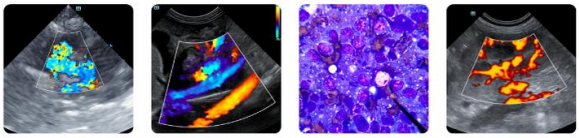


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Mr Guy Galloway

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14Y

WEIGHT

14.8lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie Animal Clinic

REFERRING VET

Dr Brandt

INVOICE

75045

DATE

5-19-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings:
inappetant and icteric
ABNORMAL Labwork Values
WBC 21K
RBC 29%
Bili 4.5
Current Medications
cerenia, elura, miratazb, baytril, IV fluids

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Submitted study contained 31 still images and videos for review.

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 evidence of urine or lumen sediment, mineral, or calculi. 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 residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Loss of corticomedullary distinction was also present. The left kidney measured 4.6 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position, and shape subjectively measuring 0.37 cm.

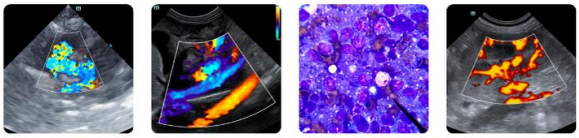
No obvious pathology in the area of the right adrenal gland.

Spleen

The spleen presented normal in size and contour with a mild nonhomogeneous hypoechoic parenchyma compared to adjacent omentum. The spleen measured 0.95 cm with level of the mid spleen. 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.

Liver/ Gallbladder

The liver presented subjective generalized mild hepatomegaly with symmetrical contour, generalized parenchyma hyperechogenicity exhibiting mild to moderate coarse echotexture, lobar biliary tree dilation, and focal areas of hepatic parenchyma or biliary tree mineralization. Intermittent subtle nonhomogeneous hepatic nodules were also present. An example of a nodule measured 1.6 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was distended in size with normal walls and without evidence of edema. Anechoic bile with moderate nondependent nonmineralized gallbladder debris was present. Subjectively mildly dilated cystic duct. The common bile duct was not definitively visualized with potential ill-defined, nonhomogeneous to hypoechoic mass lesion In the area of the common bile duct, right liver, and pancreas possibly measuring approximately 3.0-3.5 cm in diameter.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

The visualized segments of small intestine exhibited intact wall layering and overall maintained wall layer ratio with mildly thickened intestinal wall. The small intestine wall measured 0.31 cm.

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

Pancreas

The visualized left pancreatic limb caudal to the stomach exhibited normal size, primarily symmetrical contour, and mild nonhomogeneous remodeled parenchyma compared to adjacent nonreactive omentum with mildly prominent pancreatic duct.

Free Abdomen

No visualized significant omental lymphadenopathy.

No evidence of significant peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Enlarged hyperechoic liver with lobar biliary tree dilation.
- Nonhomogeneous hepatic nodules and hepatic parenchyma vs lobar biliary tree mineralization.
- Distended gallbladder and visible cystic duct with moderate bile sediment.
- Possible ill-defined mass lesion area of the common bile duct, right pancreas, and right liver.
- Suspect left limb chronic pancreatitis.
- Intact mildly thickened small intestinal wall.
- Bilateral chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Post-hepatic obstruction appears present given the icteric in conjunction with degree of bilirubin elevation, gallbladder distension, and concurrent biliary tree dilation. This may be secondary to unspecified mass in the area of the common bile duct, pancreas, or right liver vs other pathology such as inflammatory disease, nonobvious common bile duct calculus, or other. Concurrent chronic pancreatitis, underlying enteropathy, multicentric inflammation such as triaditis, or neoplasia are all potentials.

Further assessment may include, assuming normal clotting status, using a 25-gauge needle, and with Vitamin K pretreatment, hepatic FNA cytology.

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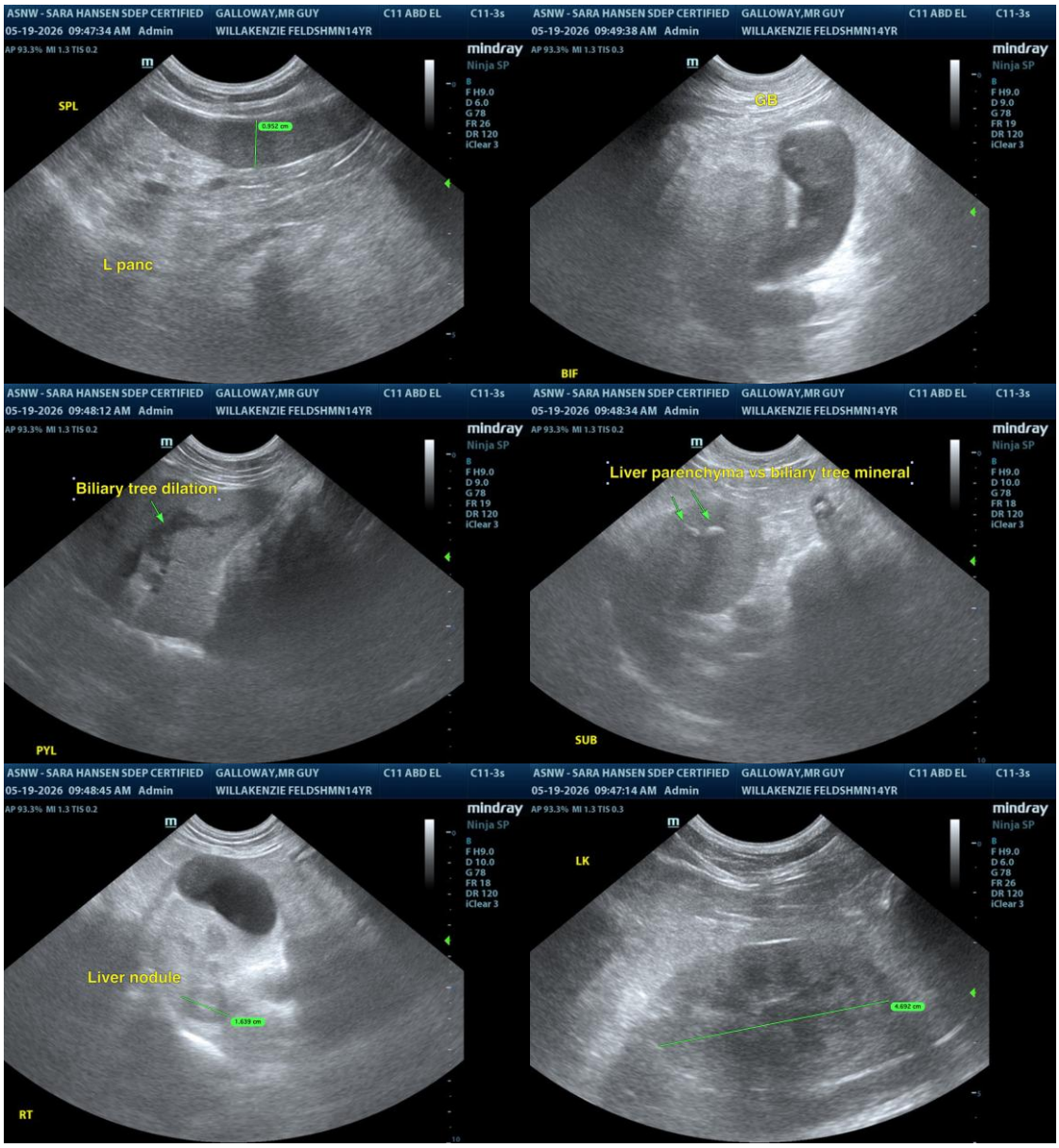
A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Assuming no pathology on three-view chest radiographs, abdominal CT would be ideal for further clarification.

Continue supportive care, empirical therapy for possible cholangiohepatitis, and close clinical monitoring would be more conservative.



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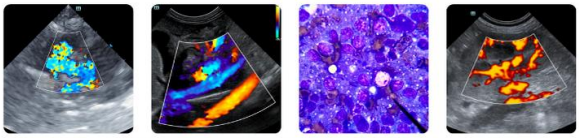

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Educational Teleconsultation Services™

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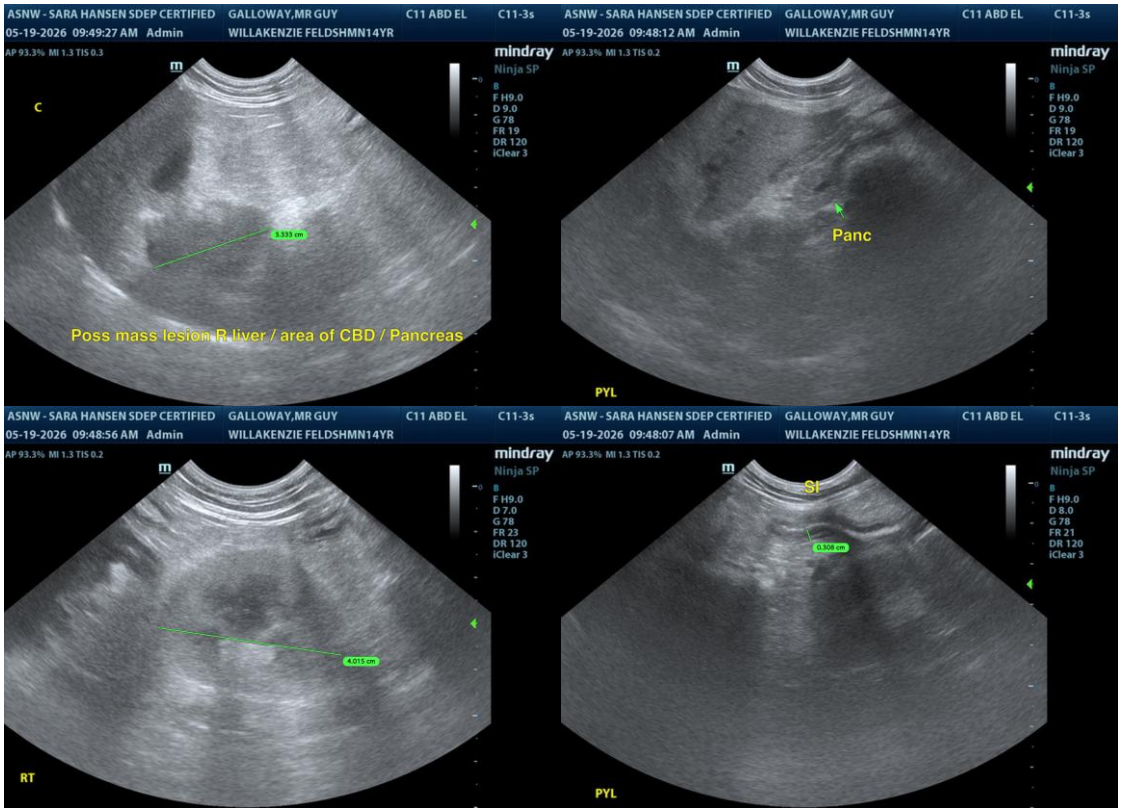

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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