



PATIENT

Benny Gazdag

PRESENTING CLINICAL SIGNS

History: Elevated ALT, AST. Anorexia. Weight loss. Vomiting.

SPECIES

Feline

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. Aortic trifurcation was normal.

BREED

Siamese

Normal size and margination were 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 3.7 cm in length. The right kidney measured 3.8 cm in length.

SEX

Neutered Male

AGE

11 Years

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands.

WEIGHT

4.16 kg

Spleen

The spleen was normal in size, measuring 0.68 cm in width at the level of the hilus. The generalized spleen exhibited mild parenchymal heterogeneity. Multiple, nondisruptive, well-demarcated, uniform hyperechoic nodules were present throughout the cranial to caudal parenchyma. An example of nodule size measured 0.42 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

INTERPRETED BY

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

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

IMAGING PERFORMED BY

Dave Stasiuk, RDMS,
RDSCS

HOSPITAL NAME

Resolution VU, LTD

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. M. Huet

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 measured 0.25 cm.

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The small intestine presented intact wall layering with altered muscularis/mucosa ratio owing to generalized propensity for prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No overt evidence of loss of intestinal wall layering or intestinal masses. The duodenum wall measured 0.30 cm. The jejunum wall measured 0.34 cm. The ileocolic wall measured 0.34 cm.

DATE

5/2/22



PATIENT

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

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Pancreas

SPECIES

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia. Mild pancreatic duct dilation noted.

Feline

BREED

Free Abdomen

Siamese

No omental masses, significant lymphadenopathy or evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

Neutered Male

- Probable cholangiohepatitis
- Chronic active pancreatitis
- Intact yet prominent small bowel wall layering secondary to generalized prominent muscularis layer

AGE

11 Years

WEIGHT

4.16 kg

Secondary Findings

- Probable benign splenic nodules- consistent with probable benign myelolipomas
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the small intestine was consistent with subjective mild infiltrative enteropathy. Considerations may include inflammatory infiltrative enteropathy, i.e., IBD or eosinophilic enteritis with potential for early to low-grade neoplastic infiltrative enteropathy with round cells, such as lymphoma. Strong suspicion for triad disease in this patient is warranted in this patient given the elevated liver values, hepatic presentation and concurrent chronic active pancreatitis pattern.

Further assessment may include a GI panel to include PLI, TLI, cobalamin and folate. Ultrasound guided FNA of the liver could be considered, using a 25-gauge needle, primarily to assess for or possibly identify inflammatory cell type.

Empirical therapy for triad disease, which may include as needed gastrointestinal support, hydrolyzed diet, cobalamin supplementation +/- prednisolone at lowest effective dose to control clinical signs, would be reasonable. Full thickness intestinal, as well as hepatopancreatic biopsies would be required for a definitive diagnosis.



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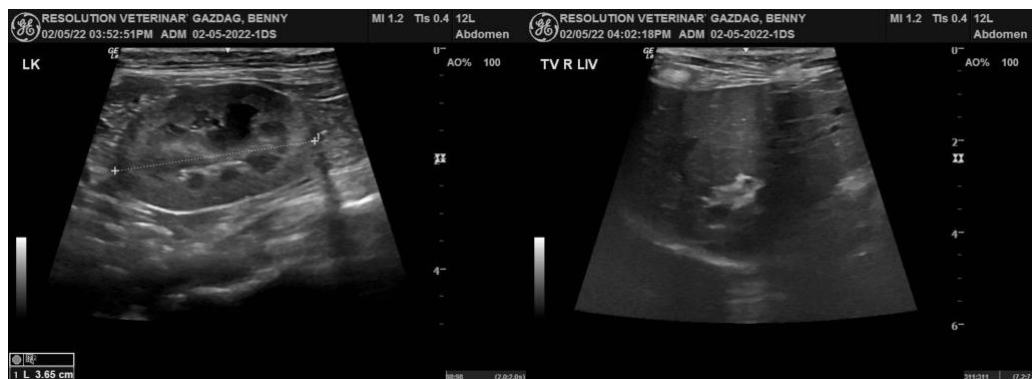
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

SPECIES

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info@SonoPath.com

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