



PATIENT PRESENTING CLINICAL SIGNS

Marty Stankavage History: Decreased appetite, vomiting, lethargy, GB calcifications on radiograph Denamarin, Convenia, Cerenia, Metro, Mirtaz, Prednisolone, Baytril

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 331, progressive elevated GGT (38) and TBIL (3.2), bilirubinuria

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH 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 was noted.

SEX

Neutered male The area of the aortic trifurcation was free of pathology.

AGE

10 years 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 mildly increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia was observed in both kidneys. The left kidney measured 4.8 cm in length. The right kidney measured 4.0 cm in length.

WEIGHT

14.6

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 0.53 cm width.

INTERPRETED BY

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

Spleen

The spleen exhibited borderline enlargement yet maintained a symmetrical capsule contour and 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 1.1 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

HOSPITAL NAME

Stanglein VC

The liver presented 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.

REFERRING VET

Dr. Dinello

The gallbladder distended in size with mildly prominent isoechoic to mildly echogenic walls with primarily anechoic luminal content with multiple choleliths present. An example of a cholelith measured 0.80 cm in diameter. The gallbladder wall measured 0.19 cm in width. The common bile ducts exhibited marked tortuous generalized dilation extending caudally from the level of the cystic biliary duct to the approximate level of the duodenal papilla containing anechoic fluid with evidence of mucus and multifocal variably sized choledocholiths. Evidence of common bile duct mineral at the approximate level of the duodenal papilla was visualized. The common bile duct dilation measured >1

INVOICE

10287ag

DATE

04/04/2022



PATIENT

Marty Stankavage

cm in diameter. There was evidence of minor pericholecystic inflammation, and a small pocket of scant free fluid was present.

Gastrointestinal

SPECIES

Feline

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta exhibiting subtle progressive distal acoustic shadowing with no signs of ileus, obstruction, or foreign material.

BREED

DSH

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.

SEX

Neutered male

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 were evident.

AGE

10 years

Free Abdomen

No overt lymphadenopathy or omental masses.

WEIGHT

14.6

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with minor pyelectasia.
- Hepatopathy-cholangiohepatitis/cholestasis probable without overt neoplastic criteria.
- Distended gallbladder with cholelithiasis.
- Markedly distended to tortuous common bile duct with choledocholithiasis and concurrent mucus to the subjective level of the duodenal papilla.
- Minor regional pericholecystic inflammation and small pocket of scant free fluid.
- Gastric ingesta exhibiting subtle progressive distal acoustic shadowing.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Stanglein VC

Given the degree of generalized common bile duct dilation with choledocholithiasis in the face of evidence of increasing cholestasis and bilirubinuria with either current or emerging post hepatic obstruction and/or high concern for obstructions going forward. Exploratory laparotomy with gross inspection of the common bile duct and duodenal papilla with potential CBD flush or redirection technique, C/S +/- hepatic biopsies assuming normal clotting status is recommended in this patient.

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