



**PATIENT**

Crawford Licari

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

>10 Years

**WEIGHT**

6 lb 7 oz

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Tudor Suci

**HOSPITAL NAME**

AC of Queens

**REFERRING VET**

Dr. Tudor Suci

**INVOICE**

47158

**DATE**

5/4/23

**PRESENTING CLINICAL SIGNS**

Rescued recently by a rescue group, limited history. Since at the rescue group, patient was consistently having diarrhea, which persists despite metronidazole, Panacur, Albon treatment (now with blood, multiple bowel movements a day), appetite is good, no vomiting. Bloodwork done (4/28) was consistent with hyperthyroidism, patient was started few days ago on methimazole 2.5mg BID.

Abnormal PE/Chem/CBC/UA Results: Poor body condition (1-2/9) Heart murmur III/VI CBC: normal WBC (15.15), with mild neutrophilia (12.89) CHEM: high ALT (181) low calcium 8.7 (8.8-11.9) EPOC: high lactate (4.37) T4 5.9

**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.

The kidneys were normal in size and margination with 1:3 cortex to medulla ratio. Uniform increased bilateral cortex echogenicity noted with mild enhanced yet indistinct corticomedullary border demarcation. No pyelectasia or renal tumors. The left kidney measured 4.3 cm. The right kidney measured 3.8 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm. The right adrenal gland measured 0.48 cm.

**Spleen**

The spleen was overtly normal with potential for mild splenic volume contraction. 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.

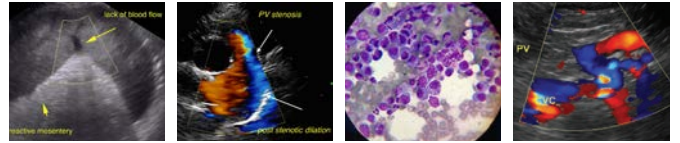
**Liver**

The liver presented mild to possible moderate subjective enlargement. 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 non-distended in size with primarily anechoic luminal content. Minor hyperechoic non-organized gallbladder debris noted, primarily in the caudal lumen and area of the gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammatory criteria. The cystic and common bile ducts were normal.

**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 small intestine presented generalized intact wall layering with subjective propensity for mildly prominent segmental muscularis layer, yet without evidence of significant intestinal mural hypertrophy. No evidence of visualized loss of intestinal wall layering or intestinal masses. Duodenum wall measured



<b>PATIENT</b>	0.37 cm. Jejunum wall measured 0.28-0.29 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No overt pathology at the level of the ileocolic junction.
Crawford Licari	
<b>SPECIES</b>	Normal visible colon wall layers were present with soft fecal matter present in the lumen, consistent with patient history.
Feline	<b>Pancreas</b>
<b>BREED</b>	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
DSH	
<b>SEX</b>	<b>Free Abdomen</b>
Neutered Male	A focal small pocket of scant perihepatic free fluid was present. No overtly visualized significant omental lymphadenopathy. No omental masses.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
>10 Years	<ul style="list-style-type: none"> <li>• Chronic enteropathy pattern</li> <li>• Hepatomegaly with scant perihepatic free fluid</li> <li>• Mild gallbladder debris</li> <li>• Heterogeneous pancreas</li> <li>• Non-specific chronic renal changes</li> </ul>
<b>WEIGHT</b>	
6 lb 7 oz	
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The small intestine subjectively exhibited mild mural changes, which, although potential for patient variant, are suggestive of chronic inflammation in conjunction with patient's gastrointestinal signs. No evidence of significant or active pancreatitis, although chronic pancreatitis may be suspected. Concurrent mild cholangitis/cholangiohepatitis, given the ALT elevation and presence of mild gallbladder debris, may be of additional concern.
<b>IMAGING PERFORMED BY</b>	Based on this presentation, chronic IBD or other chronic inflammatory enteropathy and Triaditis are considered most likely. Minor potential for hepatic and/or low-grade intestinal infiltrative neoplasia cannot be definitively excluded. Assuming normal clotting status and using 25-gauge needle, screening hepatic FNA cytology could be considered for further clarification. Definitive diagnosis would require intestinal +/- hepatopancreatic biopsies. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, triad disease therapy protocol with as needed gastrointestinal and hepatic support with assessment of clinical response would be reasonable.
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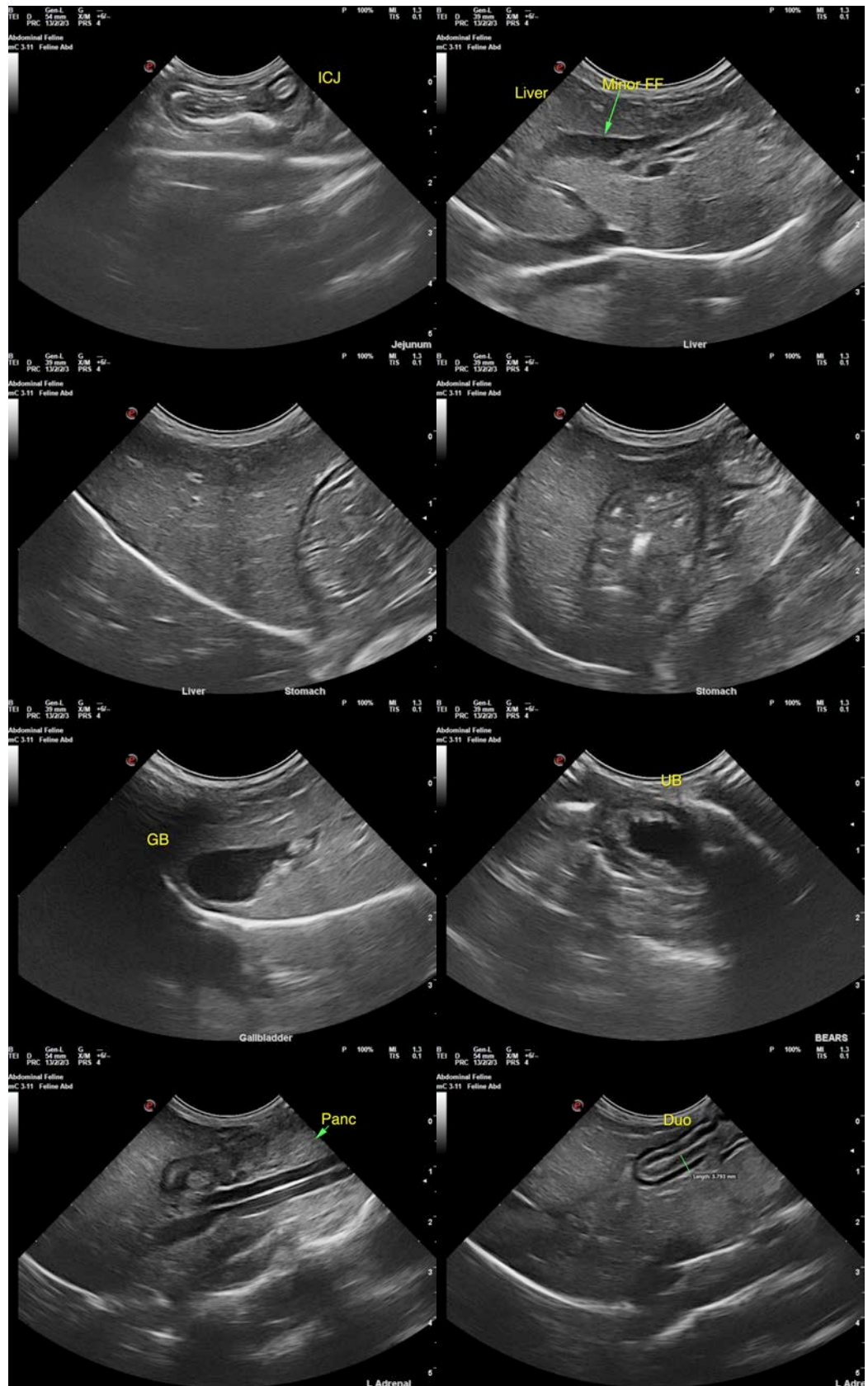
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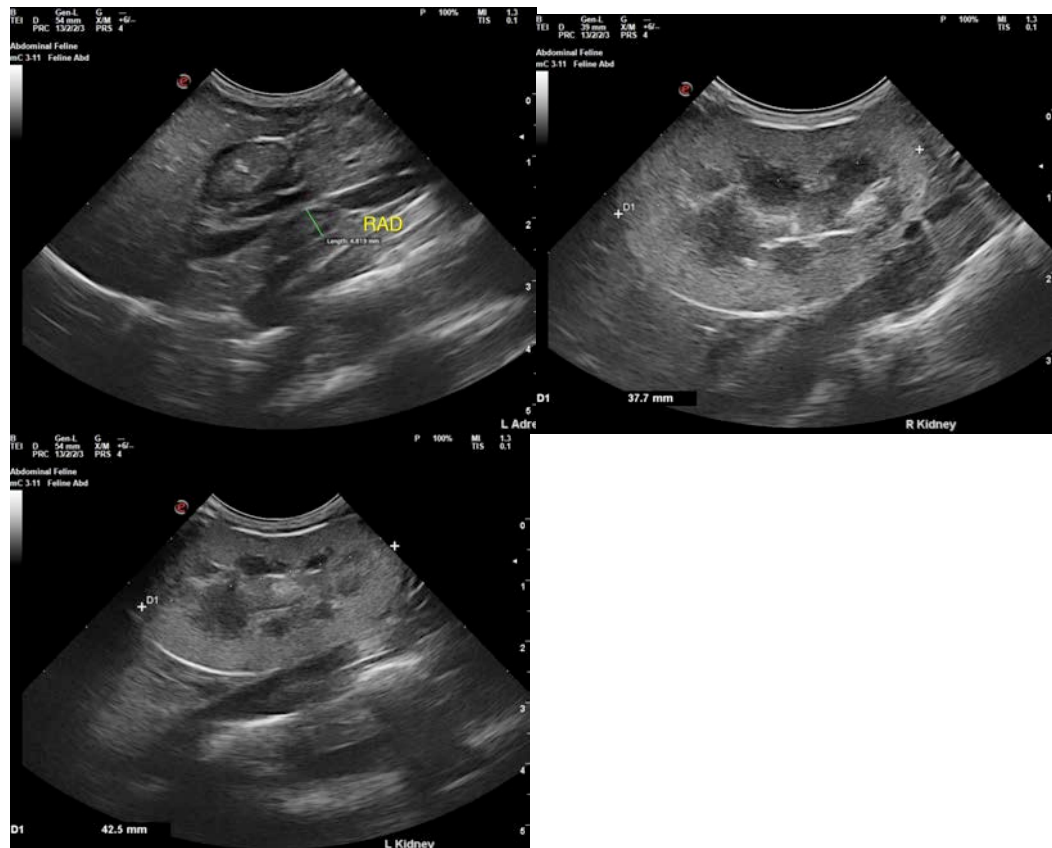
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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