SonoPath
Clinical Sonography & Telecytology
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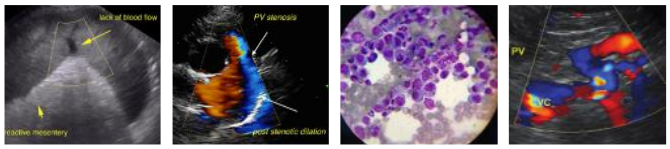

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Dixie Miller

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

3.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

37839

DATE

5/22/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for decreased appetite for about 5 days. Vomiting after eating. P is known to play with hair ties. Previous Health Concerns: UTI, anxiety
Abnormal PE/Chem/CBC/UA Results: Eyes: icteric sclera Abdominal: no pain on palp, no sig thickened areas etc Integument: severe jaundice on ears, abd, etc rDVM – TP 9.2, Glob 6.4, ALT 358, ALP 333, GGT 24, Tbili 16.1, K 3.3, Cl 110

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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.6 cm. The right kidney measured 3.7 cm .

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were not definitively visualized.

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.

Liver

The liver exhibited generalized subjective enlargement with primarily maintained symmetrical capsule contour. Normal hepatic parenchyma echogenicity noted with moderate coarse echotexture and potential minor parenchymal remodeling. Significant lobar biliary tree dilation was noted, primarily in the subjective mid to right liver. Indistinct isoechoic to mild non-homogeneous mass was present in the right lateral liver, within the area of the gallbladder and common bile duct, measuring 4.5 cm in diameter.

The gallbladder was indistinctly visualized in the area of the mass, and secondary to concurrent significant lobar biliary tree dilation. The common bile duct was moderately dilated, potentially to the level of the duodenal papilla, measuring 0.6-0.7 cm diameter. Anechoic content was present in the common bile duct without overtly evidence of ductal calculi or mucus.

Gastrointestinal

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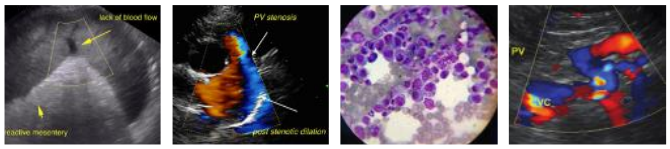

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The stomach presented intact wall layering with a normal wall layer ratio. Moderate retained echogenic fluid and mild progressively shadowing, non-specific ingesta/chyme present, primarily in the area of the gastric antrum and body.

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.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No evidence of peritoneal free fluid or overt/significant lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting significant lobar biliary tree dilation in the subjective mid to right liver.
- Moderate to severe diffuse common bile duct dilation, potentially to the level of the duodenal papilla.
- Indistinct isoechoic to mild non-homogeneous mass in the area of the right liver, gallbladder and common bile duct.
- Retained gastric fluid and mild non-specific shadowing ingesta/chyme.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, the overall liver is suggestive of inflammatory hepatopathy and cholestasis. The significant lobar biliary tree dilation and degree of common bile duct dilation in conjunction with liver and total bilirubin elevation is consistent with chronic post-hepatic obstruction and cholangitis, suspected to be associated with the mass, which, although sampling is required for clarification, is suggestive of neoplastic criteria (i.e., carcinoma or other), while non-neoplastic etiology for the mass is possible, yet thought less likely.

The potential for non-visualized common bile duct obstruction at the level of the duodenal papilla or non-obvious pyloric outflow obstruction cannot be definitively excluded. CT is likely ideal for further assessment, given the presentation, as well as assessment of surgical resectability of the mass. If accessible, ultrasound guided FNA of the mass (if normal coagulation panel and using 25-guage needle) could also be considered for further assessment. Hepatic and gastrointestinal support recommended in the meantime. Very guarded prognosis.

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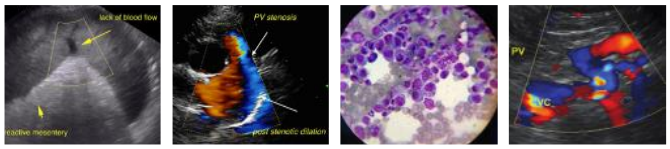

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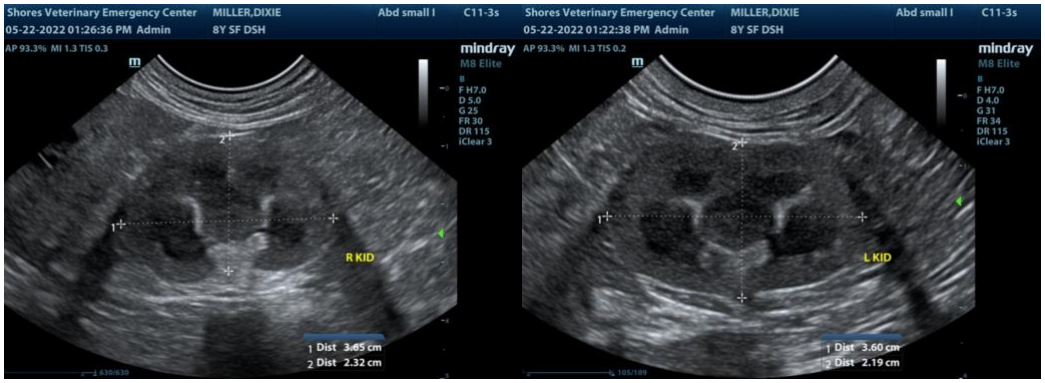

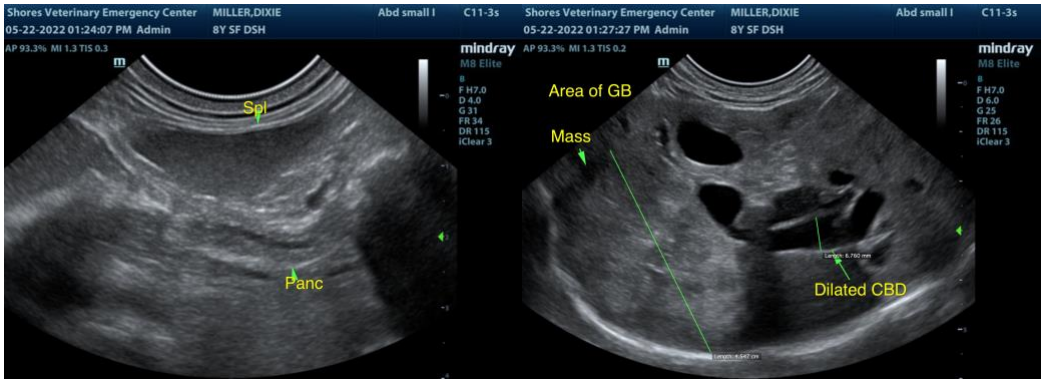

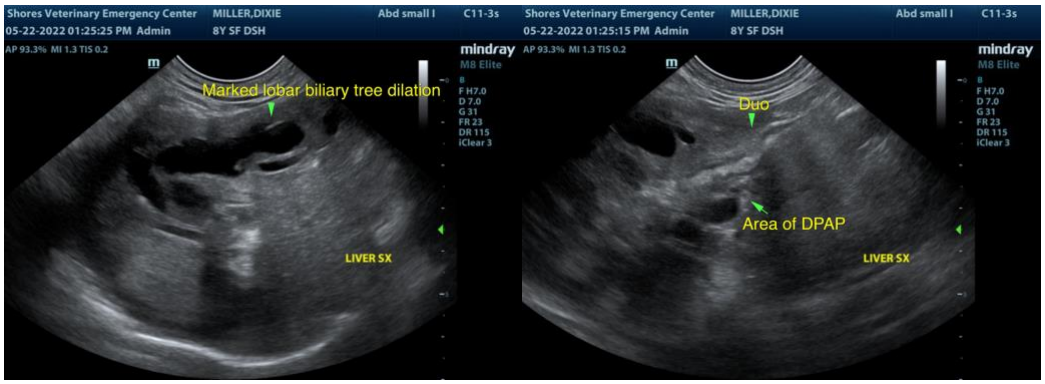

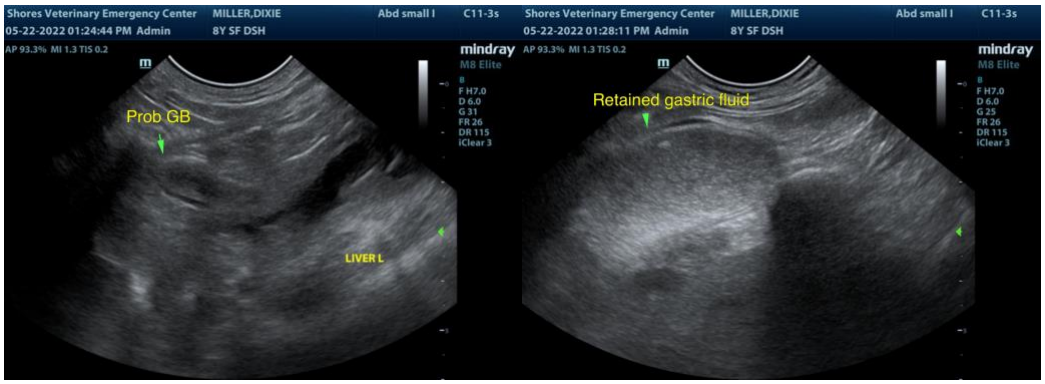

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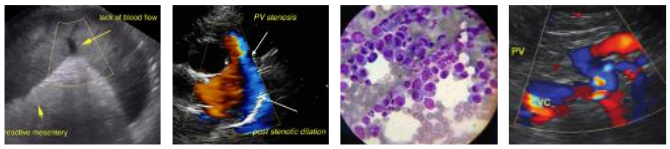

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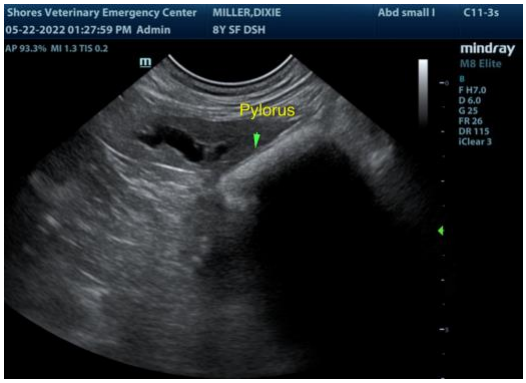

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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