



PATIENT PRESENTING CLINICAL SIGNS

Miko Iannacone Presented for limping, severely icteric, elevated liver values.
 Medication: SQF

SPECIES
 HCT 30.2, WBC 15.0 with neutrophilia and monocytosis, ALT 800, ALP 576, GGT 12, TBili 15.3
 Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH 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.

SEX MN The area of the aortic trifurcation was free of pathology.

AGE 2008 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 4.3 cm in length. The right kidney measured 3.9 cm in length.

WEIGHT 5.3

Adrenal Glands

The left adrenal gland was overtly normal in size, position, and shape yet indistinctly visualized subjectively measuring 0.28 cm width. No overt pathology was noted in the area of the right adrenal gland.

INTERPRETED BY

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

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 0.76 cm width at the level of the hilus.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Maple Hills VH

Liver/ Gallbladder

The liver exhibited subjective mild enlargement with normal 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.

REFERRING VET

Dr. Banzhof

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The gallbladder was non-distended in size containing primarily anechoic content. The gallbladder walls were sonographically normal. No evidence of peripheral gallbladder inflammation was noted. Generalized mild to moderate tortuous dilation extending from the level of the gallbladder caudally into the area of the duodenum was noted. Anechoic content was present in the dilated common bile duct with no definitively visualized common bile duct obstruction criteria i.e., calculus, mucus, or duodenal papilla pathology.

DATE
 5/2/23



PATIENT ***Gastrointestinal***

Miko Iannacone 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.

SPECIES 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 ileus, obstruction, or foreign material.

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

BREED ***Pancreas***

DSH The pancreas was variably prominent in size exhibiting mild capsule asymmetry and heterogeneous parenchyma with left and right limb pancreatic duct dilation.

SEX ***Free Abdomen***

MN Intermittent midabdominal 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). An example lymph node measured 1.1 cm diameter.

AGE **ULTRASONOGRAPHIC FINDINGS**

2008

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- Cholangitis / cholangiohepatitis hepatobiliary pattern
- Generalized mild to moderate torturous common bile duct dilation
- Chronic pancreatitis pattern
- Mild chronic renal changes
- Overtly normal gastrointestinal tract
- Intermittent subjective benign / reactive mesenteric lymph nodes

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 (Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology could be considered for further clarification and potential identification of inflammatory cell type. Definitive evidence of obstructive posthepatic criteria was not obvious yet the possibility of emerging chronic posthepatic obstruction cannot be definitively excluded. No overt evidence of intraabdominal neoplastic criteria. Spec fPL or full GI panel to include PLI/TLI/Cobalamin/Folate is warranted for further clarification of the pancreas and assessment for evidence of intestinal disease which may indicate potential Triaditis.

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Empirically, therapy for cholangiohepatitis with close monitoring of hepatic response and/or evidence of progressive hepatic enzyme elevations / cholestasis with potential for sonographic reassessment would be reasonable.

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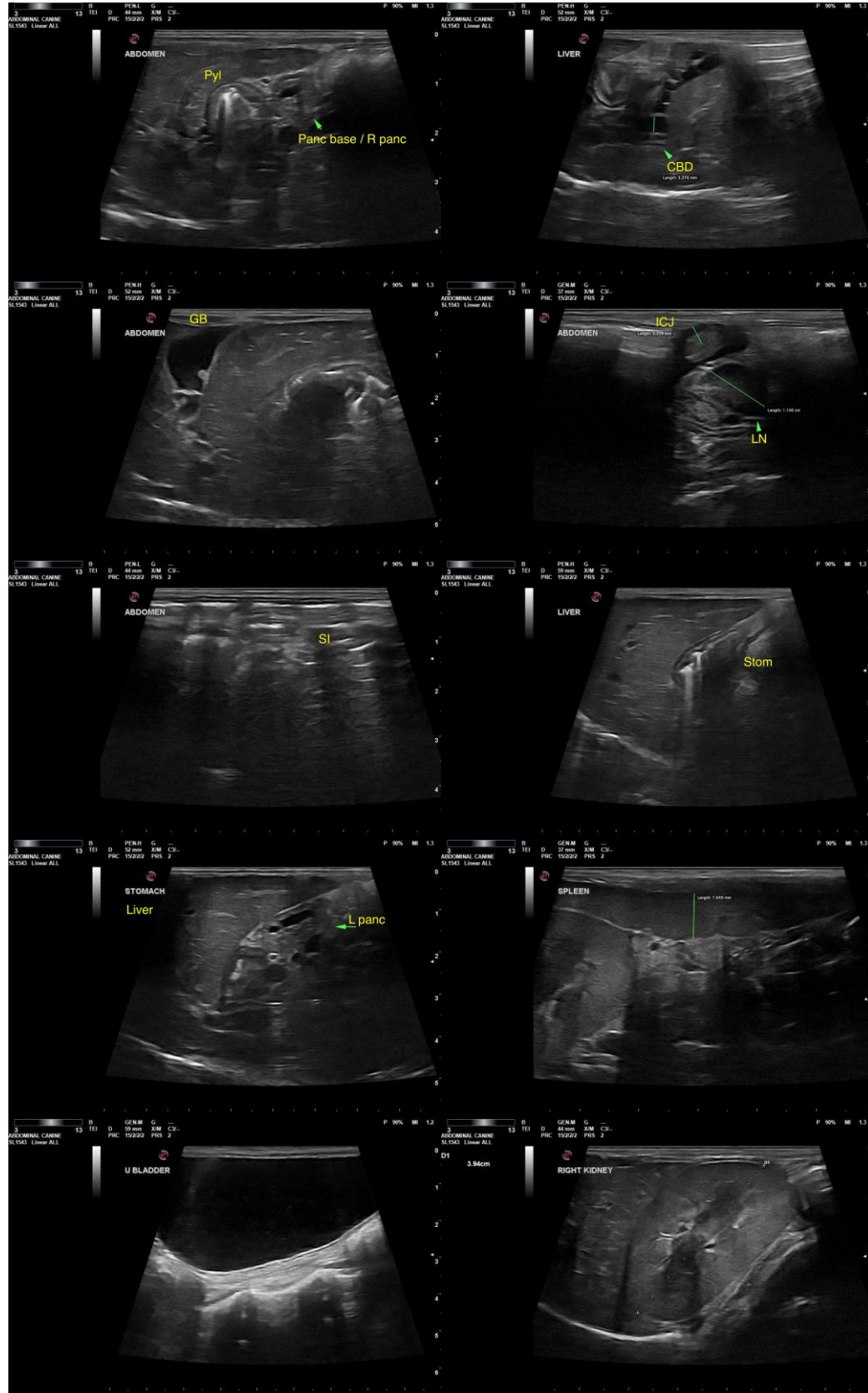
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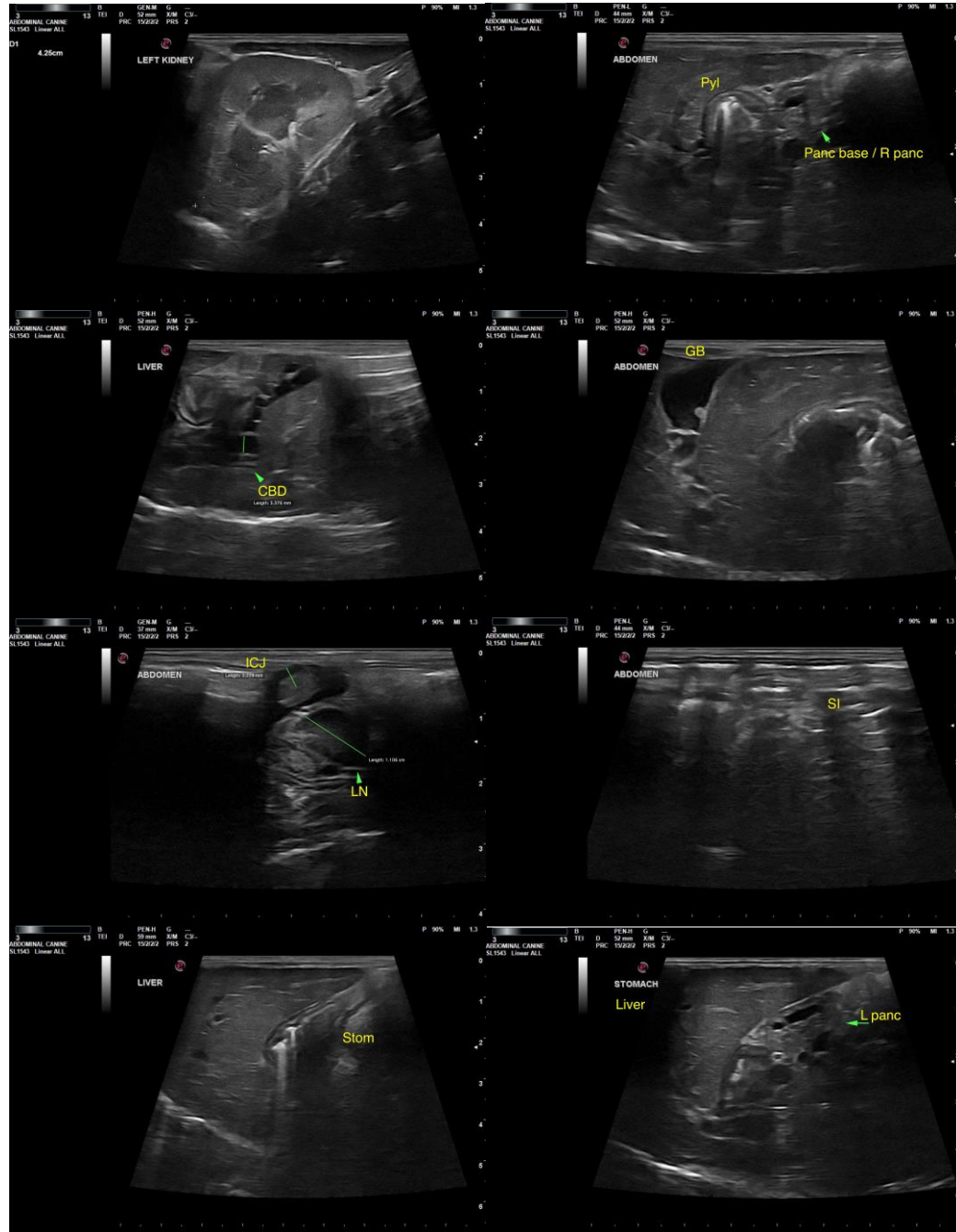
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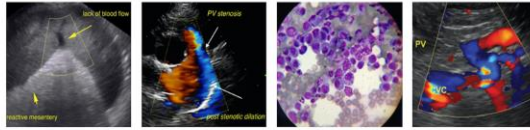
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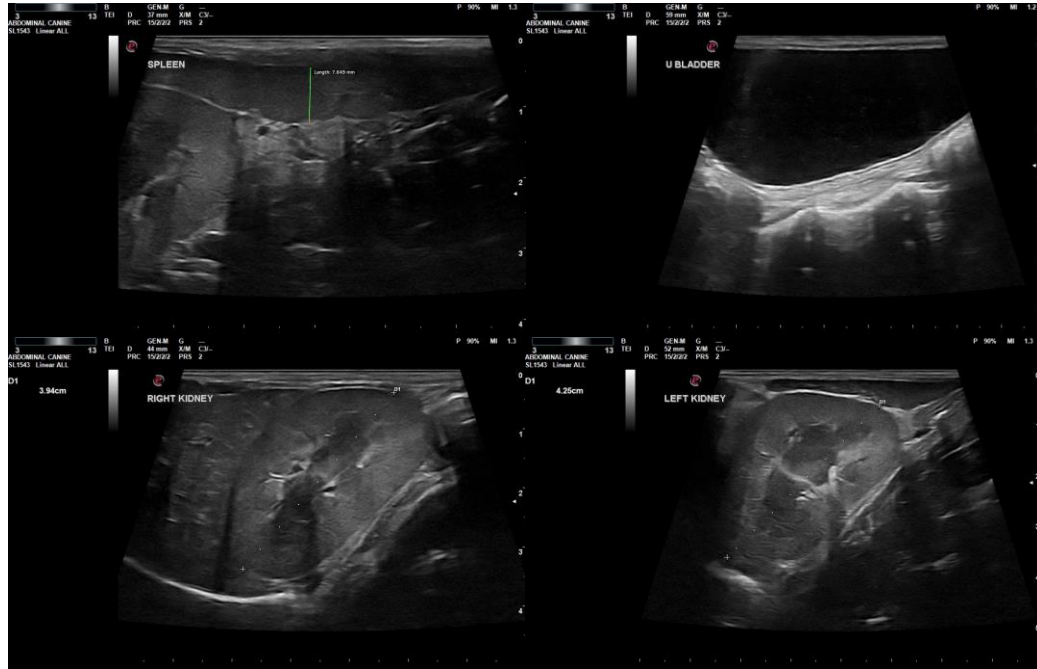
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com