



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Roxy Kelly
History: Gradual weight loss. Suspect cholangitis/cholangiohepatitis. DDx pancreatitis, steroid induced changes, arthritis. Has been on 1mg Pred-L longterm.

SPECIES Abnormal PE/Chem/CBC/UA Results: BW (4/3/22): WBC 26k, Neut 24k, Mono 800. BUN 43, Creat 1.6, AST 129, T Bili 0.5, CK 6,420. T-4 normal UA (4/5/22) SG 1.042, Prot 2+

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH 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 were noted. Aortic trifurcation was normal.

SEX

Spayed Female 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 3.3 cm in length. The right kidney measured 3.5 cm in length.

AGE

14 Years

WEIGHT

8.8 Pounds

Adrenal Glands

The left and right adrenal glands were not definitively visualized, without evidence of pathology in the area of the left and right adrenal glands. This may potentially be owing to chronic prednisolone therapy.

INTERPRETED BY *Spleen*

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, nondisruptive, hyperechoic nodules were present throughout the cranial to caudal parenchyma. An example of nodule size measured 0.2 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen was overall normal in size, measuring 0.93 cm in width.

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

Liver

The liver exhibited normal to potential mild enlargement. 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.

REFERRING VET

Dr. Peyser

The gallbladder was non-distended. The gallbladder walls were subtly prominent to echogenic in appearance. Primarily anechoic content was present with minor nonmineralized luminal debris. The cystic and common bile ducts were normal.

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14698

Gastrointestinal

DATE

4/11/22

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 0.24 cm



PATIENT

Roxy Kelly

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. The duodenum wall measured 0.25 cm. The jejunum wall measured 0.20 cm.

SPECIES

Feline

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

Pancreas

BREED

DSH

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. Mild pancreatic duct dilation noted.

SEX

Spayed Female

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

14 Years

- Nonspecific, yet subjectively benign small splenic nodules- consistent with probable myelolipomas, nodular hyperplasia, potential for previous infarcts

WEIGHT

8.8 Pounds

- Hepatopathy- subjectively benign, cholangiohepatitis probable
- Potential low-grade cholecystitis with mild luminal debris
- Pancreatitis with regional mild peripancreatic reactive mesentery
- Sonographically unremarkable gastrointestinal tract
- Minor chronic renal changes

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary cause of the patients gradual weight loss may be secondary to active to chronic active pancreatitis, however, given the long-term prednisolone therapy, a possibility of underlying gastrointestinal disease, combined with hepatic inflammation or chronic triad disease, may be a consideration in this patient. Assuming normal clotting status, further assessment may include hepatic FNA for screening cytology, using a 25-gauge needle, primarily to assess for or possibly identify inflammatory cell type and a GI panel to include PLI/TLI/Cobalamin/Folate. Baseline renal staging, to include UPC, given the 2+ proteinuria, is recommended. Empirical triad disease protocol would be reasonable and may prove beneficial, although definitive diagnosis would require intestinal, pancreatic and hepatic biopsies.

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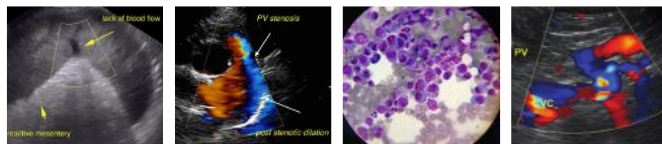
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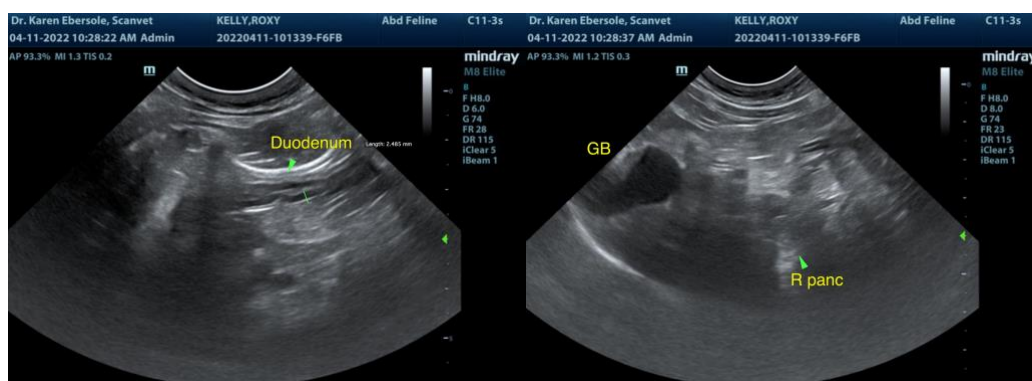
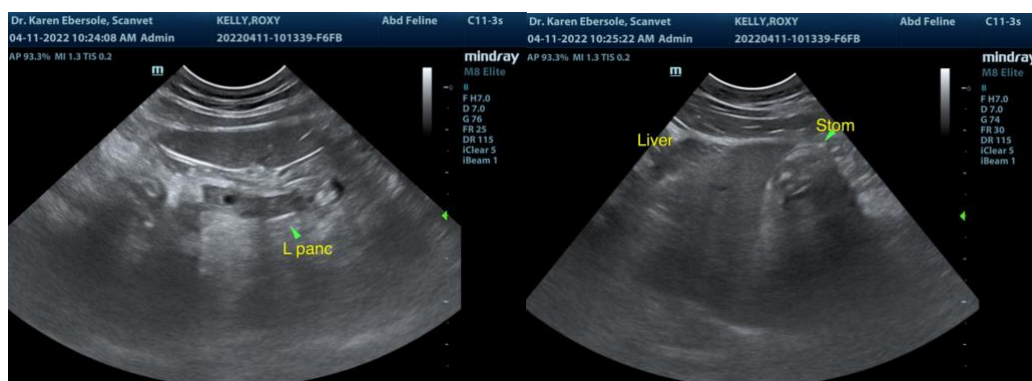
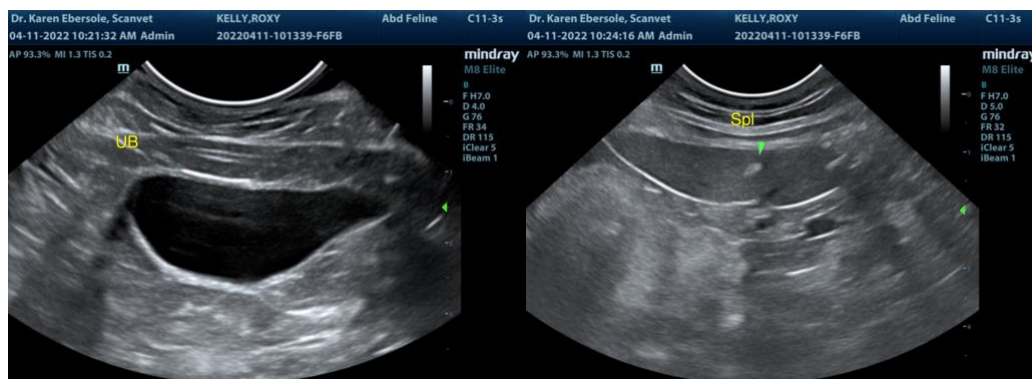
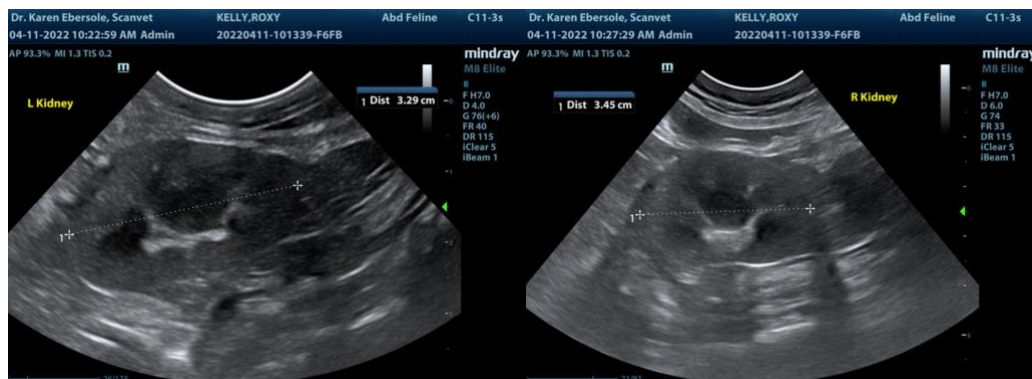
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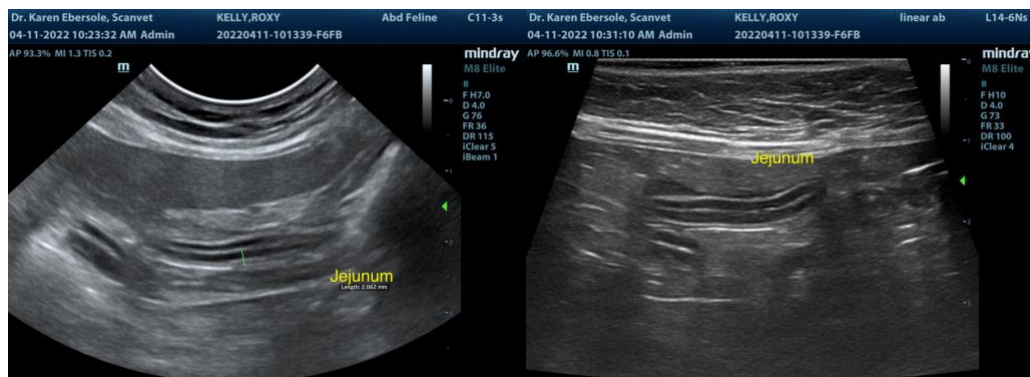
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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