



PATIENT

Divine Jans

SPECIES

Feline

BREED

DSH

SEX

Male Neuter

AGE

13

WEIGHT

7.3 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Belan

HOSPITAL NAME

Alpine 24/7

REFERRING VET

Dr. Katz

INVOICE

13853

DATE

5/11/22

PRESENTING CLINICAL SIGNS

Body score 5/5 Inappetent and showing some neurological signs tucking chin and head tilt and ataxic. Abnormal PE/Chem/CBC/UA Results: Mild elevation of ALP

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A maintained normal 1:3 cortex / medulla ratio with mildly increased corticomedullary echogenicity and mildly enhanced corticomedullary border demarcation were present. Minor pyelectasia was present in the left kidney. The left kidney measured 4.3 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

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. The spleen measured 0.8 cm in width.

Liver/ Gallbladder

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.23 cm width.

Gastrointestinal

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 width measured 0.25 cm.



PATIENT	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 obstruction or foreign material. Minor segmental jejunal ileus was present. The jejunum wall width measured 0.21 cm.
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Feline	Pancreas
BREED	The area of the pancreas base and proximal right pancreatic limb exhibited mildly prominent size with areas of minor capsule asymmetry and mild hypoechoic parenchyma compared to adjacent omentum. The left limb of the pancreas exhibited heterogeneous isoechoic to subtly hypoechoic parenchyma.
DSH	
SEX	Free Abdomen
Male Neuter	Mildly prominent to hypoechoic, colic lymph node, measuring 0.35 cm in width, was present. No free fluid was noted.
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R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Hyperechoic liver • Mild nonobstructive proximal common bile duct dilation • Probable chronic to chronic active pancreatitis • Mild enteritis • Intermittent minor subjectively reactive / benign colic lymph nodes • Mild nonspecific chronic renal changes with minor left kidney pyelectasia
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Belan	The appearance of the liver was nonspecific with several etiologies possible, such as vacuolar hepatopathy, chronic hepatitis / cholangiohepatitis, and lipidosis, while the potential for round cell hepatic neoplasia, although thought less likely, cannot be excluded. The nonobstructive common bile duct dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.
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REFERRING VET	Assuming normal clotting status and with vitamin K pretreatment, ultrasound-guided FNA of the liver using a 25-gauge needle is warranted for screening cytology primarily to access for evidence of inflammatory cells and rule out potential for neoplasia. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered for further assessment of the pancreas, as well as if lipidosis is confirmed.
Dr. Katz	
INVOICE	
13853	The pyelectasia in the left kidney may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein:creatinine ratio on sterile urine sample is recommended.
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5/11/22	Continued as-needed gastrointestinal support +/- feeding tube therapy for pancreatitis +/- toxoplasmosis serology if clinically applicable, given the patient's neurological signs, could be considered.



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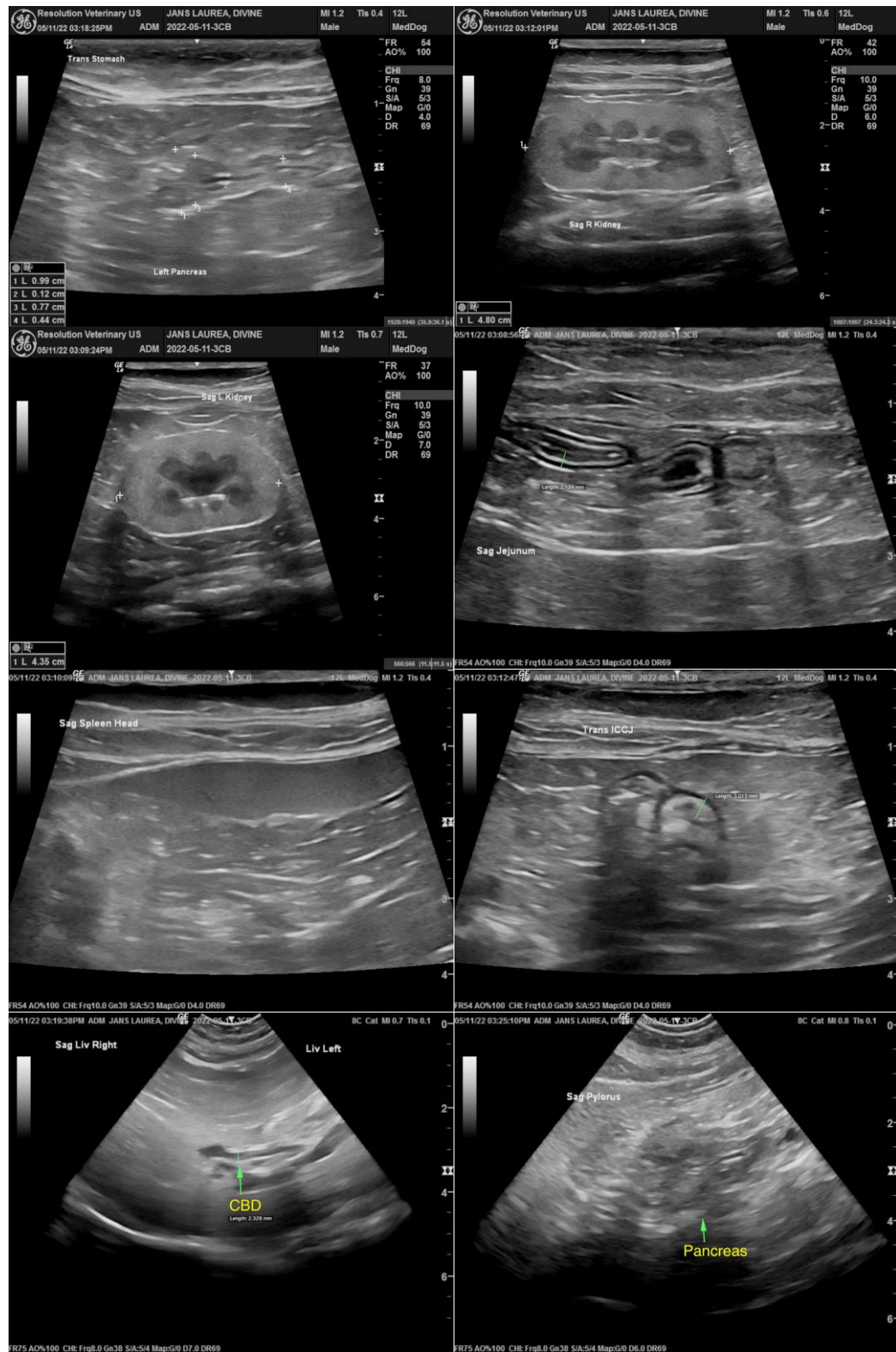
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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