



PATIENT

Harley Kozisek

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

6yr

WEIGHT

8.40lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Hayes

INVOICE

13374ag

DATE

04/03/2023

PRESENTING CLINICAL SIGNS

Fever, lethargy and anorexia since 3/28. Mild loss of muscle mass. Earmites treated with Revolution 3/30. Came back last night because not improving and diagnostics were done. Grumpy and uncooperative. Currently hospitalized on IVF, cerenia, mirtazapine and amoxicillin

Abnormal PE/Chem/CBC/UA Results: See attached labwork - Mild neutrophilia, bands present, Elevated ALT =710, mild hyperglobulinemia Radiographs NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.7 cm in length. The right kidney measured 3.9 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.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mildly prominent to echogenic walls and mild to moderate non-organized non-mineralized gallbladder debris. The common bile duct exhibited diffuse mild to moderate variable dilation to the level of the duodenal papilla. The common bile duct dilation measured 0.35-0.45 cm in diameter. Mildly prominent common bile duct walls with anechoic content and no visualized mucus or calculi present.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained non-shadowing echogenic ingesta/chyme with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.22 cm in width.



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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 duodenum wall measured 0.24 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.28 cm width.

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

Pancreas

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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.

Free Abdomen

SEX

No omental masses or peritoneal effusion was present.

MN

Minor prominent colic lymph nodes. This finding is considered incidental and is not consistent with inflammatory or neoplastic criteria.

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ULTRASONOGRAPHIC FINDINGS

- Cholangitis/cholangiohepatitis with concurrent pancreatitis.
- Sonographically unremarkable GI tract, possible mild gastric hypomotility.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered to identify inflammatory cell type. No overt evidence of intra-abdominal neoplastic criteria. No obvious evidence of post hepatic obstruction in conjunction with normal current TBIL levels. However, sonographic reassessment of the CBD and area of the duodenal papilla is recommended if evidence of progressive cholestasis.

A GI panel to include PLI/TLI/Cobalamin/Folate may be considered for further clarification of the pancreas and assessment for potential occult intestinal disease i.e., triad disease as a contributing factor. Cholangiohepatitis/pancreatitis therapy protocol with potential increased bacterial spectrum and as needed GI support with continued monitoring is recommended.

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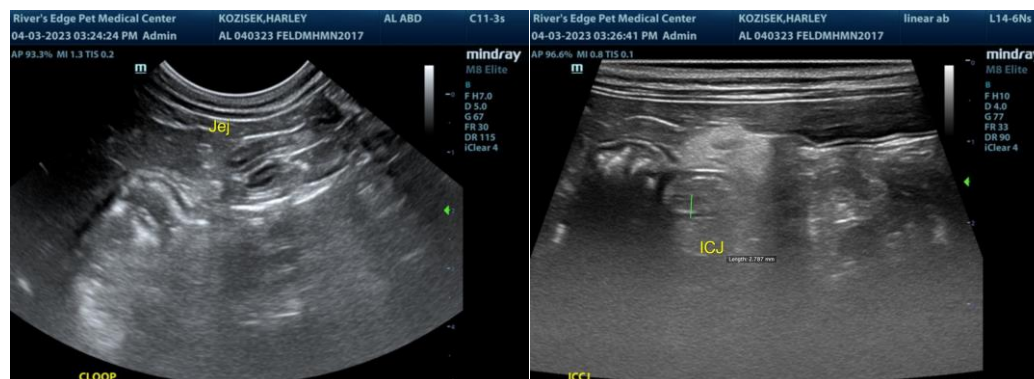
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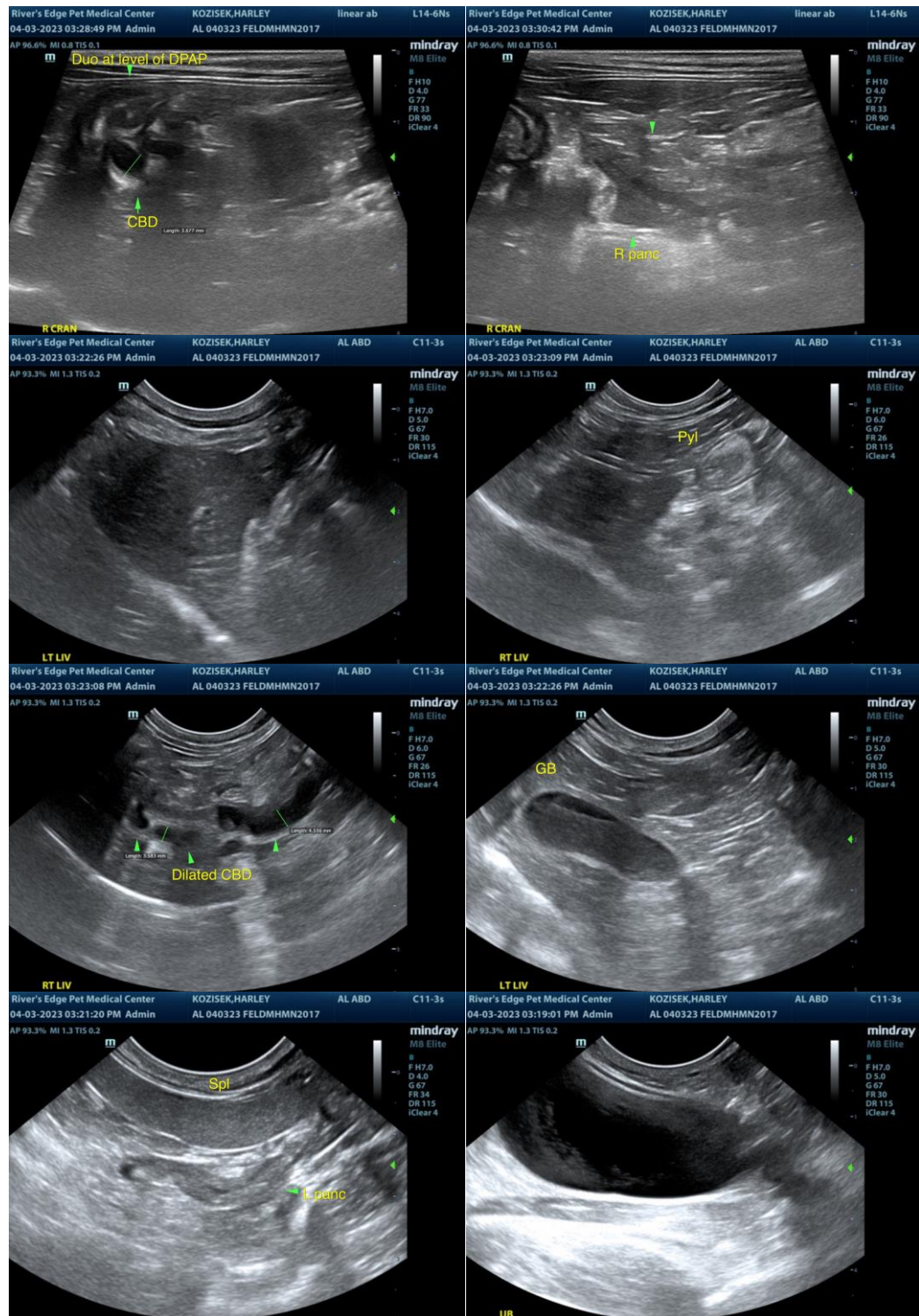
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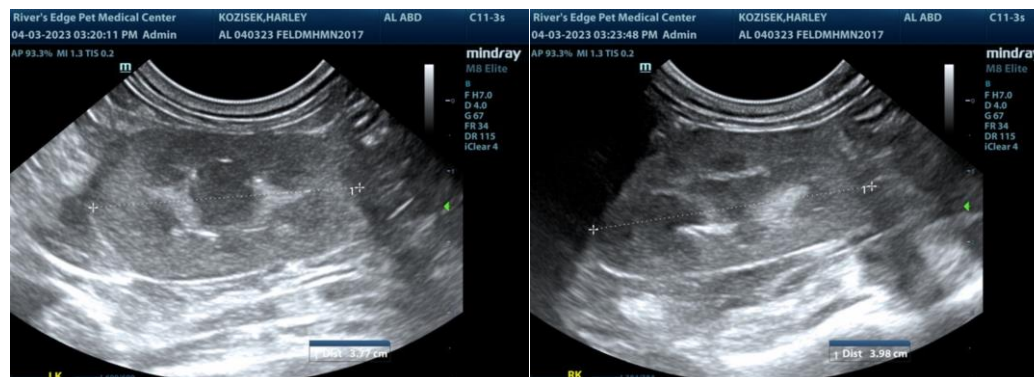
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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