



**PATIENT**

Franklin James

**PRESENTING CLINICAL SIGNS**

History: Increasing ALT. Fully sedated for US.  
Abnormal PE/Chem/CBC/UA Results: 12/6/22 - ALT 194 2/25/22 - ALT 295 3/11/23 - ALT 339

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

The urinary bladder was subnormal in size owing to lack of urine volume. No evidence of mural pathology, including no evidence of inflammatory criteria. No urinary bladder tumors were noted. Minor anechoic urine was present. No sediment or calculi were noted. The urethra was normal to a depth of 2.0 cm.

**SEX**

Spayed Female

The area of the aortic trifurcation was free of pathology.

**AGE**

8 Years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length.

**Adrenal Glands**

**WEIGHT**

8.5 Pounds

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Karen Ebersole, DVM,  
DABVP (Canine/Feline  
Practice)

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

**HOSPITAL NAME**

Scanvet

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Golden

**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.

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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.

**DATE**

4/12/23

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



**PATIENT**

**Pancreas**

Franklin James

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**SPECIES**

**Free Abdomen**

Feline

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

DSH

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable liver- suspect low grade yet progressive inflammatory hepatopathy
- Sonographically unremarkable gallbladder and common bile duct
- Minor heterogenous pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

8 Years

Sonographically, no evidence of significant visceral pathology, including no evidence of significant structural hepatobiliary disease. Inflammatory hepatic parenchyma or hepatobiliary criteria is suspected given the progressive ALT elevation. Assuming normal clotting status, screening hepatic FNA cytology, using a 25-gauge needle could be considered with potential identification of inflammatory cell type. Hepatosupportive medications may prove beneficial. Suspect pancreatic patient variant. Potential for low grade/chronic pancreatitis may be suspected if clinical signs suggestive of pancreatitis, going forward, or if evidence of cranial abdominal/subxiphoid discomfort on palpation.

**WEIGHT**

8.5 Pounds

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DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Karen Ebersole, DVM,  
DABVP (Canine/Feline  
Practice)

**HOSPITAL NAME**

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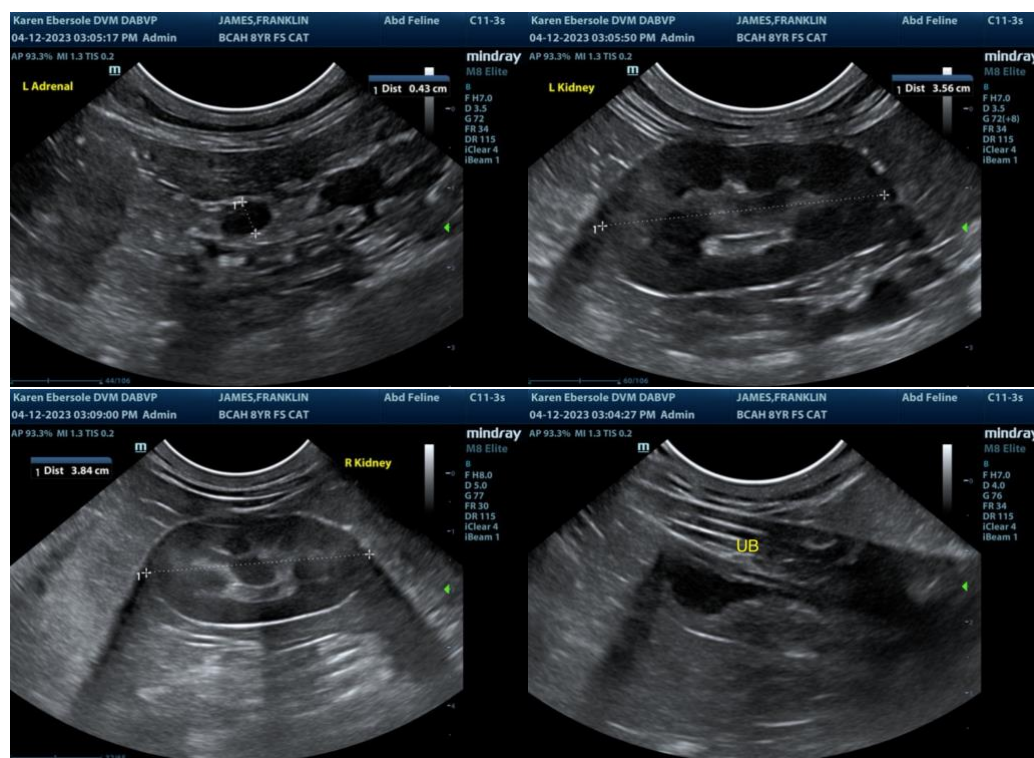
Dr. Golden

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**DATE**

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**SPECIES**

Feline

**BREED**

DSH

**SEX**

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**AGE**

8 Years

**WEIGHT**

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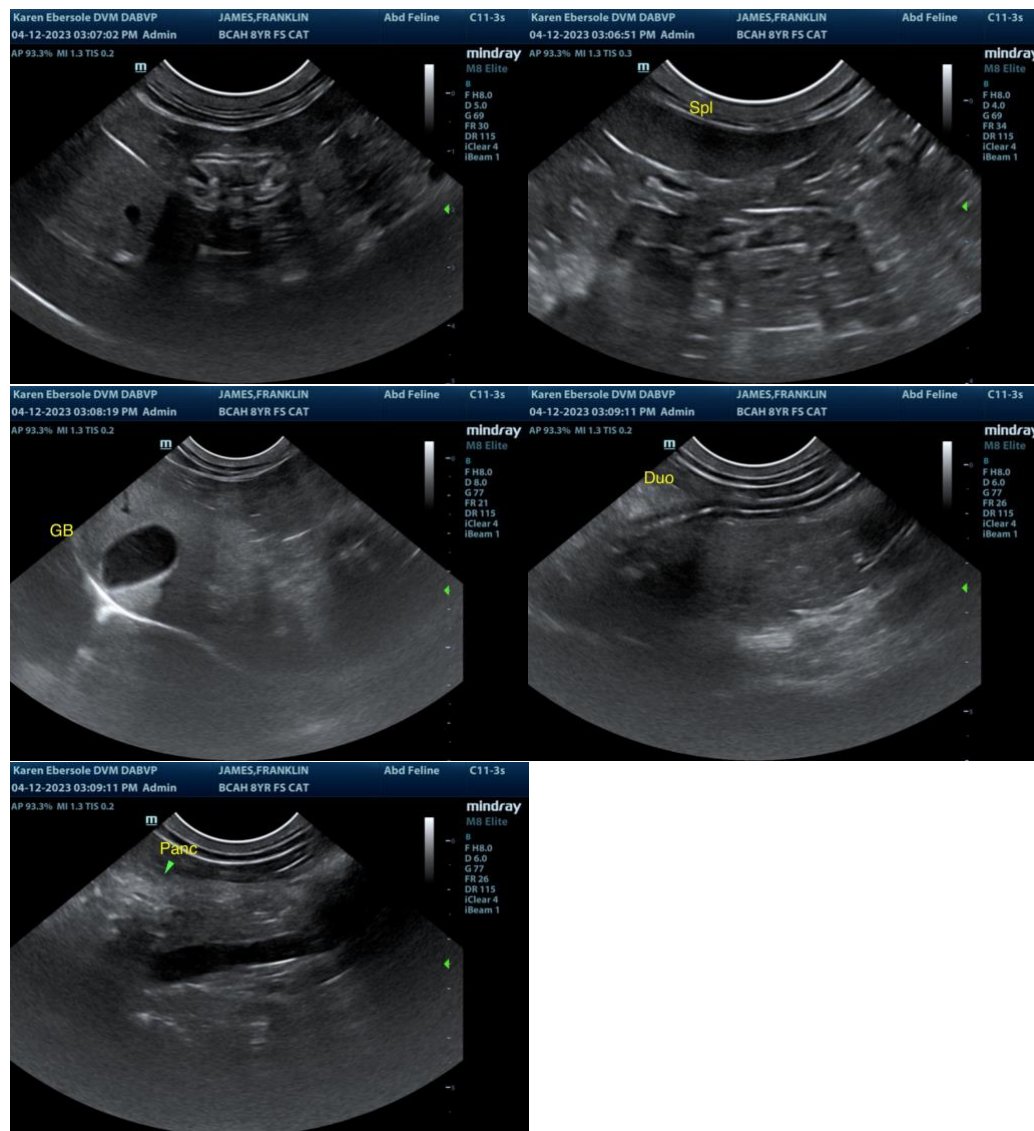
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**DATE**

4/12/23



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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