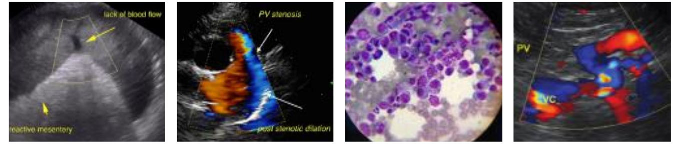
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

**PATIENT**

Sable Brosnan

**SPECIES**

Feline

**BREED**

British Shorthair

**SEX**

F/S

**AGE**

16

**WEIGHT**

6.1

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sharkaway

**HOSPITAL NAME**

Kew Gardens AH

**REFERRING VET**

Dr. Sharkaway

**INVOICE**

16657

**DATE**

4/19/23

## PRESENTING CLINICAL SIGNS

WEIGHT LOSS OF AT LEAST 1 LB IN 2 WS ANOREXIA CONGESTED

Abnormal PE/Chem/CBC/UA Results: HEART MURMUR 2/6 WEIGHT LOSS MODERATE TO SEVERE DENTAL CALCULUS BW- ELEVATED SDMA, ELEVATED GLOBULIN 7.5, MMILD ALT ELEVATION PALPATION -ENLARGED LIVER

## 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

### *Adrenal Glands*

The left or right adrenal glands were not definitively visualized.

### *Spleen*

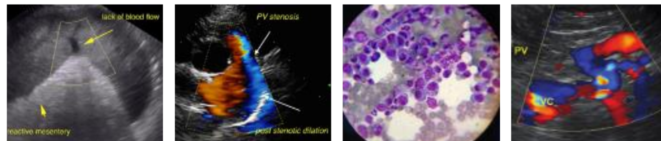
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

### *Liver/ Gallbladder*

The liver was moderate to possibly significantly enlarged yet maintained a symmetrical capsule contour. Uniform, mildly hypoechoic hepatic parenchyma exhibiting mild to moderate coarse echotexture was present with normal hepatic vascular volume. No evidence of hepatic intraparenchymal nodules or masses was noted. The gallbladder was non-distended in size containing primarily anechoic content with mild, echogenic gallbladder debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.3 cm diameter. The proximal common bile duct dilation was not definitively visualized to the level of the duodenal papilla.

### *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 generalized intact wall layering exhibiting propensity for generalized mildly prominent muscularis layer to the level of the ileocolic junction.

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

### *Pancreas*

Mild prominent left pancreatic limb exhibiting mild capsule asymmetry was present with nonhomogeneous parenchyma. Pancreatic duct dilation was noted.

### *Free Abdomen*

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

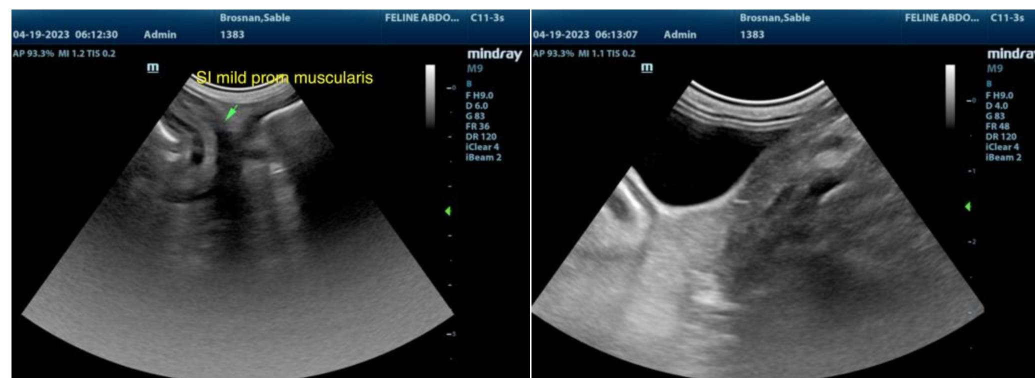
## ULTRASONOGRAPHIC FINDINGS

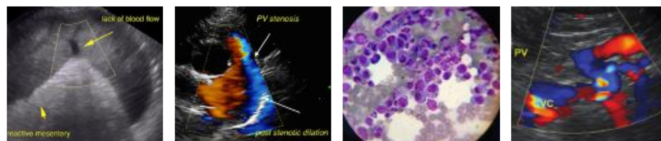
- Cholangitis / cholangiohepatitis hepatobiliary pattern
- Chronic pancreatitis
- Suspect inflammatory enteropathy
- Moderate chronic renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Triad Disease may be a primary consideration in this patient. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Potential for occult infiltrative hepatic neoplasia, which may present in a similar sonographic manner cannot be definitively excluded. Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology could be considered for further clarification with possible identification of inflammatory cell type if present, as well as assessment for occult round cell neoplastic criteria.







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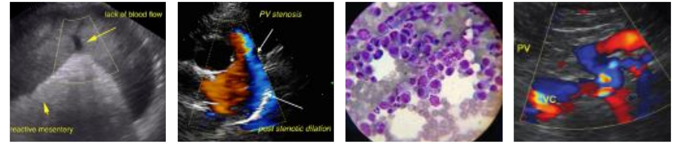

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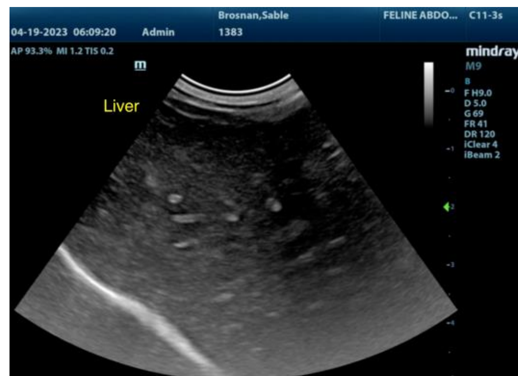


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**