



PATIENT

Little G Fitzpatrick

SPECIES

Feline

BREED

Bengal

SEX

Spayed Female

AGE

9 Years

WEIGHT

5.8 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Pamela Harrigan,
RDCS

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Christina Poor,
BVetMed

INVOICE

16220

DATE

05/14/26

PRESENTING CLINICAL SIGNS

FUO. Inappetence, lethargy, vomiting. Treated with Cerenia (since discontinued) and SQ fluids (still getting). ALT 273 (H), neut 24,000, WBC 32,000

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 change were noted.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.2 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 0.44 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 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 0.95 cm width level of the mid spleen.

Liver & Gallbladder

The liver presented subjective mildly 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.

The gallbladder was distended in size with overall normal gallbladder wall and mild nondependent particulate gallbladder debris. Diffuse to significantly distended cystic and common bile duct containing primarily anechoic content with a solitary subjective non-obstructive common bile duct calculus at the level of the subjective mid common bile duct measuring approximately 0.7 cm in diameter. Subjective mildly thickened duodenal papilla without evidence of distal common bile duct or duodenal papilla calculus with the duodenal papilla measuring 0.69 cm in diameter.

Gastrointestinal



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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 intestinal walls demonstrated intact wall layers with mild/variable thickened walls and altered 1:3 muscularis / mucosa ratio owing to propensity for segmental to variably thickened muscularis layer. The jejunum wall measured 0.3 cm wall width. The ileocolic wall measured 0.3 cm wall width.

Normal visible colon wall layers were present with semi formed fecal matter in lumen.

Pancreas

The pancreas presented normal in size and contour with mild nonhomogenous remodeled parenchyma and prominent pancreatic duct.

Free Abdomen

Intermittent mildly prominent mesenteric 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). No evidence of peritoneal effusion.

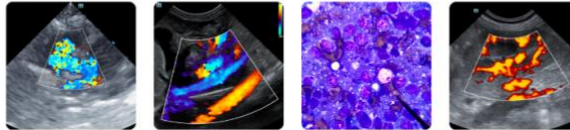
ULTRASONOGRAPHIC FINDINGS

- Chronic to significant cholangitis/cholangiohepatitis pattern exhibiting gallbladder debris, diffuse significant common bile dilation and solitary chole- to choleolith.
- Chronic enteropathy/chronic pancreatitis.
- Subjective mildly thickened duodenal papilla.
- Intermittent mild mesenteric lymphadenopathy.
- Bilateral mild chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology could be considered to assess for inflammatory cell type. Given the degree of common bile dilation and thickened duodenal papilla, potential for emerging post-hepatic obstruction is of concern yet not definitively or currently present in conjunction with lack of significant hepatic enzyme elevations or reported cholestasis. Triaditis is a potential in this patient with occult to emerging neoplasia not definitively excluded. Caroli disease given diffuse and significantly dilated biliary tract is thought less likely.

Empirical therapy for cholangiohepatitis/triaditis with clinical monitoring would be reasonable. Biopsies are likely required for a definitive diagnosis. Sonographic monitoring is indicated if progressive hepatopathy or arising cholestasis.



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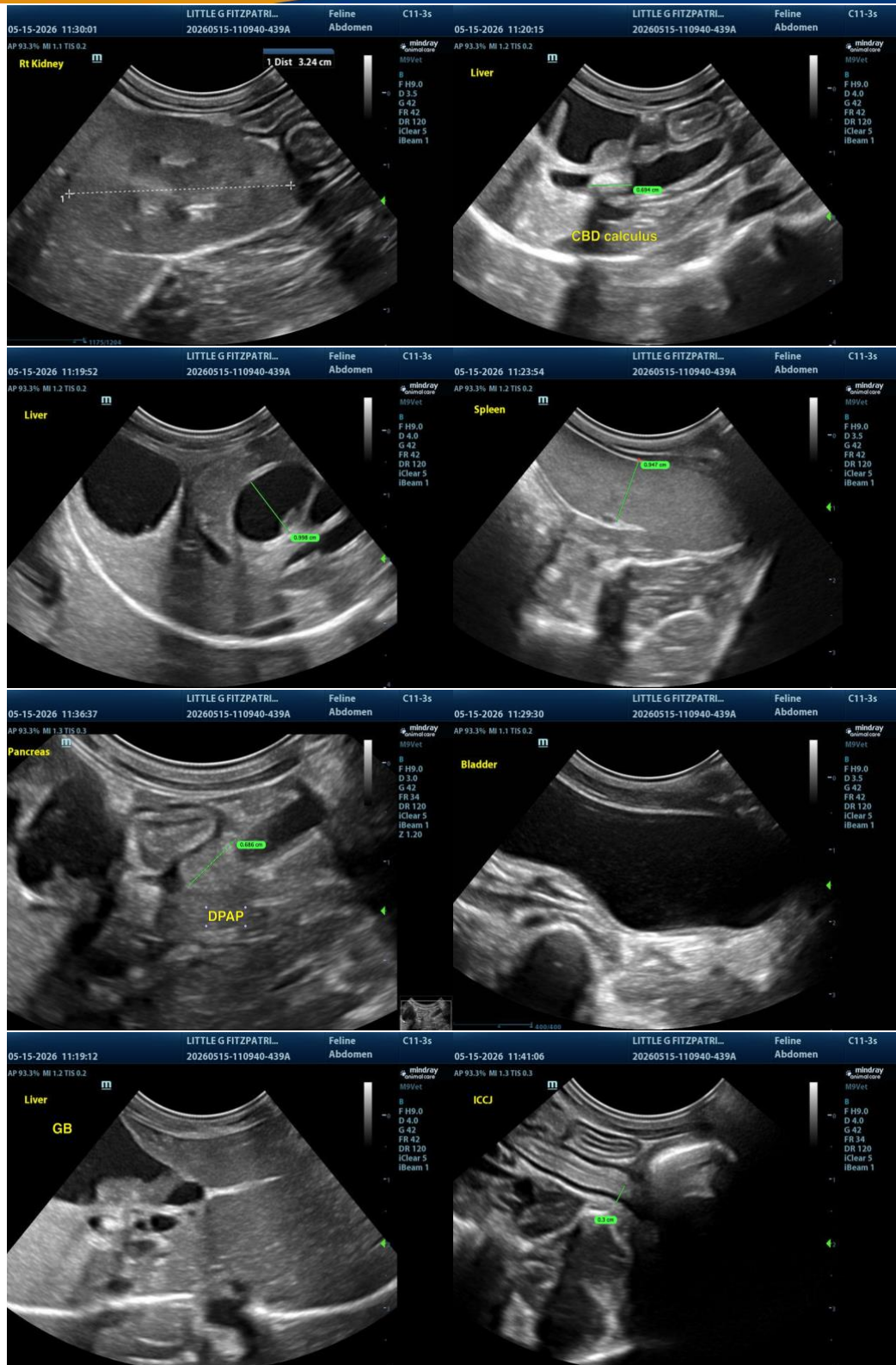
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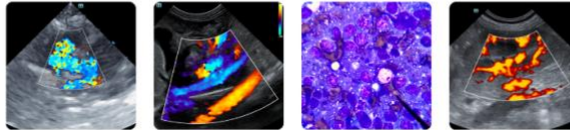
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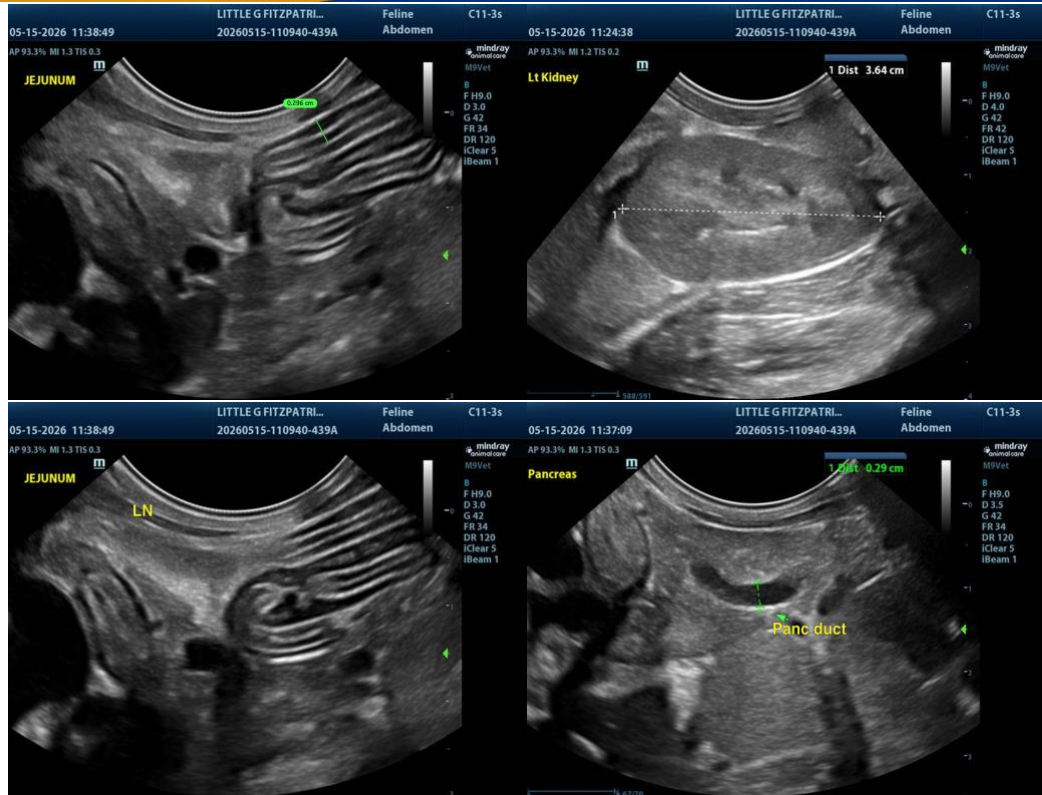
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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