



PATIENT PRESENTING CLINICAL SIGNS

Junior Jackson History: Elevated liver enzymes, Bili and T4. Decreased appetite

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 776, ALP 140, GGT 10, Tbili 0.6, T4 4.8 UA: 1+ protein, neg bilirubin SG: 1.018

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH

SEX

Neutered male

AGE

14 years

WEIGHT

Not provided

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.

Normal size and margination was 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. Multiple bilateral cortical cysts were observed, an example measuring 0.44 cm in diameter. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.3 cm in length.

Sonographic assessment of the ileac trifurcation revealed a focal mildly prominent isoechoic medial iliac lymph node measuring 0.55 cm in diameter. Mild nonspecific subjectively benign peri iliac and perilymphatic omental edema was observed. No overt evidence of peri iliac neoplastic criteria was noted.

INTERPRETED BY

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(Canine and Feline)

The area of the aortic trifurcation was free of pathology.

IMAGING PERFORMED BY

Jessica Miller

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.54 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

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Spleen

The spleen exhibited generalized enlargement with lateral and medial capsule asymmetry and a nonhomogeneous micronodular to moth eaten splenic parenchyma. The spleen measured up to 1.7 cm in width.

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Dr. Turowsky

Liver

The liver was mildly enlarged with normal structure and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a moderate coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

10460ag

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm in width.

DATE

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PATIENT

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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 0.21 cm in width.

SPECIES

Feline

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

BREED

DSH

Free Abdomen

SEX

Neutered male

No peritoneal effusion was present.

Focally enlarged hepatic lymph nodes were present adjacent to the portal vein. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.4 cm x 0.67 cm.

AGE

14 years

WEIGHT

Not provided

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes with cortical cysts.
- Splenomegaly exhibiting mottled to micronodular parenchyma.
- Hepatopathy-sonographically unremarkable gallbladder.
- Mild nonspecific hepatic and focal medial iliac lymphadenopathy-subjectively benign/reactive.
- Overtly normal GI tract with mild retained gastric ingesta/chyme.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, the overall appearance of the liver is suggestive of inflammatory hepatopathy or hepatobiliary disease i.e. cholangiohepatitis given the elevated ALT, potential for concurrent vacuolar hepatic changes and non-obstructive cholestasis is likely given the ALP/GGT combination and mild elevated TBIL level. No overt evidence of hepatic neoplastic criteria which is considered a less likely differential diagnosis. The splenic presentation is concerning for neoplastic criteria i.e. lymphoma, sarcoma, mast cell neoplasia or other while the possibility of age related nodular hyperplasia is possible. Assuming normal clotting status and using a 25g needle with Benadryl pretreatment, hepatosplenic FNA is warranted for screening cytology.

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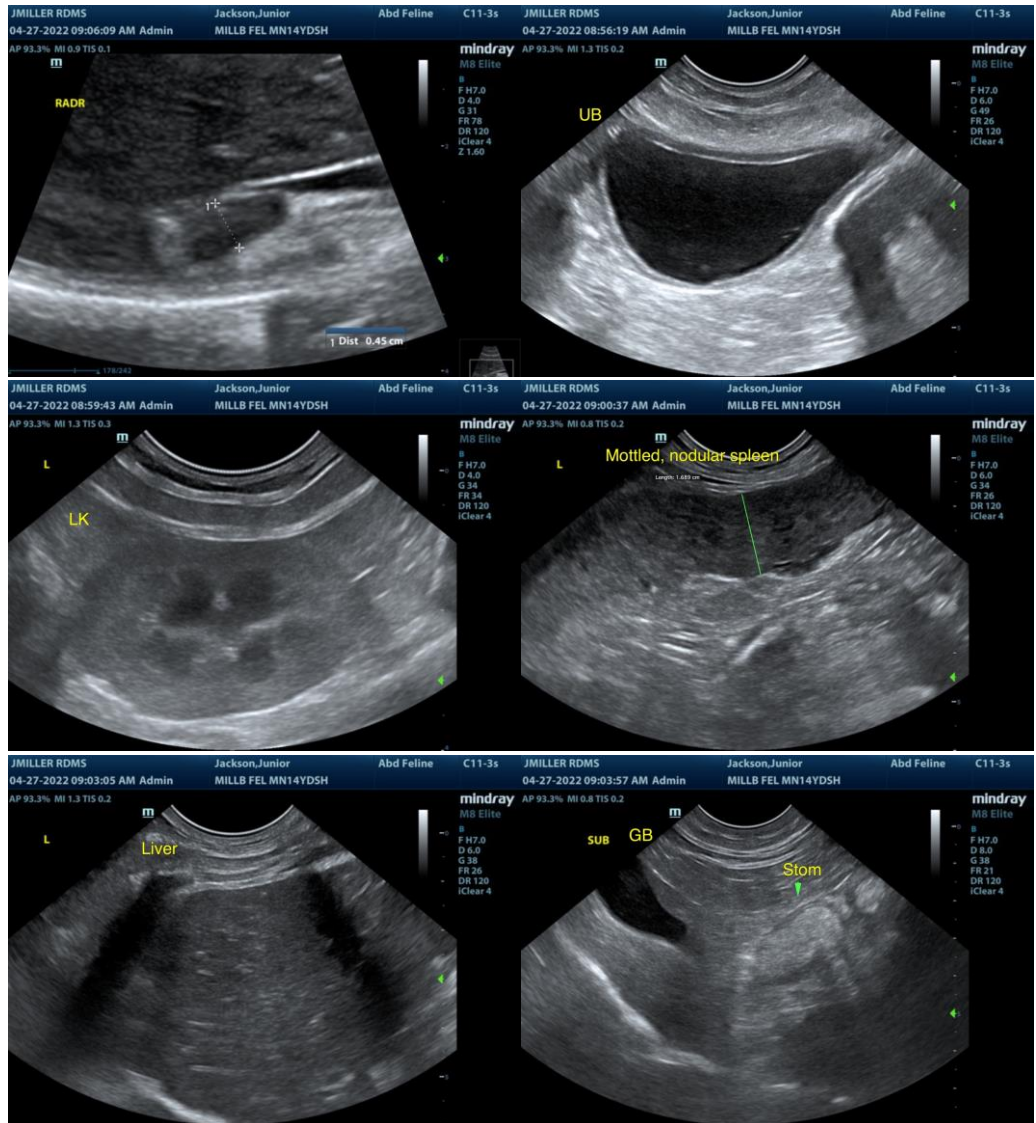
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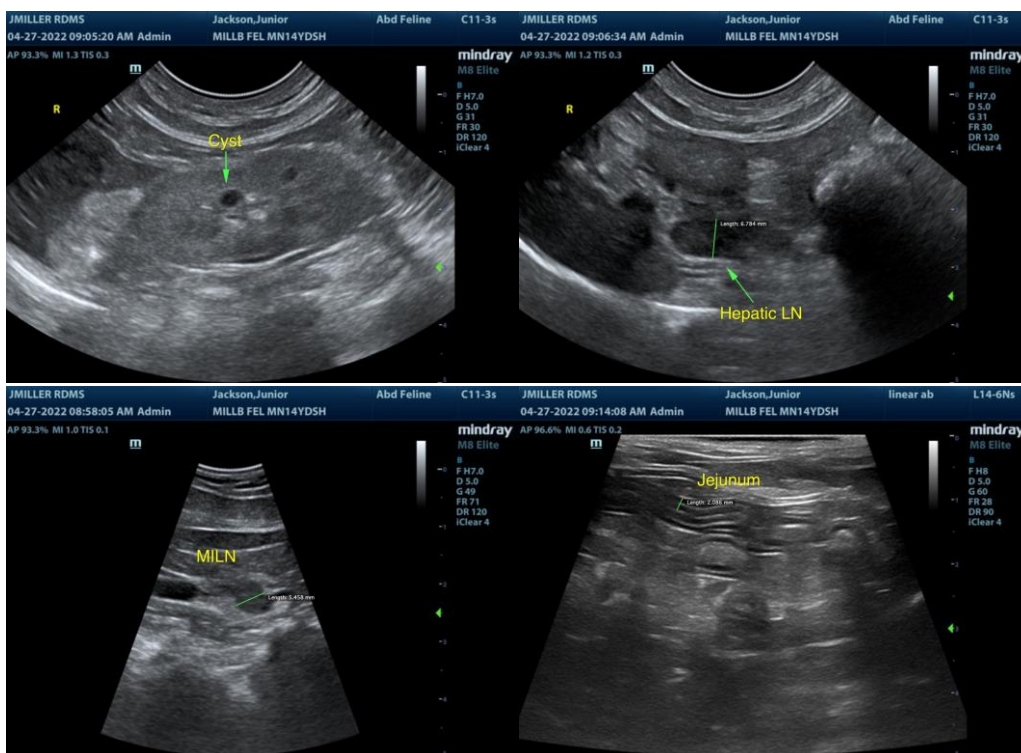
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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