



PATIENT

Nica Hedstrom

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Cathy Chun

INVOICE

14876

DATE

4/25/22

PRESENTING CLINICAL SIGNS

History: Nica presented to the hospital for severe jaundice. Bilirubin was 12 as opposed to 4 a year ago.

The submitted study contained 8 videos and 29 still images for review.

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 were noted.

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 to 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 3.4 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 0.31 cm width.

The right adrenal gland was 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. The spleen measured 0.7 cm in width.

Liver

The liver exhibited mild subjective generalized enlargement. Maintained symmetrical capsule contour was present. Non-homogeneous hepatic parenchyma noted, exhibiting moderate coarse echotexture. Potential for very minor lobar biliary tree dilation yet not definitive. A large, asymmetrical suspected hepatic cyst was present in the deep mid to right liver with subjective mild secondary gallbladder displacement. The suspected cyst measured 4-5 cm in diameter, containing anechoic fluid.

The gallbladder exhibited normal to mild subnormal subjective size with mildly prominent to echogenic walls. Mild anechoic content with concurrent mild luminal debris was present. The common bile duct exhibited segmental to generalized mild to moderate dilation yet no evidence of significant common bile duct dilation with the common bile duct containing anechoic without overt or visualized evidence of common bile duct calculi or obvious mucus. The common bile duct dilation measured 0.4 cm in diameter in the mid common bile duct.

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. Mild segmental non-shadowing small intestinal digesta/chyme was present. The area of the duodenal papilla was without evidence of overt pathology with the subjective duodenal papilla measuring 0.3 cm in diameter.

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

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Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX

Free Abdomen

Spayed Female

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Acute on chronic cholangitis/cholangiohepatitis pattern
- Large to expansive suspected hepatic parenchymal cyst with mild secondary gallbladder displacement
- Mild to moderate segmental to generalized common bile duct dilation

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Secondary Findings

- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nondistended gallbladder and mild to moderately distended common bile duct (measuring <0.5 cm) with concurrent inflammatory criteria, was not obviously consistent with post hepatic obstruction. However, given the large suspected hepatic intraparenchymal cyst in the area, as well as potential for non-visualized emerging obstructive pathology, such as calculi, mucus plug or other, the possibility of emerging post hepatic obstruction cannot be definitively excluded.

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Assuming normal clotting status, ultrasound guided FNA of the liver, using a 25-gauge needle, could be considered for screening cytology and assessment of inflammatory cell type. Aggressive therapy for acute on chronic cholangitis/cholangiohepatitis with as needed gastrointestinal support would be reasonable with close monitoring of clinical response. Potentially, exploratory laparotomy with gross inspection of the common bile duct and gallbladder may be indicated if persistent/progressive hepatic enzyme elevations or jaundice.

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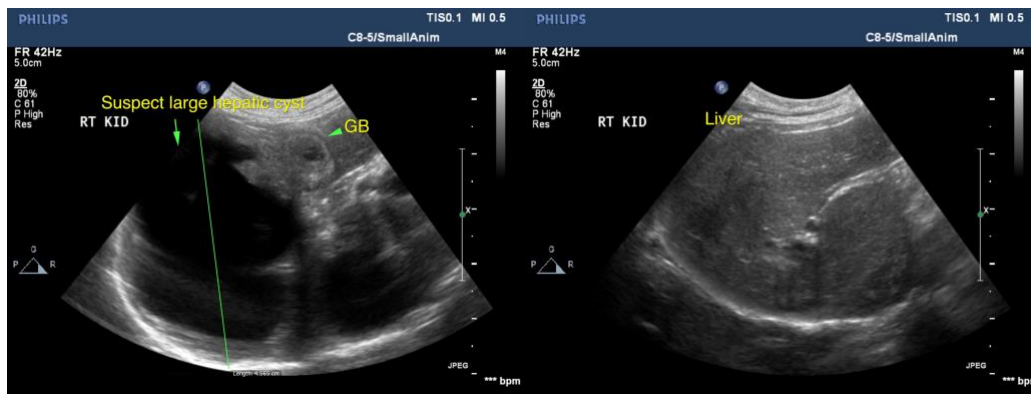
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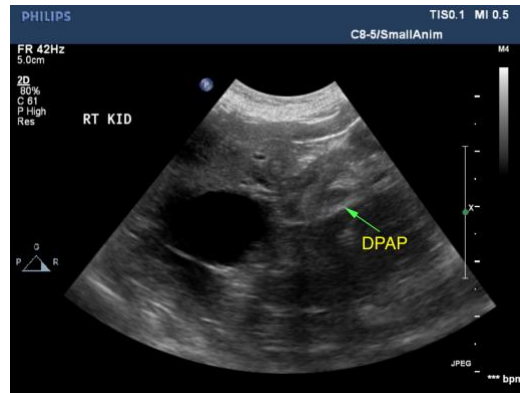
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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