



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Mooch Albecker	Elevated liver enzymes.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: AST 122, ALT 327, Alk Phos 622, T Bili 1.8, Amylase 1393, PrecPSL 35, Chole 252, Neut 13860
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<i>Urinary System</i>
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 were noted.
<b>SEX</b>	Bilateral enlarged renal size was present. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild to moderate bilateral pyelectasia was present. The left kidney measured 5.4 cm in length. The right kidney measured 5.1 cm in length.
MN	A small ectopic kidney was noted caudal to the left kidney exhibiting concurrent mild pyelectasia and moderate loss of corticomedullary border demarcation measuring 2.3 cm in length.
<b>AGE</b>	
14yr	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
12.75lb	<i>Adrenal Glands</i>
<b>INTERPRETED BY</b>	The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Spleen</i>
<b>IMAGING PERFORMED BY</b>	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 1.0 cm in width at the level of the hilus.
Jessica Miller	<i>Liver/Gallbladder</i>
<b>HOSPITAL NAME</b>	The liver exhibited mild enlargement with areas of capsule asymmetry and normal parenchyma echogenicity. Moderate coarse architecture and evidence of parenchymal remodeling was present. Intermittent discrete intraparenchymal cysts were present. 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.
Companion AH Parsippany	<i>Gastrointestinal</i>
<b>REFERRING VET</b>	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. The gastric body wall measured 0.25 cm in width.
Dr. Wolf	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 ileocolic wall measured 0.42 cm width. The small intestine wall measured 0.26 cm in width.
<b>INVOICE</b>	
13410ag	
<b>DATE</b>	
04/04/2023	



**PATIENT**

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

Mooch Albecker

**Pancreas**

**SPECIES**

The pancreas exhibited normal size and minor capsule asymmetry with milds heterogenous hypochoic parenchyma. Minor pancreatic duct dilation was present.

Feline

**Free Abdomen**

**BREED**

No omental masses or peritoneal effusion was present.

DSH

Minor mildly prominent to enlarged colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 0.4 cm.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

MN

- Chronic renal changes with bilateral pyelectasia.
- Ectopic kidney exhibiting moderate chronic changes and minor pyelectasia caudal to the left kidney.
- Hepatopathy.
- Sonographically unremarkable gallbladder/CBD.
- Mildly prominent heterogenous pancreas.
- Structurally normal GI tract.
- Minor benign/reactive colic lymphadenopathy.

**AGE**

14yr

**WEIGHT**

12.75lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

The ectopic kidney is likely incidental and is seen at times in cats. The bilateral pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage or IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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

Reactive/vacuolar hepatopathy, inflammatory hepatopathy (cholangiohepatitis), or less likely infiltrative hepatic neoplasia are possible.

**IMAGING PERFORMED BY**

Jessica Miller

Low grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation or if clinical signs of pancreatitis are present. Triad disease could be a potential in this patient if GI signs or weight loss are noted.

**HOSPITAL NAME**

Companion AH  
Parsippany

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment. No overt evidence of intra-abdominal neoplastic criteria. Empirically hepatosupportive medications +/- cholangiohepatitis protocol and assessment of hepatic response may prove beneficial.

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**REFERRING VET**

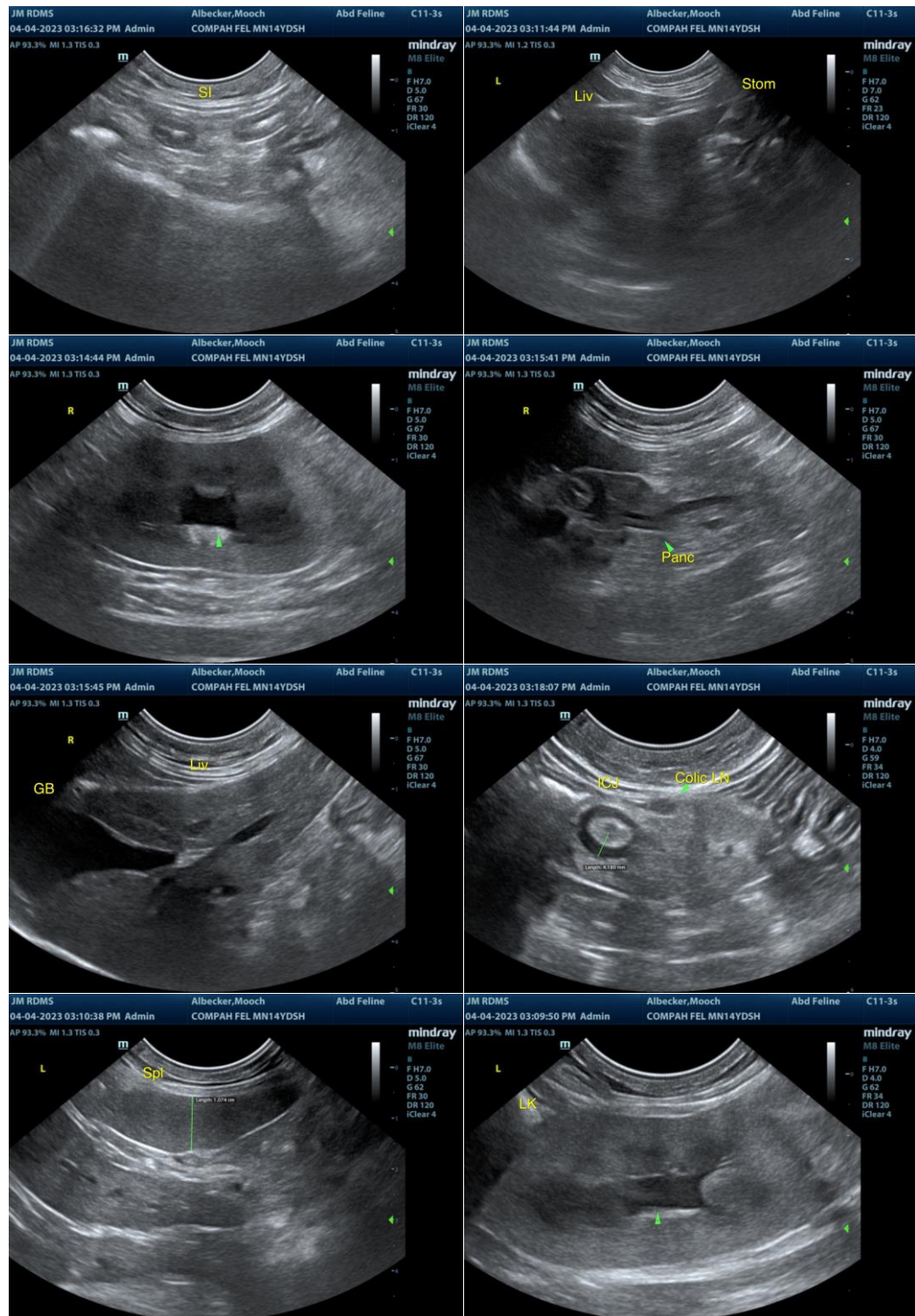
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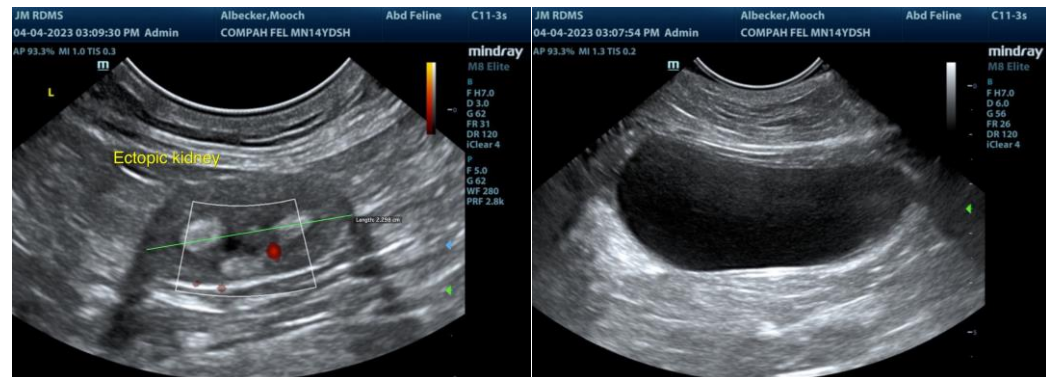
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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