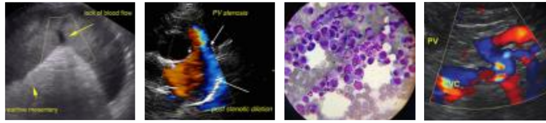


PATIENT

Twilight Haynes

SPECIES

Feline

BREED

Siamese Mix

SEX

MN

AGE

12 years

WEIGHT

8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Bretschneider

INVOICE

13657

DATE

4/13/22

PRESENTING CLINICAL SIGNS

vomiting - slowly progressive in frequency. Started 2 months ago sporadically, now daily loss of appetite, fast heart rate, 7 months ago had similar symptoms and a partial blood panel showed elevated liver values. The cat responded to antibiotics and was fine until about 2 months ago Current Medications cerenia and ampicillin

Abnormal PE/Chem/CBC/UA Results: AST = 256, ALT = 1028, Alk Phos = 532, T. Bili = 5.3, T4 = 11.0

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. 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 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 border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

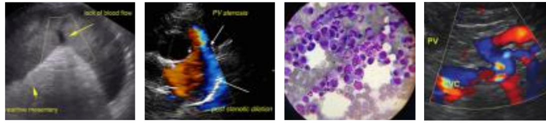
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

Spleen

The spleen exhibited generalized mild enlargement, measuring 1.2-1.3 cm in width at the level of the hilus. The spleen maintained a finely textured homogeneous parenchyma with no masses or nodules noted. Mild asymmetrical medial capsule contour was present.

Liver/ Gallbladder

The liver was mildly enlarged in size with symmetrical capsule contour. Normal hepatic parenchyma echogenicity exhibiting mild to moderate coarse echotexture was present with no hepatic masses or nodules noted. The gallbladder was non-distended in size with mildly prominent to echogenic gallbladder walls extending into the cystic biliary duct and common bile duct. Anechoic content was present with minor luminal gallbladder debris. The cystic duct and common bile duct exhibited mild



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common bile duct dilation which did not overtly appear to extend to the level of the duodenal papilla. The mild common bile duct dilation measured 0.18 cm in width.

Gastrointestinal

The visualized gastric walls were normal. The lumen of the stomach contained moderate ingesta exhibiting progressive distal acoustic shadowing. The pylorus wall width measured 0.28 cm.

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 width measured 0.25 cm.

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

Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

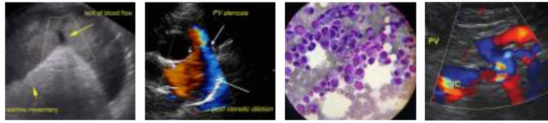
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild nonspecific splenomegaly exhibiting mild asymmetrical medial capsule contour
- Cholangitis / cholangiohepatitis hepatobiliary pattern
- Low-grade pancreatitis
- Mild chronic real changes
- Sonographically unremarkable gastrointestinal tract with moderate progressively shadowing gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatic FNA could be considered for screening cytology primarily to assess for or possibly identify inflammatory cell type and rule-out other hepatopathy. Potential for occult hepatic neoplasia Is considered a less likely differential diagnosis. A contributing factor to the hepatic enzyme elevations may be secondary hepatopathy owing to hyperthyroidism. Supportive care of cholangiohepatitis with hyperthyroidism therapy and hepatic enzyme reassessment would be reasonable.



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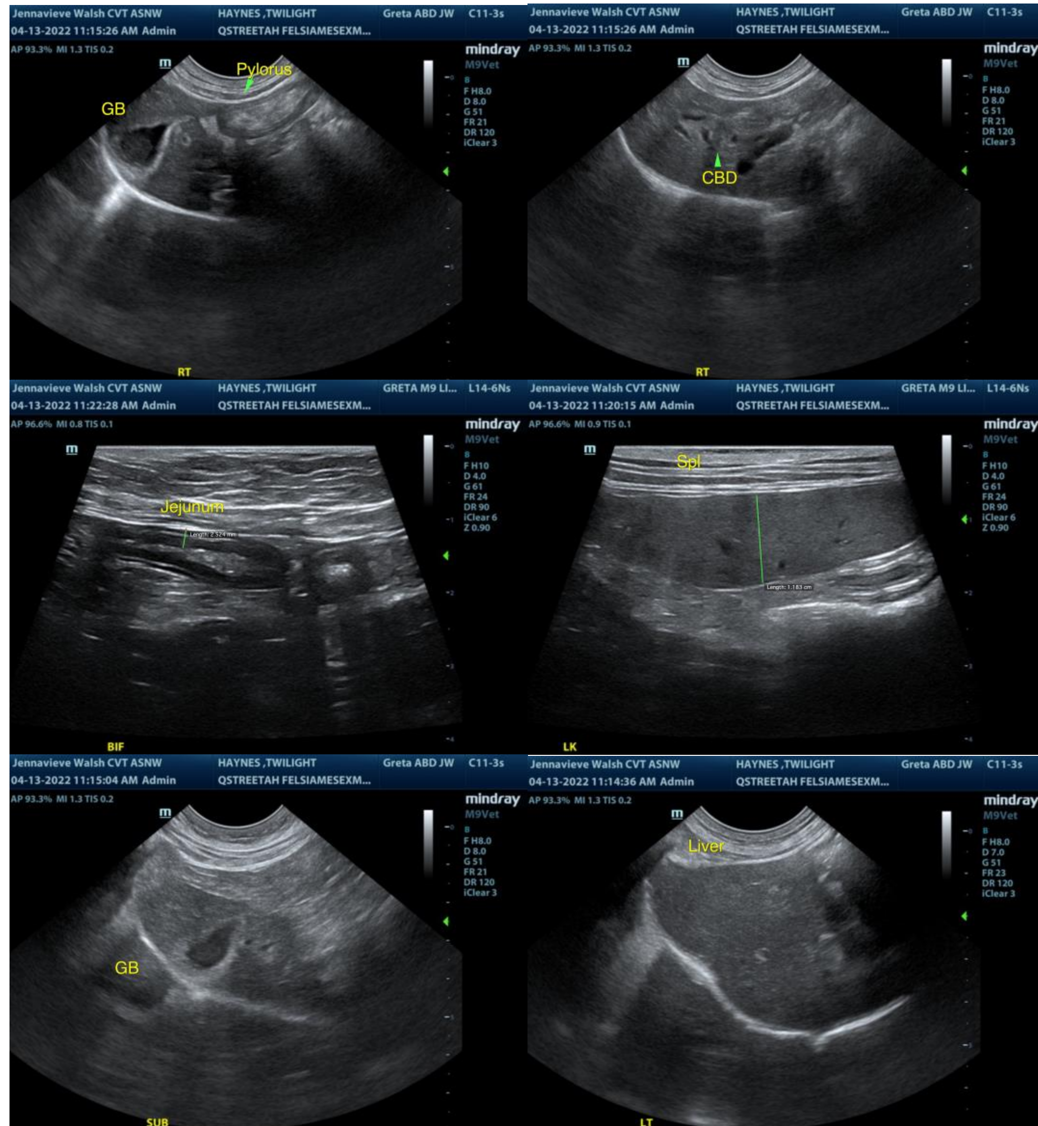
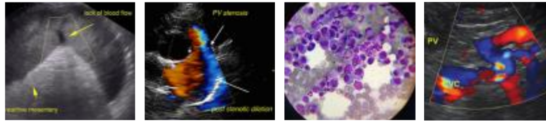
Correlation with the pancreatic presentation and a Spec fPL or full GI panel to include PLI / TLI / Cobalamin / Folate to assess for or rule out occult nonstructural concurrent gastrointestinal disease i.e., Triad Disease.

The gastric ingesta may indicate post-prandial presentation. Correlation with the most recent meal ingestion is recommended. If documented NPO, some degree of possible gastric hypomotility or nonobstructive delayed gastric emptying could be considered.

Although thought less likely, potential for hairball density in the stomach cannot be excluded if clinical history of hairballs.





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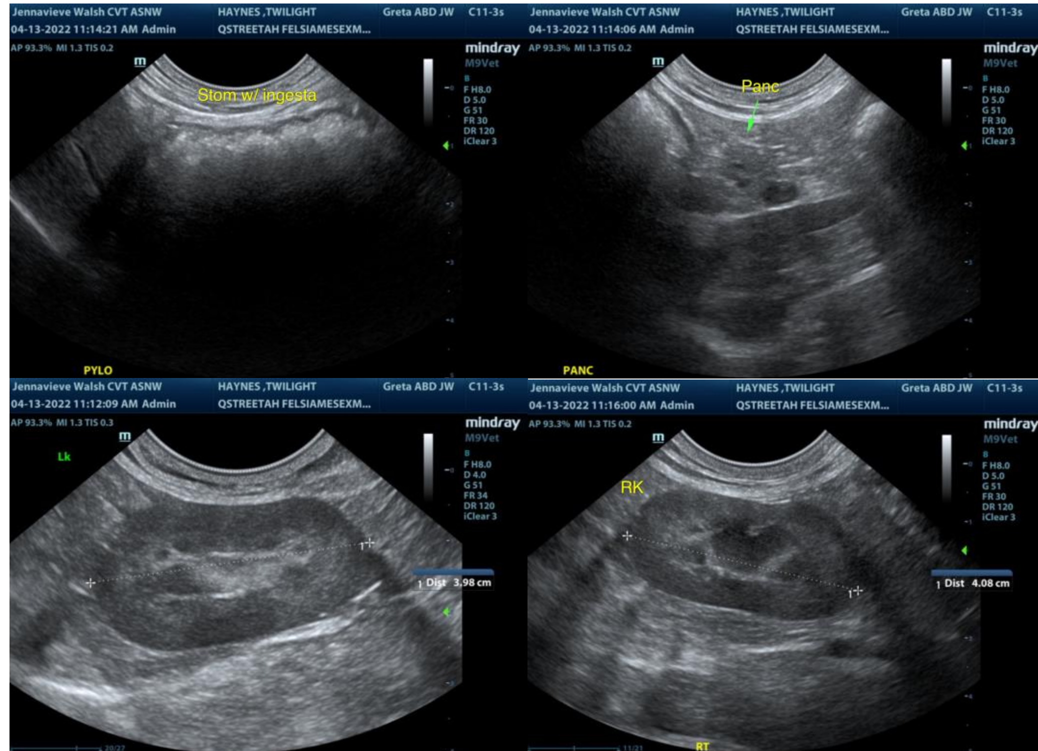

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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