



PATIENT

Bogie Seaman

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

12.8 lbs.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor Animal
 Hospital

REFERRING VET

Katherine Pietsch, DVM

INVOICE

13666

DATE

4/14/22

PRESENTING CLINICAL SIGNS

History of elevated liver values and findings of hepatopathy and non-obstructive biliary tree mineralization on ultrasound 8/19/21 (R. McKenzie Daniel, DVM, Sonopath). ALT has returned to normal. Recent URI and anorexia with weight loss and lethargy. FPL abnormal; WBC 25.58; neutro 23.06; SDMA 57; TP 9,3; urobilinogen 8. Also has a new grade III/VI systolic murmur; no coughing. Radiographs: unremarkable thorax. Extensive choledocholithiasis, chronic finding; suspect enteritis. BP: 180, 196, 211 mmHg *Having bi-cavity ultrasound studies

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. Primarily anechoic urine with minor, non-dependent, particulate urinary bladder sediment was present. 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 corticomodullary symmetry and definition expected for the age of the patient. Scant pyelectasia was noted in the left kidney. No evidence of pyelectasia was noted in the right kidney. The left kidney measured 4.8 cm in length. The right kidney measured 5.0 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 0.33 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 mild generalized enlargement with maintained symmetrical capsule contour and finely texture homogeneous parenchyma. The spleen measured 1.2 cm diameter at the level of the hilus.

Liver/ Gallbladder

The liver was mildly enlarged in size with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Previously noted generalized non-obstructive biliary tree mineralization along with intermittent static, thinly walled hepatic cysts containing anechoic fluid were present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing anechoic content along with mild mineral. The common bile duct exhibited mild to moderate generalized dilation containing anechoic content with focal areas of mineral. The common bile duct dilation appeared to extend to the approximately level of the duodenal papilla with mineral noted in the distal common bile duct. Common bile duct dilation measured approximately 0.5 cm diameter.



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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 width measured 0.25 cm.

The small intestine presented intact wall layering with generalized propensity for mildly prominent muscularis layer and mild wall thickening. The jejunum wall width measured 0.32 cm. The duodenum wall width measured 0.39 cm.

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

Pancreas

The pancreas exhibited subtle prominent size with mildly nonhomogeneous to subtly hypoechoic parenchyma. Mild pancreatic duct dilation was present.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

- Chronic cholangitis / cholangiohepatitis pattern exhibiting subjective static generalized biliary tree, gallbladder and common bile duct mineral, intermittent static hepatic parenchymal cysts
- Suspect mild chronic active pancreatitis
- Inflammatory enteropathy pattern
- Static mild chronic renal changes
- Mild urinary bladder sediment
- Persistent mild splenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

The small intestine exhibited mural changes suggestive of inflammatory enteropathy / IBD. Minor potential for early neoplastic infiltrative enteropathy with round cells such as lymphoma, which may present in a similar sonographic manner, cannot be excluded yet thought less likely.

Given the chronic hepatobiliary presentation along with current gastrointestinal signs and suspect chronic active pancreatitis, Triad Disease is a primary differential diagnosis in this case. A definitive diagnosis would require full-thickness intestinal biopsies +/- pancreatic and hepatic biopsies.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical therapy for Triaditis would be reasonable. Assuming normal clotting status, screening splenic FNA using a 25-gauge needle may be considered primarily to ensure only benign changes are present and rule out the potential for possible neoplasia as a contributing factor to the patient's weight loss.



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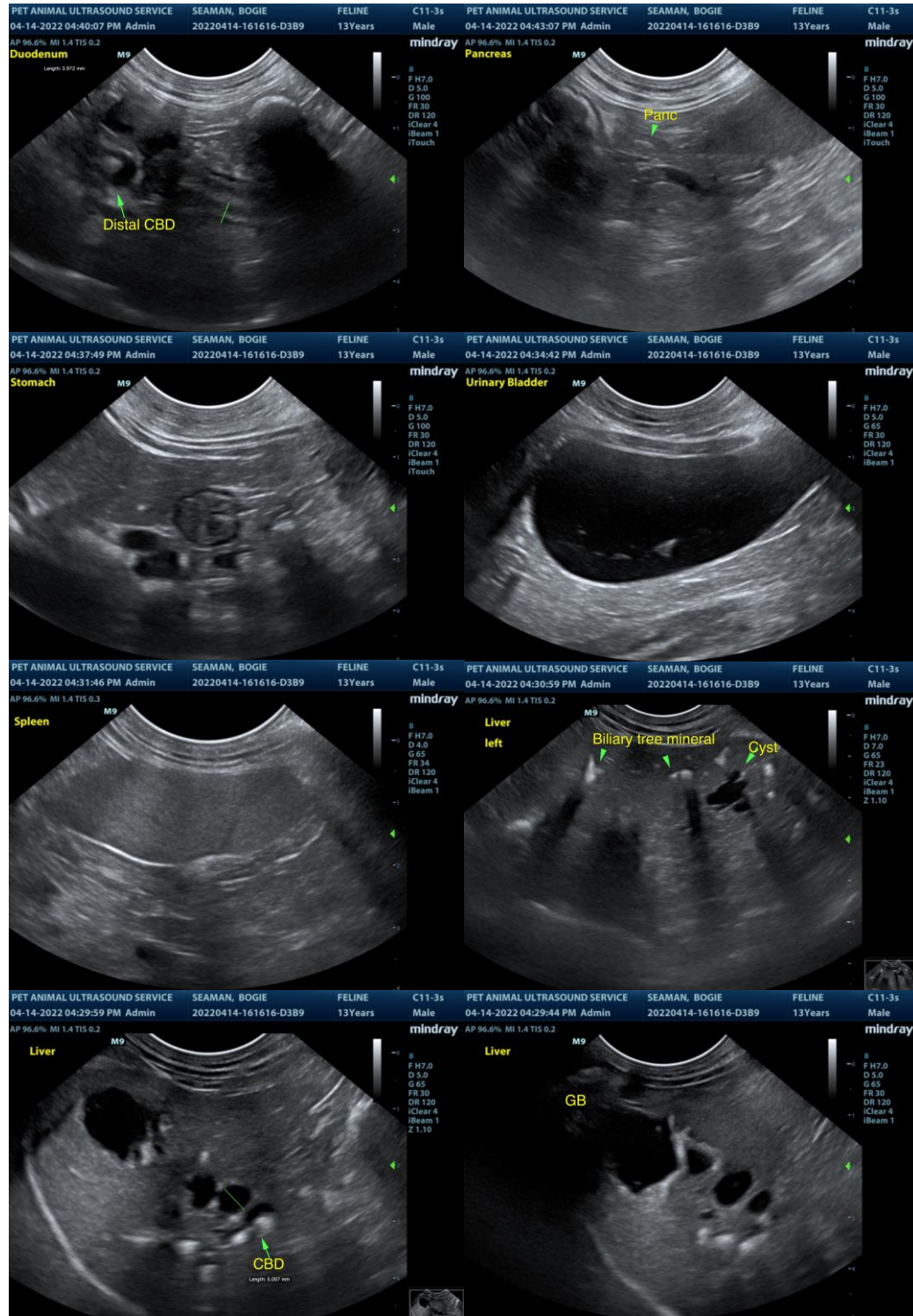
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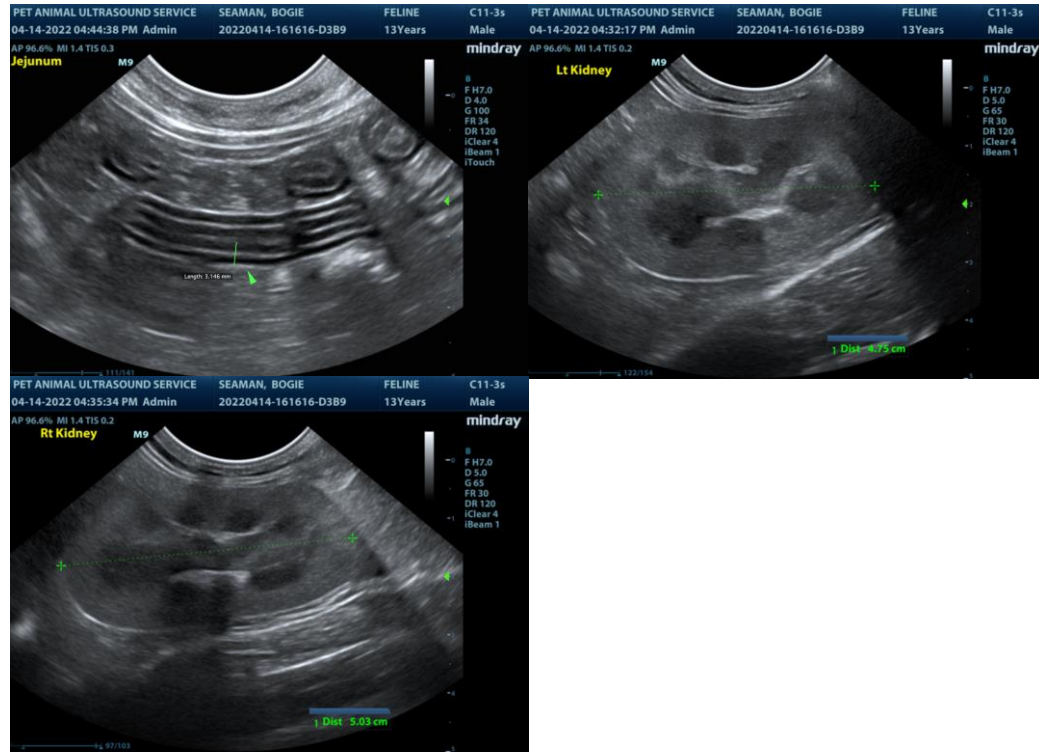
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com