



**PATIENT**

Fireball Guest

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

9 years

**WEIGHT**

9 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Newton Vet

**REFERRING VET**

Dr. Bladek

**INVOICE**

16561

**DATE**

4/11/23

**PRESENTING CLINICAL SIGNS**

Anorexic, clinically jaundice. Torbutrol administered IV for u/s.  
Abnormal PE/Chem/CBC/UA Results: ALT 161, Bili 10, U/A-bilirubinuria, usg 1.037

**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. Pinpoint, dependent mineral was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory criteria or neoplastic changes was noted. No tumors were 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.6 cm in length. Pinpoint medullary mineral was noted.

**Adrenal Glands**

The area of the left adrenal gland was free of overt pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

**Spleen**

The spleen was normal in size exhibiting mild uniform hypoechoic splenic parenchyma. No overt suspicion of infiltrative neoplasia was noted. The spleen measured 0.76 cm width at the level of the hilus.

**Liver/ Gallbladder**

The liver exhibited subjective mild enlargement with normal to mildly hypoechoic hepatic parenchyma exhibiting mild to moderate coarse echotexture. Normal vascular volume was noted. No liver masses or nodules were noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with isoechoic yet mildly prominent gallbladder walls. Primarily anechoic content was noted within the gallbladder with mild nonorganized echogenic debris. The common bile duct was indistinctly visualized, yet without overt or significant common bile duct dilation to the level of the subjective duodenal papilla. The gallbladder wall measured 0.32 cm width.



**PATIENT**

Fireball Guest

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

9 years

**WEIGHT**

9 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Newton Vet

**REFERRING VET**

Dr. Bladek

**INVOICE**

16561

**DATE**

4/11/23

***Gastrointestinal***

The stomach presented intact wall layering with mild retained primarily pyloric anechoic fluid. No evidence of mechanical pyloric outflow obstruction was noted. The pyloric wall width measured 0.27 cm.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A minor segmental nonobstructive intestinal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

***Pancreas***

The generalized pancreas exhibited variable prominent size with capsule asymmetry and swollen mildly hypoechoic to mixed echogenic parenchyma. Minor evidence of pancreatic duct dilation was noted.

***Free Abdomen***

No evidence of peritoneal effusion was noted. Regional primarily perihepatic to cranial abdominal mild hyperechoic omentum was present. Intermittent pancreaticoduodenal and jejunal lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.4 cm diameter.

**ULTRASONOGRAPHIC FINDINGS**

- Pancreatitis with regional primarily peripancreatic reactive mesentery / peritonitis
- Cholangitis / cholangiohepatitis hepatobiliary pattern - no overt post hepatic obstructive criteria
- Gastroenteritis with mild gastric hypomotility
- Associated mesenteric lymphadenopathy - suspect secondary lymphoid hyperplasia or reactive lymphadenitis
- Mild chronic renal changes with pinpoint medullary mineral
- Focal dependent urinary bladder mineral
- Subjective mild hypoechoic spleen - nonspecific

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using a 25-gauge needle, hepatic or hepatosplenic screening FNA cytology is warranted, primarily to assess for inflammatory criteria and rule-out potential for occult infiltrative hepatic or hepatosplenic neoplasia. Aggressive empirical therapy for pancreatitis and cholangiohepatitis with as-needed gastrointestinal support with monitoring of clinical response would be reasonable. Recheck sonogram is recommended if evidence of progressive cholestasis / jaundice or progressive clinical signs consistent with pancreatitis / cholangiohepatitis.



**PATIENT**

Fireball Guest

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

9 years

**WEIGHT**

9 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Newton Vet

**REFERRING VET**

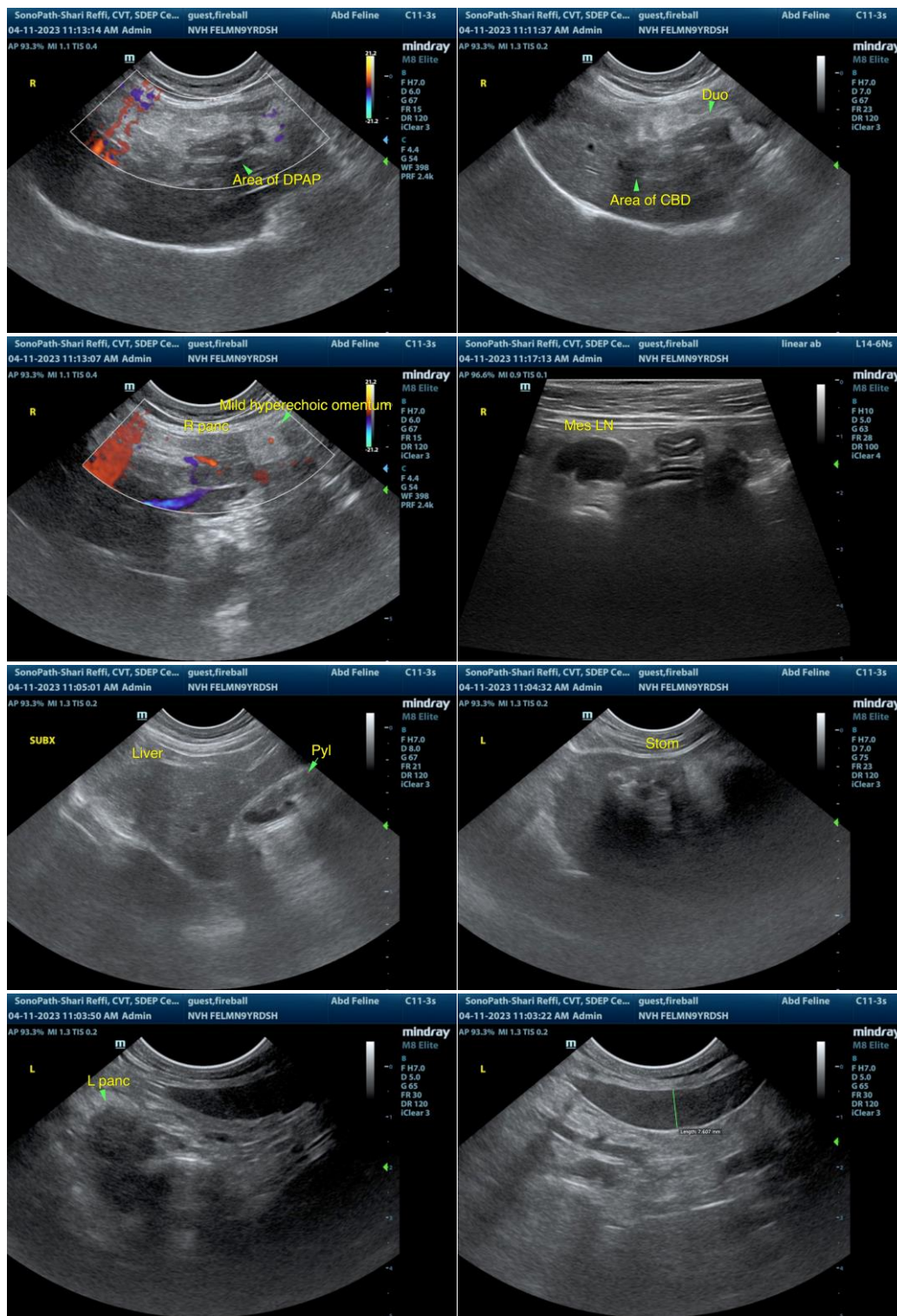
Dr. Bladek

**INVOICE**

16561

**DATE**

4/11/23





## PATIENT

Fireball Guest

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

9 years

## WEIGHT

9 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Newton Vet

## REFERRING VET

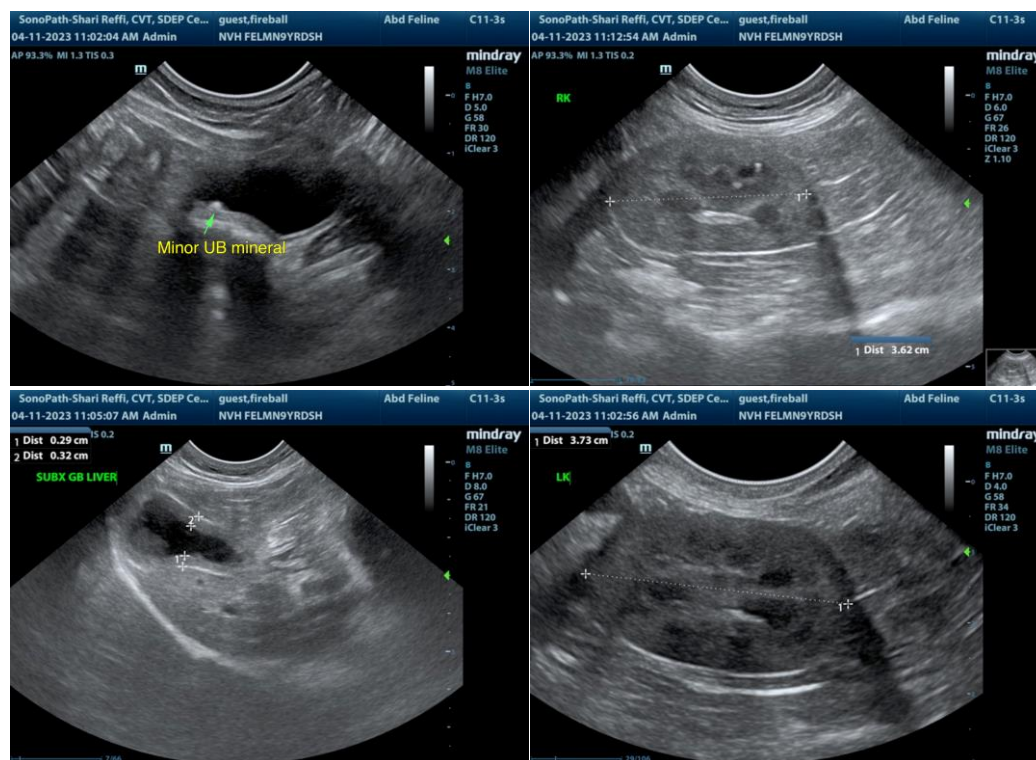
Dr. Bladek

## INVOICE

16561

## DATE

4/11/23



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