

PATIENT

Misty Digrazia

PRESENTING CLINICAL SIGNS

Not eating, lethargic, constipated. Started on Mirtazapine, didn't seem to help.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: PE: BCS 5/9, poor haircoat, mod. dental dz. ALT 246, fPL normal. Previous echo done 4/2021.

BREED

DLH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

AGE

14 Years

The area of the aortic trifurcation was free of pathology.

WEIGHT

7 Pounds

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm. The right kidney measured 3.9 cm.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm.

No overt pathology in the area of the right adrenal gland.

Spleen

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP (Canine/Feline)

The spleen was normal to possibly mildly subnormal in size (0.53 cm in width at the level of the hilus), indicative of potential mild splenic volume contraction. 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.

HOSPITAL NAME

Scanvet

Liver

REFERRING VET

Dr. Sheridan

The liver presented mild to moderate enlargement. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Subjective increased prominence of hepatic vasculature, most notable in the area of the hepatic vein/caudal vena cava junction. Concurrent mildly distended cranial abdominal caudal vena cava at the level of the liver and diaphragm measuring 0.75 cm in width. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. Minor hyperechoic non-organized gallbladder debris noted. The cystic and common bile ducts were normal.

INVOICE

46479

DATE

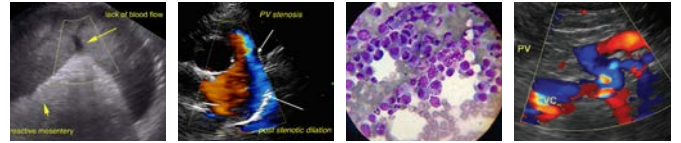
4/6/23

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained ingesta exhibiting progressive distal acoustic shadowing.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild to segmental non-shadowing intestinal ingesta/chyme present.

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



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SEX

Spayed Female

AGE

14 Years

WEIGHT

7 Pounds

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 sonographic evidence of active pancreatic inflammation.

Other

Transdiaphragmatic view of the caudal thorax revealed mild volume pleural effusion. Intermittent scant pocket of concurrent peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting subjective evidence of possible congestion, concurrent mildly prominent to distended cranial abdominal caudal vena cava.
- Mild gallbladder debris
- Sonographically unremarkable gastrointestinal tract with gastric and segmental intestinal ingesta.
- Sonographically normal pancreas
- Mild volume pleural and scant volume peritoneal effusion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver is suggestive of possible emerging congestive criteria, although not definitive. Mild inflammatory hepatobiliary disease (i.e., mild cholangiohepatitis) given the ALT elevation possible.

IMAGING PERFORMED BY

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DABVP (Canine/Feline)

Sonographically, the appearance of the gastric and segmental intestinal ingesta is consistent with food. Correlation with most recent meal ingestion is suggested, given reported inappetence.

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Correlation with concurrent echocardiogram suggested.

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Screening hepatic FNA cytology (assuming normal clotting status and using 25-gauge needle) could be considered, primarily to assess for evidence of inflammatory criteria as well as possible occult infiltrative neoplasia.

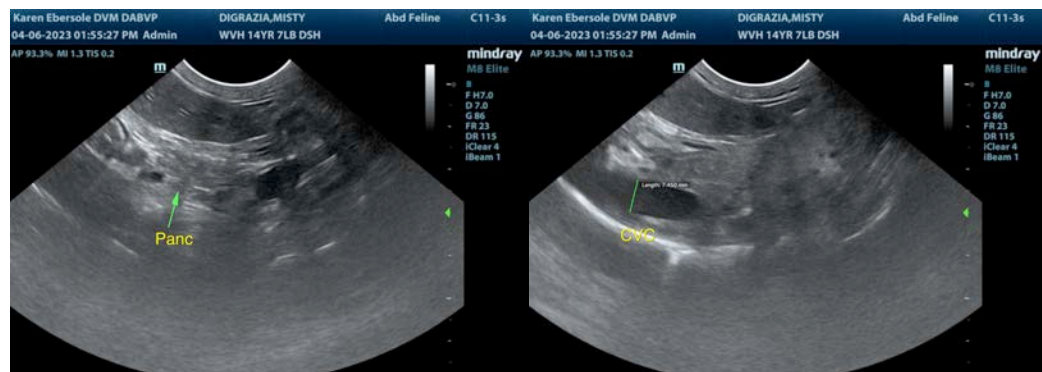
If documented NPO, monitoring for gastric emptying or for potential evidence of metabolic/functional gastrointestinal ileus is warranted.

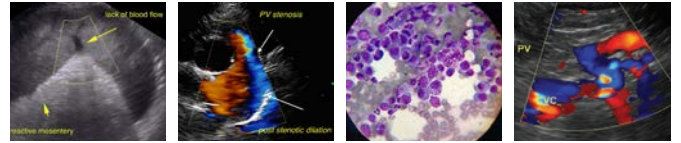
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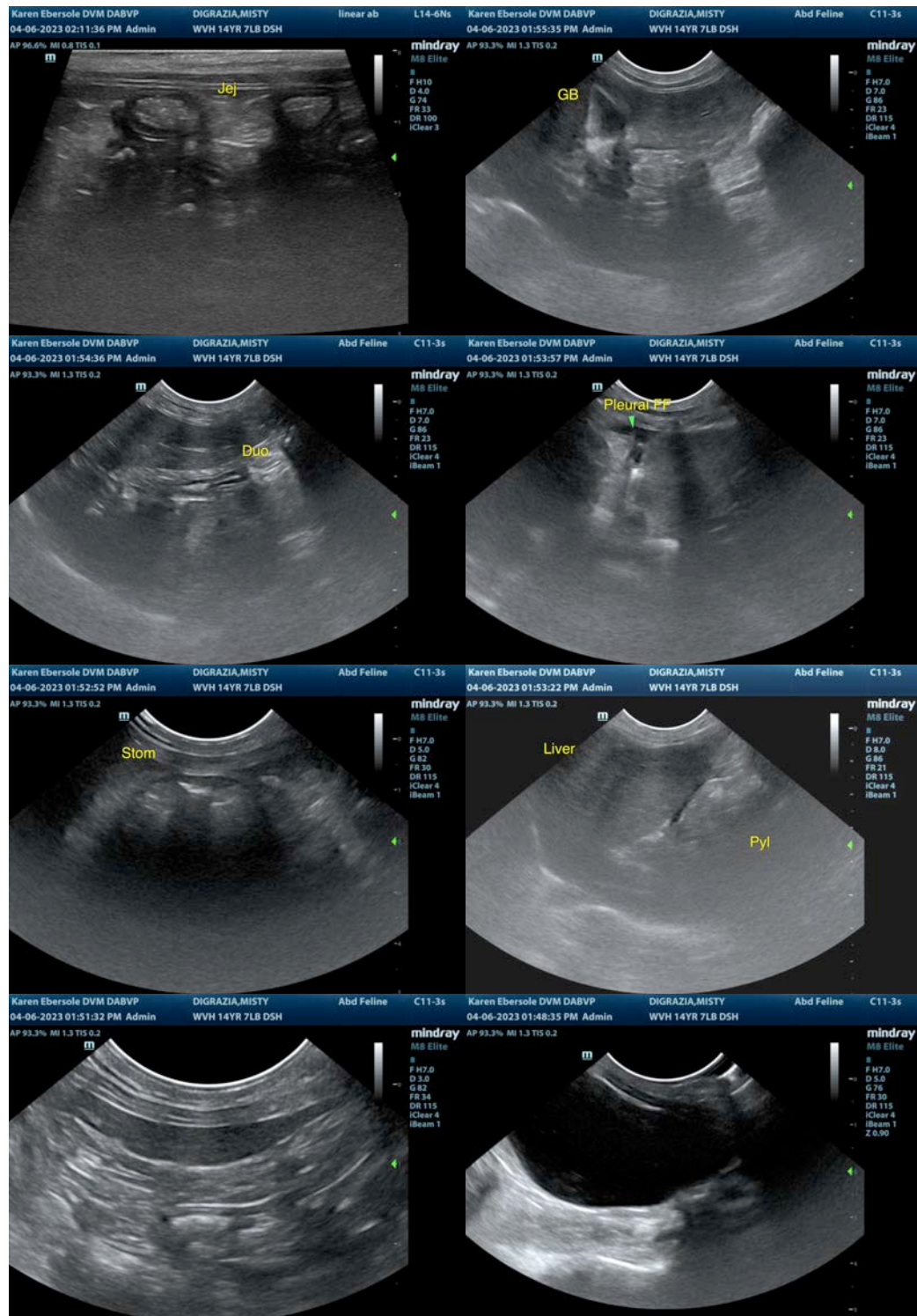
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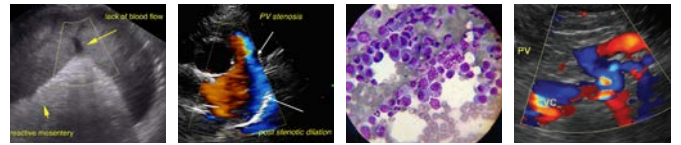
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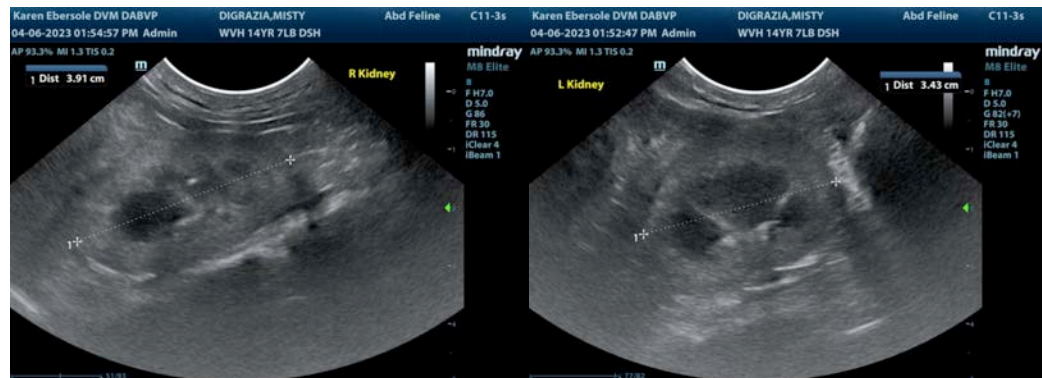
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com