetry and mild nonhomogeneous hypoechoic parenchyma with prominent pancreatic duct.

SPECIES

Free Abdomen

Feline

No significant swollen mesenteric lymphadenopathy was visualized. No evidence of peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Thickened intact small intestine wall
- Hepatopathy – suspect acute on chronic hepatopathy
- Nondistended gallbladder with mild nonobstructive proximal common bile duct dilation
- Chronic active pancreatitis pattern
- Borderline splenomegaly exhibiting mild nonhomogeneous parenchyma
- Bilateral chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy and Triaditis is suspected, although emerging intestinal to multicentric round cell neoplasia, i.e., lymphoma, may present in a similar sonographic manner. No evidence of intrahepatic or extrahepatic macroscopic shunt.

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Further assessment may include, assuming normal clotting status and using a 25-gauge needle, screening hepatosplenic FNA cytology in conjunction with a GI panel to include PLI/TLI/Cobalamin/Folate. There is no overt current evidence of post hepatic obstruction. Sonographic monitoring of the liver and gallbladder is indicated if there is evidence of progressive icterus.

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Empirical therapy for cholangiohepatitis / Triaditis with clinical and as-needed sonographic monitoring would be reasonable. Biopsies may be required for a definitive diagnosis.

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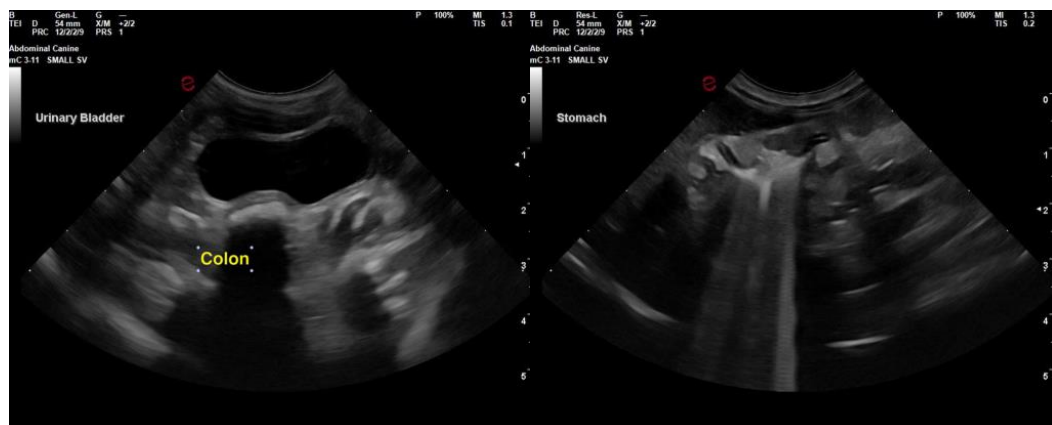
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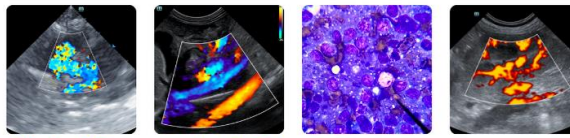
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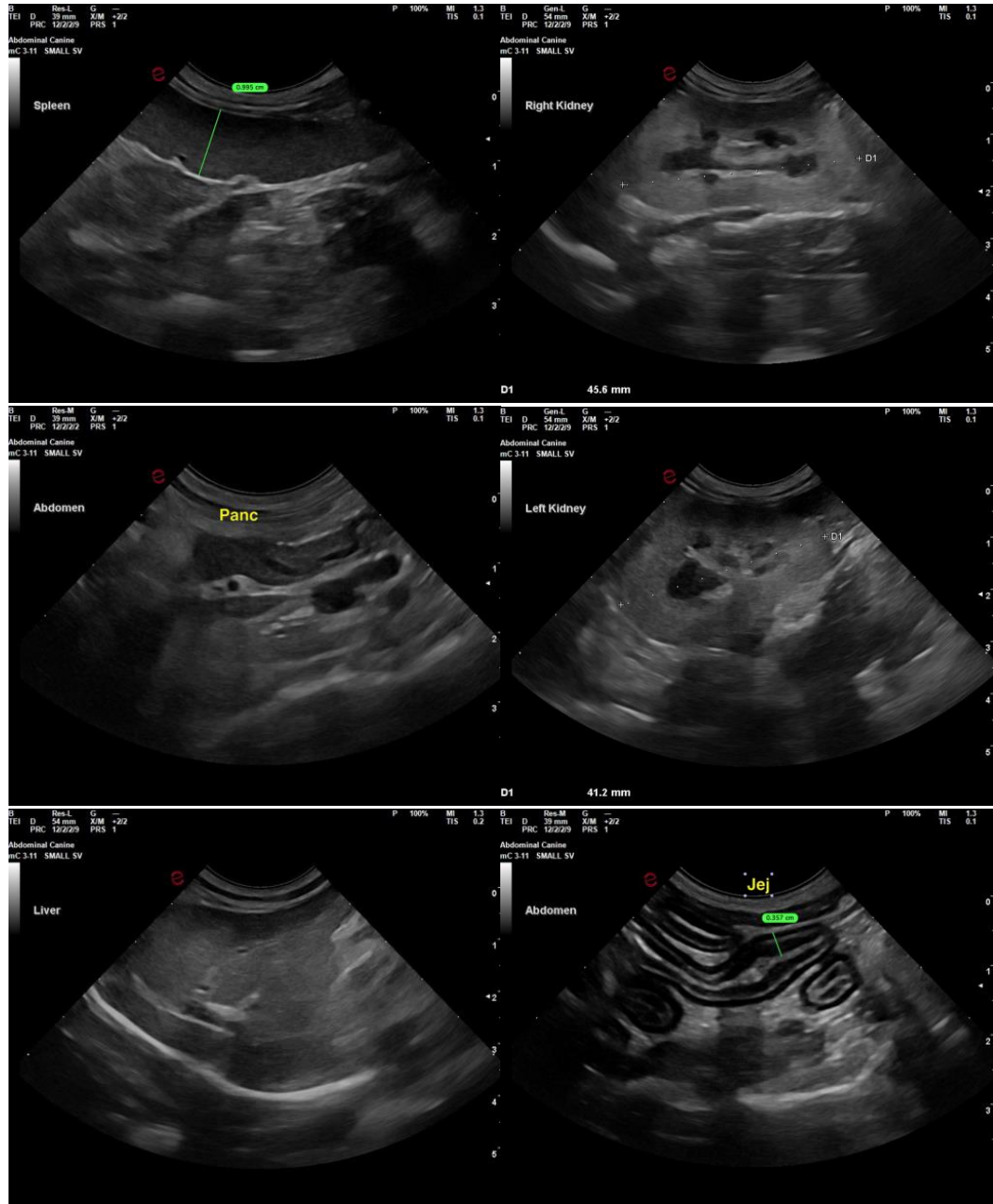
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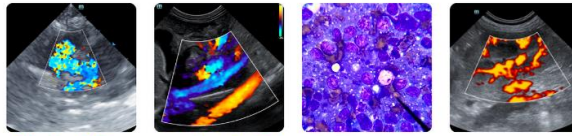
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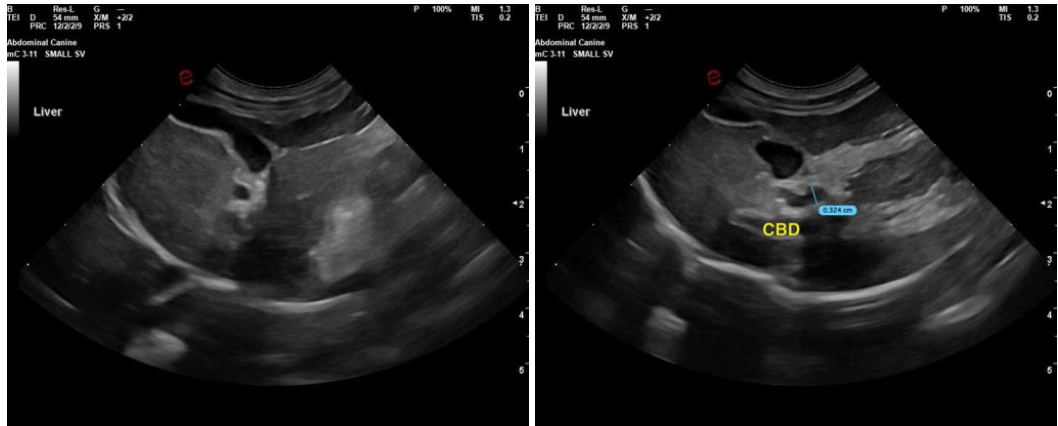
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com