



PATIENT PRESENTING CLINICAL SIGNS

Bella Gear
SPECIES
 Feline

Bella is a 13 year old cat female spayed Domestic shorthair who originally presented weight loss and history of progressively elevated liver enzymes. Bella's ALT and ALP have been elevated since June 2022, bile acids were tested shortly after that and were within normal limits. Bella was started on Denamarin but owner was inconsistent with it. Bella returned for her annual exam and recheck liver enzymes in Feb 2023 and her ALT, ALP and AST levels were progressively increased. Bella had also lost 2 lb since the previous visit. O reports no other GI symptoms (normal appetite but ravenous for treats, no vomiting/diarrhea). All other labwork was unremarkable.

BREED
 DSH
 Abnormal PE/Chem/CBC/UA Results: ALT 412, ALP 469, AST 110, chol 283[

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX
 FS
Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

AGE
 13yr
WEIGHT
 6.81lb

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 symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY
Adrenal Glands

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

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

IMAGING PERFORMED BY
Spleen

Pamela Harrigan, RDCS

The spleen exhibited borderline enlargement and generalized mild heterogenous parenchyma with subtle hypoechoic micronodular parenchyma changes. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 1.0 cm in width at the level of the mid spleen.

HOSPITAL NAME
 VCA Whitman
Liver/Gallbladder

The liver exhibited borderline to mild enlargement. The liver parenchyma was uniform and hypoechoic to the spleen with a moderate coarse echotexture with evidence of remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mildly hyperechoic walls and primarily anechoic luminal content with mild non-organized echogenic debris. The cystic and common bile ducts were normal.

REFERRING VET
 Dr. Barrett
INVOICE
 13514ag
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 0.25 cm in width.

DATE
 04/17/2023

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized mildly prominent to hyperechoic submucosa layer was present. A focally thickened segment of jejunum was



PATIENT

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present in the mid abdomen secondary to moderate muscularis hypertrophy measuring 1.8 cm in length with focally thickened wall measuring 0.69 cm in width. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.23 cm width. The ileocolic wall measured 0.30 cm width.

SPECIES

Feline

Normal visible colon wall layers were present with apparent formed to possible semi 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. No overt evidence of neoplasia.

SEX

FS

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

AGE

13yr

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy-suspect cholangiohepatitis with potential for vacuolar hepatic changes, non-obstructive cholestasis, hyperplasia, or occult infiltrative neoplasia possible.
- Borderline splenomegaly exhibiting subtle micronodular parenchyma-hyperplasia, hematopoiesis, focal splenitis with potential for emerging neoplastic criteria possible.
- Chronic enteropathy with focal jejunal muscularis hypertrophy, possible emerging jejunal mural mass-chronic inflammatory enteropathy exhibiting variable mural hypertrophy, potential for focal segmental emerging jejunal neoplasia possible.
- Chronic active pancreatitis pattern.

WEIGHT

6.81lb

INTERPRETED BY

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

Secondary

- Mild chronic renal changes.

**IMAGING
PERFORMED BY**

Pamela Harrigan, RDCS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatosplenic and thickened jejunum wall FNA for screening cytology is warranted for further assessment.

HOSPITAL NAME

VCA Whitman

Chronic triad disease may be a primary differential in this case if emerging neoplastic criteria is ruled out. Intestinal biopsies would be required for a definitive diagnosis.

REFERRING VET

Dr. Barrett

Empirically triad disease protocol with sonographic monitoring of the focally thickened jejunum for evidence of progression would be a more conservative approach.

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REFERRING VET

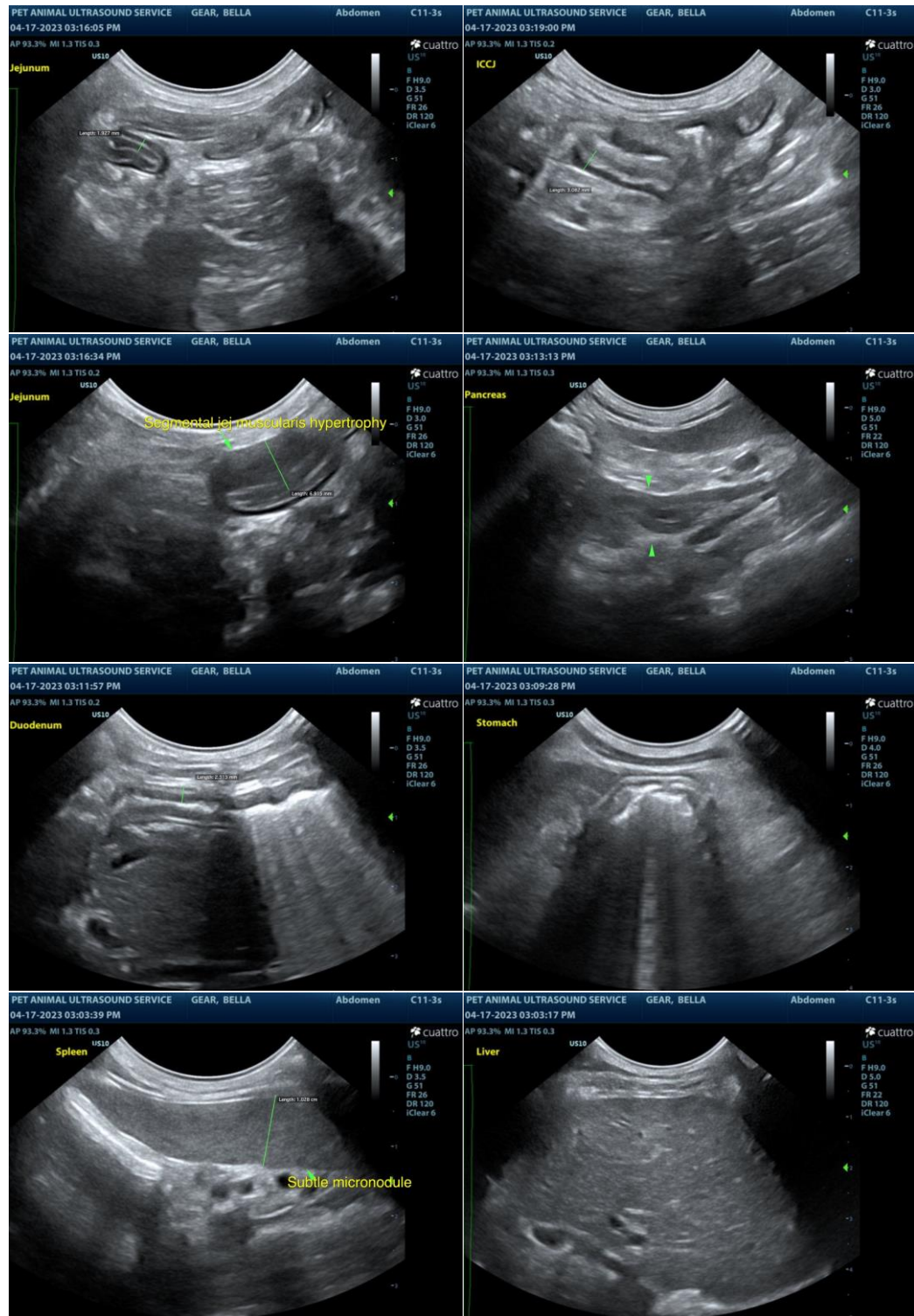
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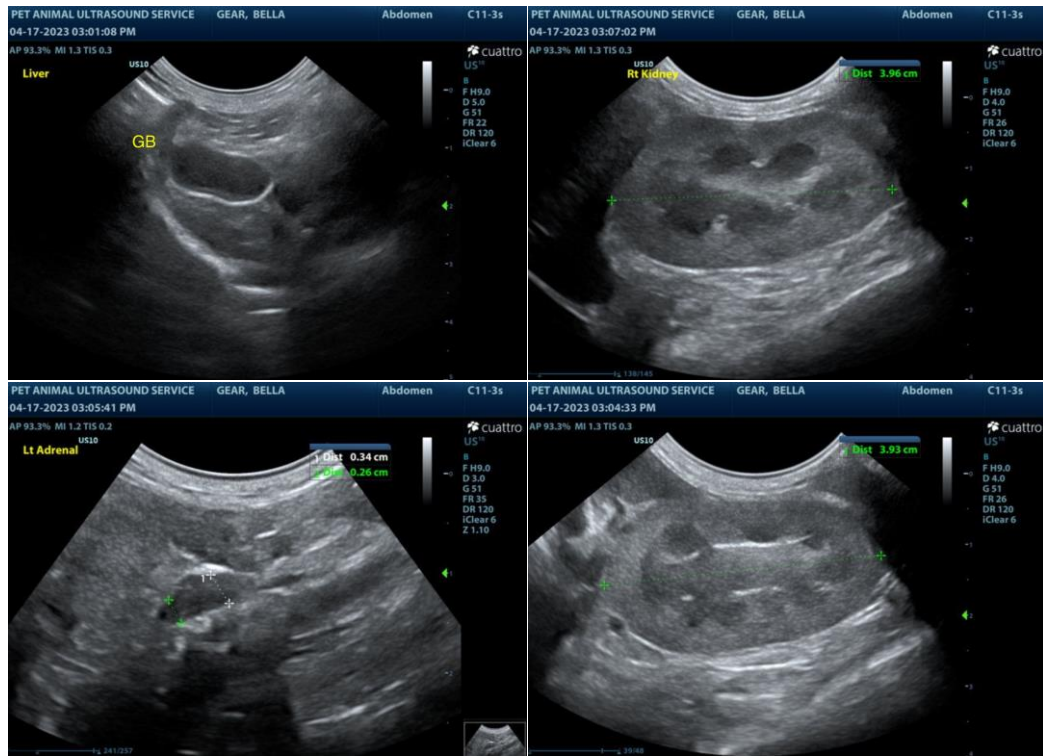
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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