**PATIENT**

Pretty Girl Watson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed female

**AGE**

12 years

**WEIGHT**

5.2 pounds

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

Rachel Runnells RVT

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

Dr. Jonathon Renfro

**INVOICE**

10343ag

**DATE**

04/12/2022

**PRESENTING CLINICAL SIGNS**

History: Presented April 9th: Had not eaten for 3-5 days, also not drinking. Lethargic. Has been hospitalized on fluids and is perking up and started eating. Currently on metronidazole, and prednisone. Last had a dose of mirtazapine 24 hours ago. Still icteric.

Abnormal PE/Chem/CBC/UA Results: Icteric upon exam. ALT elevated into 500's, T. Bili was 7.2.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and 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 3.0 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age related finding and not pathological. The left adrenal gland measured 0.37 width and the right adrenal gland measured 0.32 width.

**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**

The liver exhibited mild enlargement and maintained symmetrical yet mildly swollen hepatic capsule contour. Subtle generalized uniform increased hepatic parenchyma echogenicity was present. No hepatic masses or nodules were observed. The gallbladder was mildly distended in size with mildly prominent to echogenic walls and primarily anechoic luminal content with mild nondependent luminal debris. The cystic and common bile ducts exhibited generalized mild dilation with anechoic content without overt evidence of ductal mucus or calculi. The common bile duct dilation measured 0.3 - 0.35 cm in width.

**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 gastric body wall measured 0.26 cm in width.

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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 jejunum wall measured 0.23 cm in width.

**SPECIES**

Feline

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

***Pancreas*****BREED**

DSH

The left limb 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. Mild pancreatic duct dilation was noted. No overt evidence of neoplasia.

***Free Abdomen*****SEX**

Spayed female

No omental masses or overt lymphadenopathy present. Scant pockets of perihepatic to pericholecystic free fluid were observed.

**AGE**

12 years

**ULTRASONOGRAPHIC FINDINGS****WEIGHT**

5.2 pounds

- Cholangitis/cholangiohepatitis pattern.
- Chronic active pancreatitis.
- Sonographically unremarkable GI tract.
- Minor chronic renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****INTERPRETED BY**

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

Assuming normal clotting status and using a 25g needle a hepatic FNA could be considered for screening cytology to potentially identify inflammatory cell type if present and rule out other potential hepatic pathology. Minor potential for occult hepatic neoplasia is possible yet thought less likely. The degree of CBD dilation was not overtly suggestive of post hepatic obstruction and is consistent with inflammatory criteria yet continued monitoring for evidence of increasing cholestasis and recheck sonogram is recommended. Correlation with the pancreatic presentation with a Spec fPL could be considered. Triad disease is considered a less likely differential diagnosis unless GI signs or weight loss are noted. Further assessment with a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Empirically continued cholangitis/cholangiohepatitis/pancreatitis therapy protocol with as needed GI support and continued clinical assessment would be reasonable.

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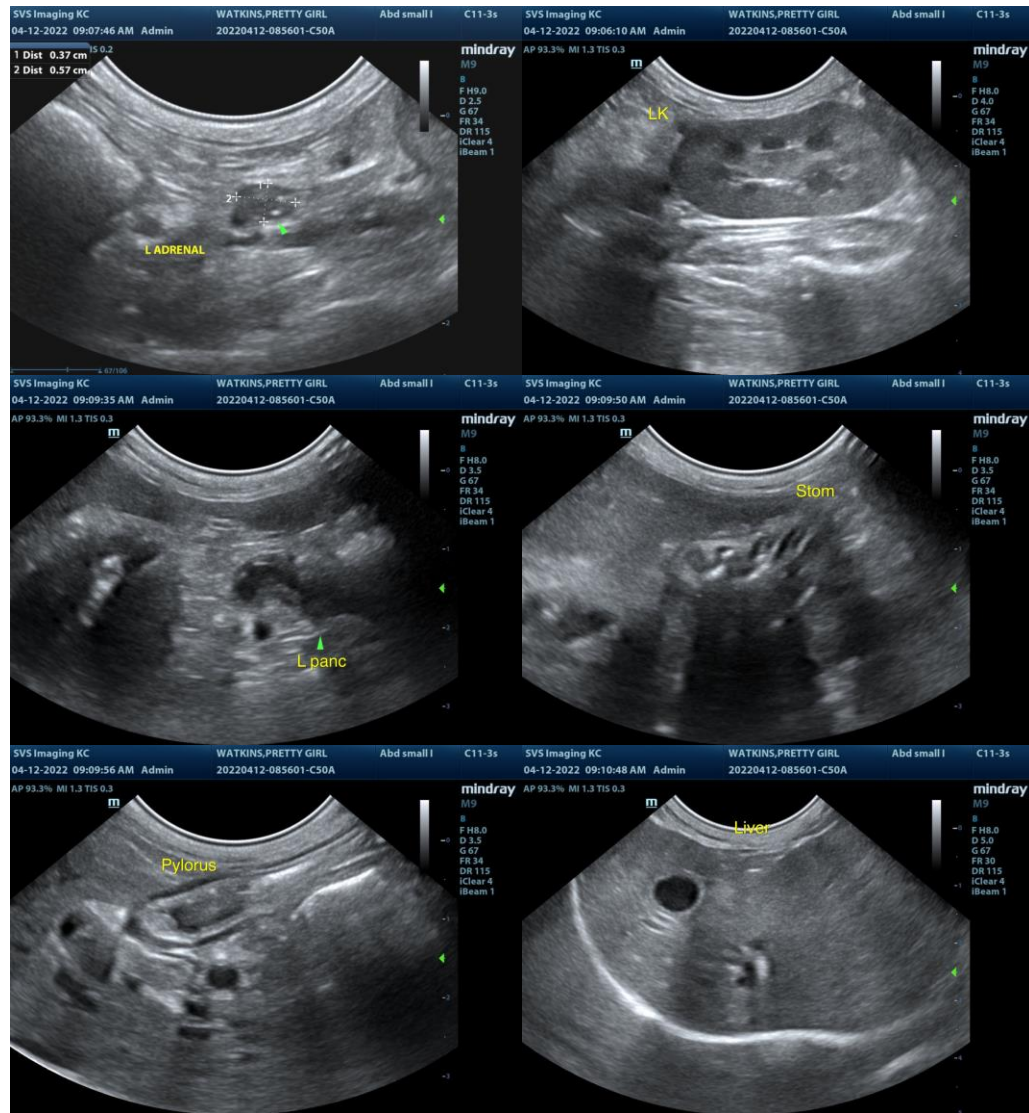
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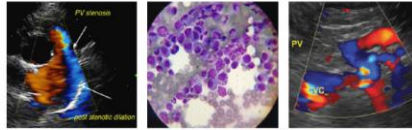
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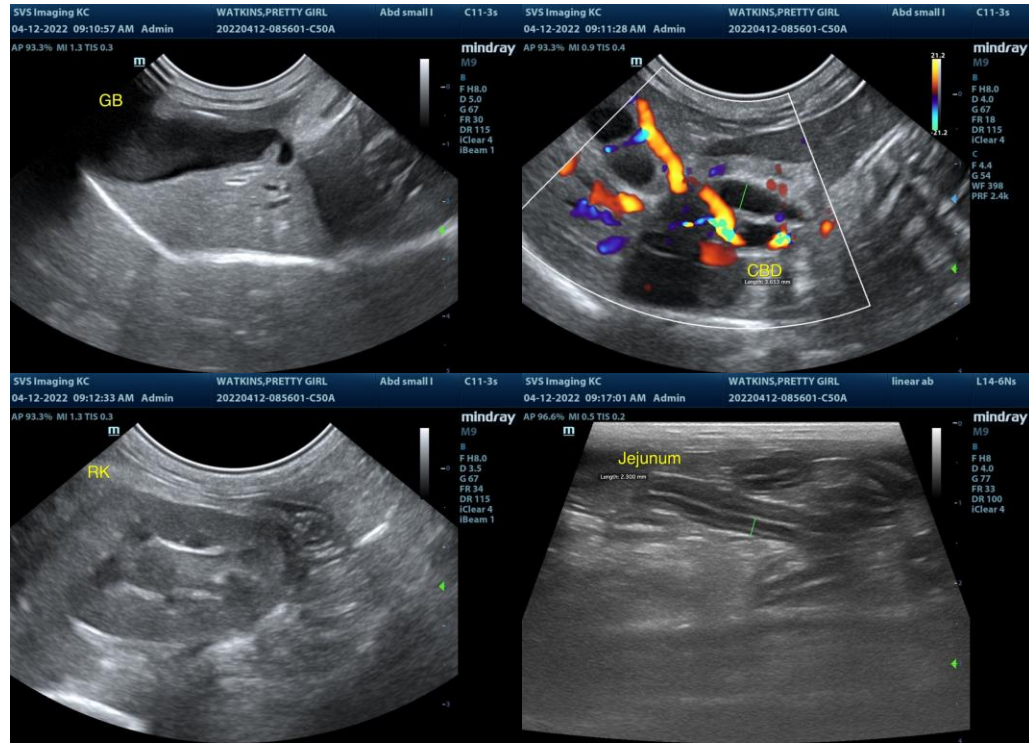
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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