



PATIENT

Indy Cook

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 years

WEIGHT

17 lbs.

PRESENTING CLINICAL SIGNS

Indy is a 9y 0m CM Domestic Medium Hair who presented to WVRC's Emergency Service on 4/15/2022 for ~1-2 weeks of owner noticing weight loss, more recent vomiting, anorexia. Still waiting for rDVM records, but from transfer call yesterday and owner recollection, labs were done earlier in week and elevated LEs were seen. Indy was treated on O/P basis and did not improve. He was seen again 04/14/2022 where ABXR were concerning for GI obstruction. On rectal exam, a small piece of tape/linear object was removed. It was recommended that Indy come to WVRC for an AUS. Due to owner circumstances, they did not come last night.

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 was present in the lumen. Mild, nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

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 4.3 cm in length. The right kidney measured 4.1 cm in length.

IMAGING PERFORMED BY

Kim Liedberg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width.

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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. The spleen measured 0.94 cm width.

REFERRING VET

Dr. Mallo WVRC

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Liver/ Gallbladder

The liver exhibited subjective mild enlargement yet maintained symmetrical capsule contour. The parenchyma of the liver exhibited uniform mild increased echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. No 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

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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. The jejunum wall width measured 0.20 cm.

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Normal visible colon wall layers were present with generalized strongly shadowing fecal matter.

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Pancreas

The left pancreatic limb medial to the spleen exhibited normal size with subtle capsule asymmetry and mildly hypoechoic to nonhomogeneous parenchyma compared to adjacent peripancreatic omentum.

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Free Abdomen

A subjective increased amount of intra-abdominal fat was present exhibiting normal echogenicity. No evidence of omental masses, lymphadenopathy, or peritoneal effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

- Mild hepatomegaly exhibiting mild parenchyma hyperechogenicity - nonspecific, hepatitis / cholangiohepatitis, vacuolar hepatic changes, lipidosis thought most likely, minor potential for round cell hepatic neoplasia cannot be definitively excluded yet considered less likely
- Minor urinary bladder sediment - suspect minor cellular or crystalline debris
- Sonographically unremarkable gastrointestinal tract with generalized strongly shadowing fecal matter
- Possible low-grade left pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of gastrointestinal obstructive pattern or gastric / small bowel foreign material was noted. Given the patient history, potential passed foreign material now residing in the colon may be possible. No Indication for immediate surgical intervention.

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Underlying hepatopathy may be playing a role in the patient's clinical signs. If accessible, assuming normal clotting status and with vitamin K pretreatment, ultrasound-guided FNA of the liver using a 22-gauge needle could be considered for screening cytology primarily to assess for evidence of inflammatory cells and rule out the less likely potential for neoplasia. Correlation with hepatic enzyme levels is recommended.

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Empirically, conservative therapy for possible cholangiohepatitis / hepatic lipidosis and low-grade pancreatitis with as-needed gastrointestinal support would be reasonable. A spec fPL could be considered for further assessment of the pancreatic presentation.



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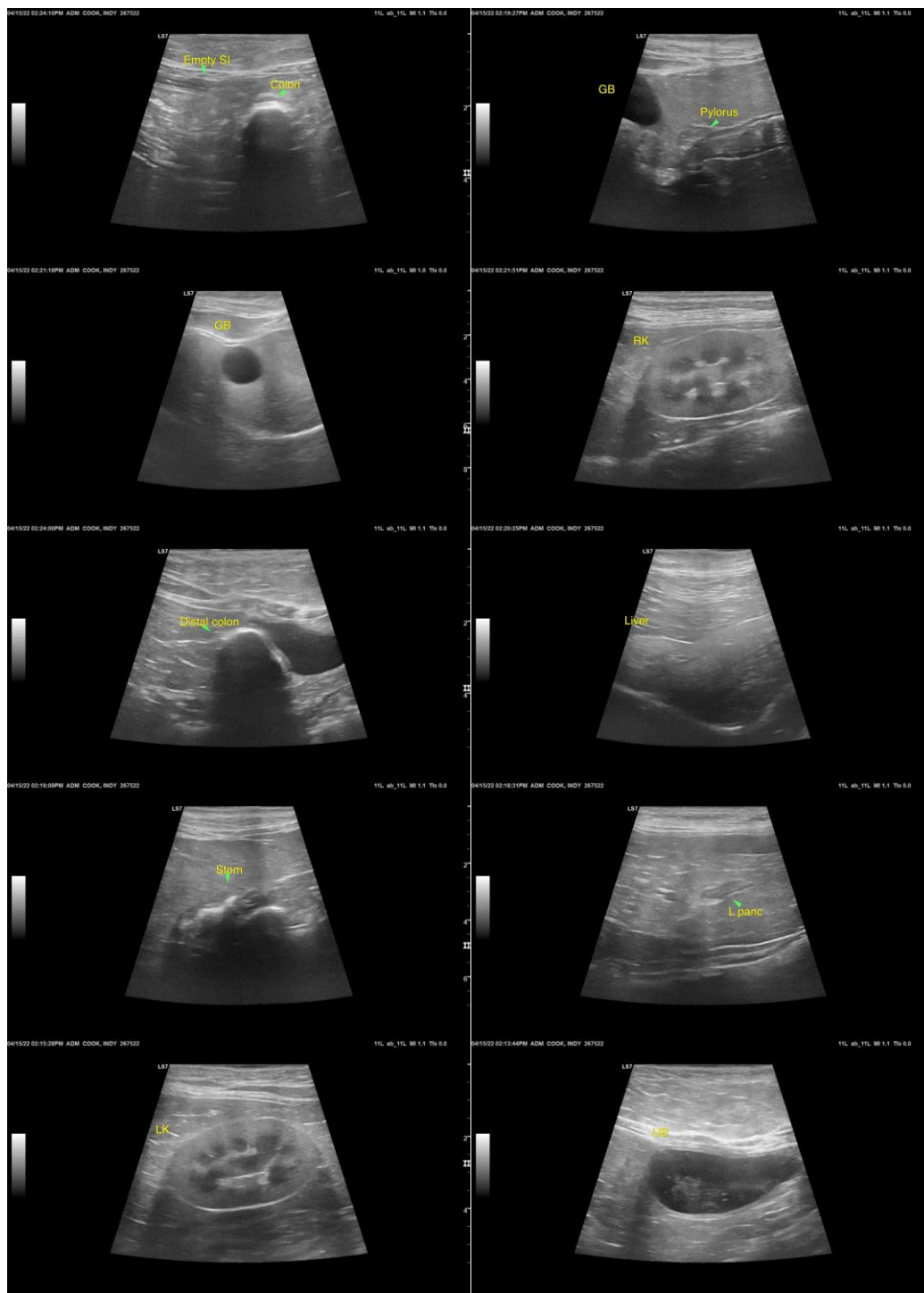
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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