**PATIENT**

Cheeto Stine

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

12 years

**WEIGHT**

12 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
and Feline)**IMAGING  
PERFORMED BY**

Rachel Runnells, RVT

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

Dr. Klepper

**INVOICE**

15049

**DATE**

5/5/22

**PRESENTING CLINICAL SIGNS**

Limping on back left leg, likely not related to other issues. E/D normally, no V. Unsure about urination or defecation as pet is indoor/outdoor.

Abnormal PE/Chem/CBC/UA Results: Severe icterus and elevated liver values (ALT, ALP, GGT, TBIL), and GLU. Decreased CREA and BUN.

**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 was noted.

The area of the aortic trifurcation was free of pathology.

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 4.6 cm in length. The right kidney measured 4.5 cm in length.

**Adrenal Glands**

The right adrenal gland was normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The right adrenal gland measured 0.48 width.

The left adrenal gland was indistinctly visualized, measuring 0.58 cm in width.

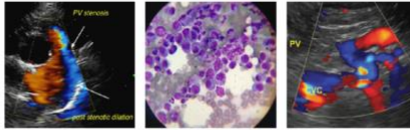
**Spleen**

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 0.92 cm in width at the level of the hilus.

**Liver/ Gallbladder**

The liver exhibited generalized enlargement. Maintained symmetrical capsule contour noted. Normal parenchyma echotexture noted, exhibiting subjective mild uniform increased hepatic parenchyma echogenicity compared to falciform fat.

The gallbladder was distended in size with mildly prominent isoechoic to mildly hypoechoic gallbladder walls. The gallbladder wall measured 0.22 cm in width. Anechoic content with mild to moderate nondependent particulate nonorganized luminal debris. The visualized common bile duct exhibited subjective mild tortuous proximal dilation, measuring 0.27 cm in diameter. Overt evidence of

**PATIENT**

Cheeto Stine

generalized common bile duct dilation to the level of the duodenal papilla was not obvious. Overt evidence of pathology in the area of the duodenal papilla was not distinctly evident.

***Gastrointestinal*****SPECIES**

Feline

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.

**BREED**

DSH

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. The duodenum wall measured 0.27 cm. The jejunum wall measured 0.23 cm.

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

**SEX**

MN

***Pancreas***

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. Minor pancreatic duct dilation.

**AGE**

12 years

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

12 lbs.

**ULTRASONOGRAPHIC FINDINGS*****Primary Findings***

- Cholangitis/cholangiohepatitis pattern, mild to tortuous proximal common bile duct dilation
- Mild active to chronic active pancreatitis pattern
- Overtly normal gastrointestinal tract, possible. mild gastroenteritis pattern

***Secondary Findings***

- Mild chronic renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Potential for emerging hepatic lipidosis, vacuolar hepatic changes possible with occult hepatic neoplasia considered a less likely differential diagnosis. An obvious area of common bile duct obstruction (i.e., mass, calculi, mucoduct or other) was not definitively evident, while subjectively, the degree of proximal common visualized proximal common bile duct dilation was not obviously consistent with posthepatic obstruction. However, the possibility of very early to emerging nonobvious obstruction cannot be definitively excluded.

Empirically, aggressive therapy for cholangitis/cholangiohepatitis with serial monitoring of hepatic enzymes or for persistent/progressive cholestasis is recommended. Concurrent gastrointestinal supportive care and therapy for pancreatitis warranted.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Rachel Runnells, RVT

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

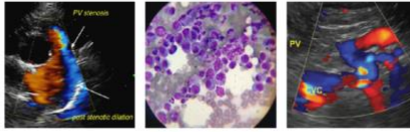
Dr. Klepper

**INVOICE**

15049

**DATE**

5/5/22



**PATIENT**

Cheeto Stine

If persistent/progressive hepatic enzyme elevations or evidence of cholestasis, sonographic reassessment with specific attention to the gallbladder, common bile duct and the area of the duodenal papilla is recommended.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

12 years

**WEIGHT**

12 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Rachel Runnells, RVT

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

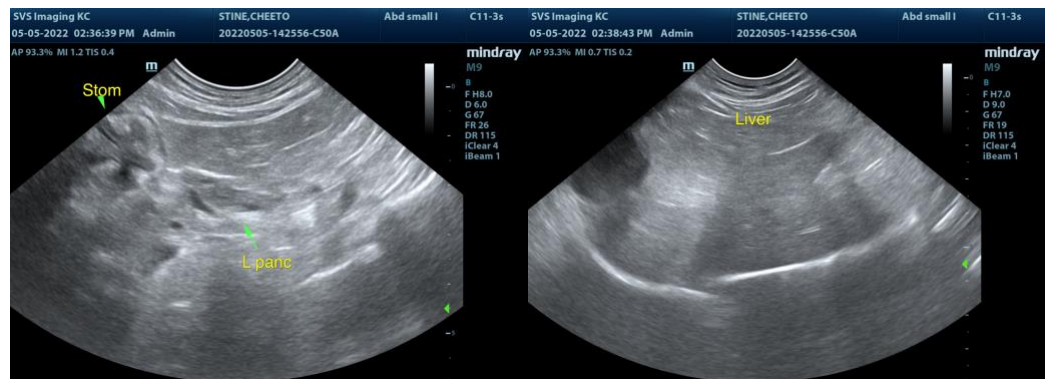
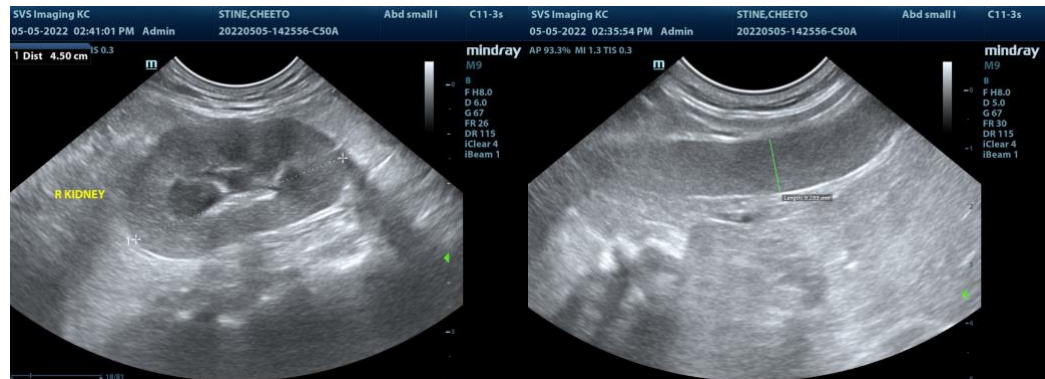
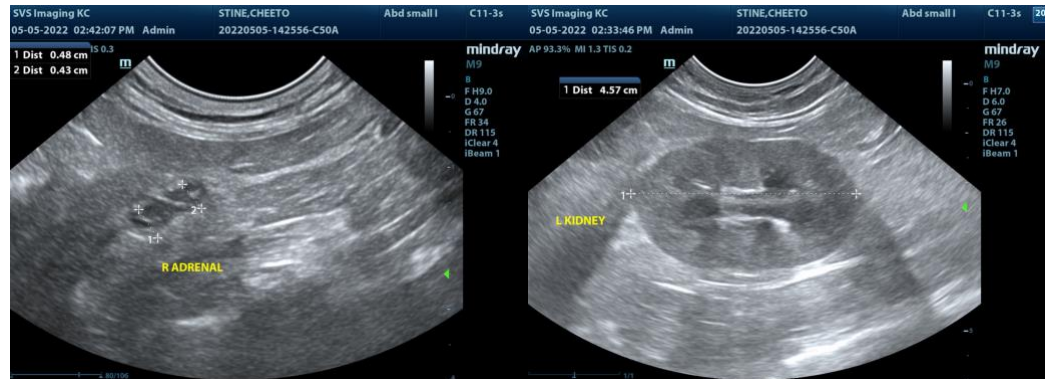
Dr. Klepper

**INVOICE**

15049

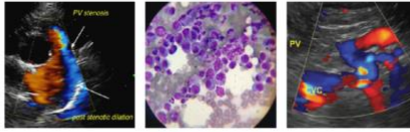
**DATE**

5/5/22



IMAGING PERFORMED BY

SVS Mobile Imaging KC 816-401-5010  
svsimagingkc@gmail.com



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Cheeto Stine

SPECIES

Feline

BREED

DSH

SEX

MIN

AGE

12 years

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING  
PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

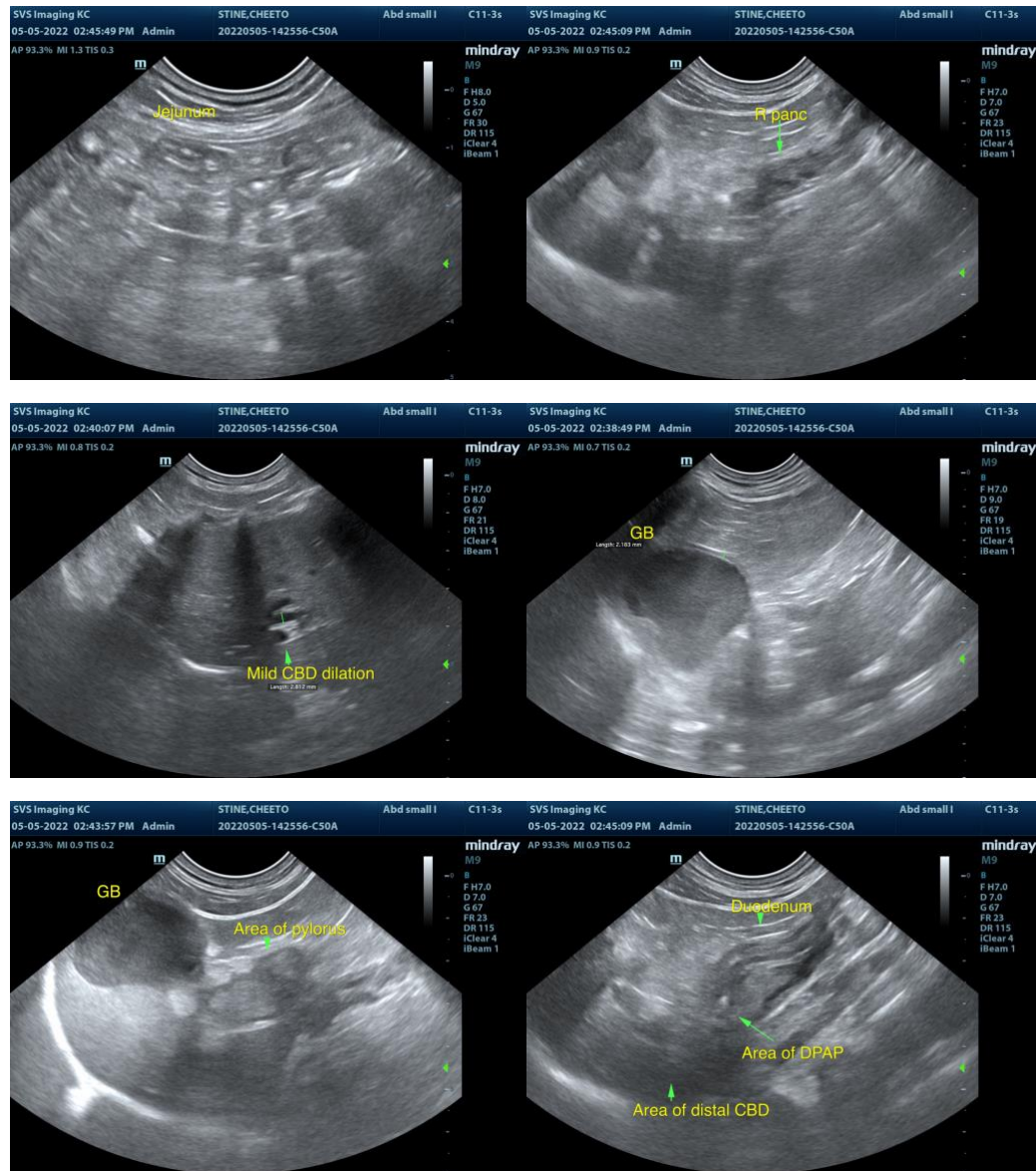
Dr. Klepper

INVOICE

15049

DATE

5/5/22



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