

PATIENT

KitKat Valentino

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12yr

WEIGHT

11.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole,
DVM, DABVP
(Canine & Feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Golden

INVOICE

13611ag

DATE

04/26/2023

PRESENTING CLINICAL SIGNS

Elevated LE on routine BW. No clinical signs. Planning for a dental.
Abnormal PE/Chem/CBC/UA Results: PE: all WNL, BCS 5/9, good haircoat. HCT 51%, ALT 286, AST 96, ALP 171, GGT 7, T Bili 0.9, Chol 347. UA: SG 1.052, Bili 1+, Prot 2+, Ket Trace.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

Borderline prominent right kidney size based on normal renal parameters in a cat, suspect patient variant. 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 4.2 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

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

Spleen

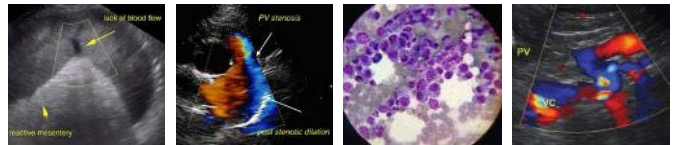
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.92 cm in width at the level of the hilus.

Liver/Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. 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 and mild hyperechoic potentially emerging mineralized luminal debris. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. No evidence of peripheral gallbladder inflammation was present. The common bile duct measured 0.18 cm diameter.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing pyloric ingesta/chyme 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 measured 0.28 cm width.

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

Pancreas

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

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

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- Hepatopathy-subjectively benign.
- Non-distended gallbladder with mild hyperechoic possibly mineralized luminal debris.
- Mild non-obstructive proximal common bile duct dilation-age related CBD changes, possible mild cholangitis.
- Chronic renal changes.
- Structurally unremarkable GI tract with mild pyloric ingesta/chyme.
- Minor heterogenous pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, inflammatory hepatobiliary criteria given the elevated ALT/AST in conjunction with possible emerging mineralized gallbladder debris i.e., cholangitis/cholangiohepatitis is suspected. A potential contributing factor to the elevated hepatic enzymes may include significant dental disease if clinically applicable. No evidence of hepatobiliary or intra-abdominal neoplastic criteria. No evidence of post hepatic obstruction.

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Assuming normal clotting status a hepatic FNA for screening cytology with possible assessment of inflammatory cell type and ideally bile C/S is recommended.

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Empirically, reassessment of hepatic enzymes following dental cleaning and hepatosupportive medications would be reasonable. No overt anesthetic contraindications assuming evidence of normal hepatic function i.e., normal ALB, BUN, CHOL and GLU.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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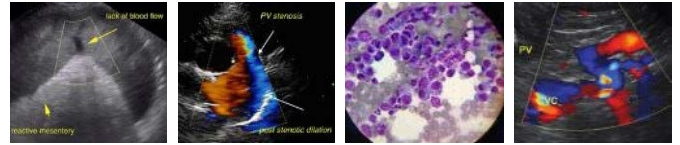
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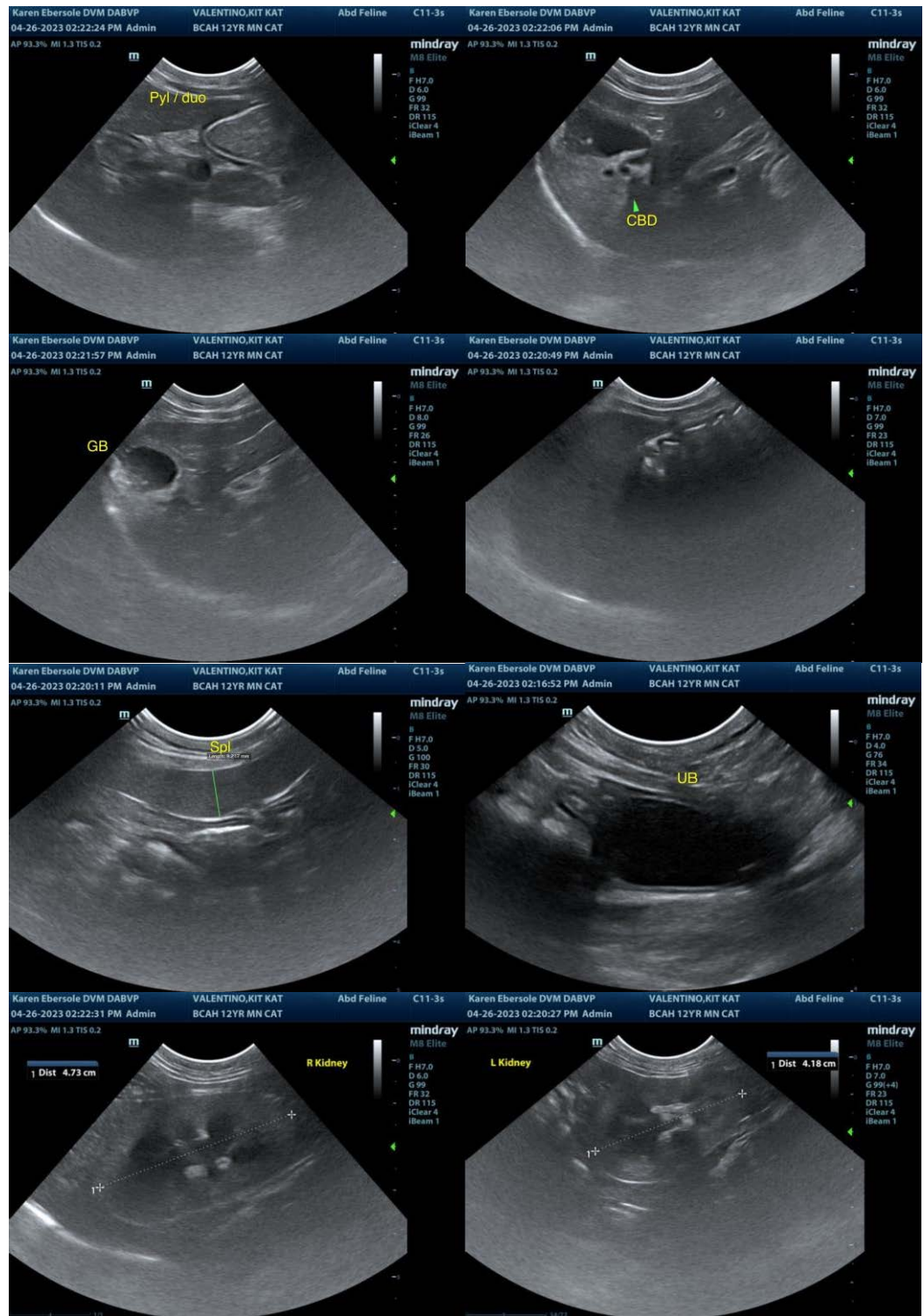
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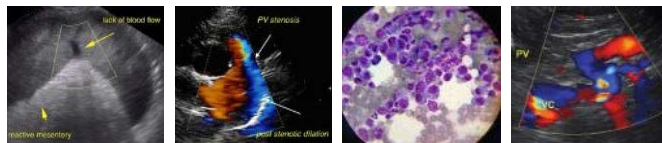
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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can be of any further assistance, please contact me.

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