



PATIENT

Georgia Kane

SPECIES

Feline

BREED

Abyssinian

SEX

FS

AGE

12 years 4 months

WEIGHT

5.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Prescott

HOSPITAL NAME

Roundout Valley Vet
Associates

REFERRING VET

Dr. Prescott

INVOICE

13813

DATE

5/6/22

PRESENTING CLINICAL SIGNS

Recent onset of weight loss of 2 lbs over 1-2 months. Anorexia for 10 days.

Abnormal PE/Chem/CBC/UA Results: ALT 385, ALP, 181elevated TBili 1.8 TP 6.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 3.1 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left and right 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/ Gallbladder

The liver exhibited subjective mild enlargement with subtle areas of capsule asymmetry. Subjective decreased hepatic parenchyma echogenicity exhibiting moderate coarse echotexture was present. Possible indistinct subtly nonhomogeneous mass was present in the mid liver measuring approximately 2.7 cm in diameter. The gallbladder was mildly distended. Mildly prominent to isoechoic gallbladder walls, most prominent in the area of the gallbladder neck, were present. Anechoic content was present with no sediment or calculi. Potential for mild nonobstructive common bile duct dilation is suspected.

Gastrointestinal

The stomach presented intact sonographically unremarkable wall layering in the area of the fundus and gastric body. Mildly prominent yet intact wall layering was noted in the area of the antrum and pylorus with minor retained pyloric fluid. The pylorus wall width measured 0.40 cm. The gastric body wall width measured 0.21 cm.

The small intestine presented intact wall layering with segmental maintained 1:3 muscularis / mucosa ratio, yet segmental propensity for mildly prominent muscularis layer, yet without evidence of mural hypertrophy, loss of intestinal wall layering, or overt intestinal masses.



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

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Pancreas

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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.

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No evidence of significant lymphadenopathy was present. A small pocket of scant perihepatic free fluid was noted. The omentum exhibited primarily uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

AGE

Primary Findings

12 years 4 months

- Pyloric gastritis pattern with minor retained fluid
- Hepatopathy exhibiting subjective decreased parenchyma echogenicity with scant perihepatic free fluid, possible indistinct isoechoic to subtly nonhomogeneous mass in mid liver
- Cholecystitis
- Chronic active pancreatitis
- Suspect Inflammatory enteropathy

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Secondary Findings

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- Bilateral chronic renal changes

IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dr. Prescott

Overall, the liver was nonspecific with considerations including acute or acute on chronic cholangiohepatitis, given the ALT elevation, with nonobstructive cholestasis, given the ALP elevation and elevated total bilirubin. Hepatic neoplastic criteria, given the possible yet indistinct nonhomogeneous to isoechoic mass, is possible.

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Triad Disease is of warranted clinical concern in this patient, given the concurrent presence of chronic active pancreatitis pattern and mild subjective Inflammatory small Intestinal mural changes.

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Further assessment may include, assuming normal clotting status and using a 25-gauge needle, hepatic FNA for screening cytology to assess for evidence of inflammatory cells vs. neoplasia and a GI panel to include PLI/TLI/Cobalamin/Folate. Triad Disease protocol could be considered empirically.

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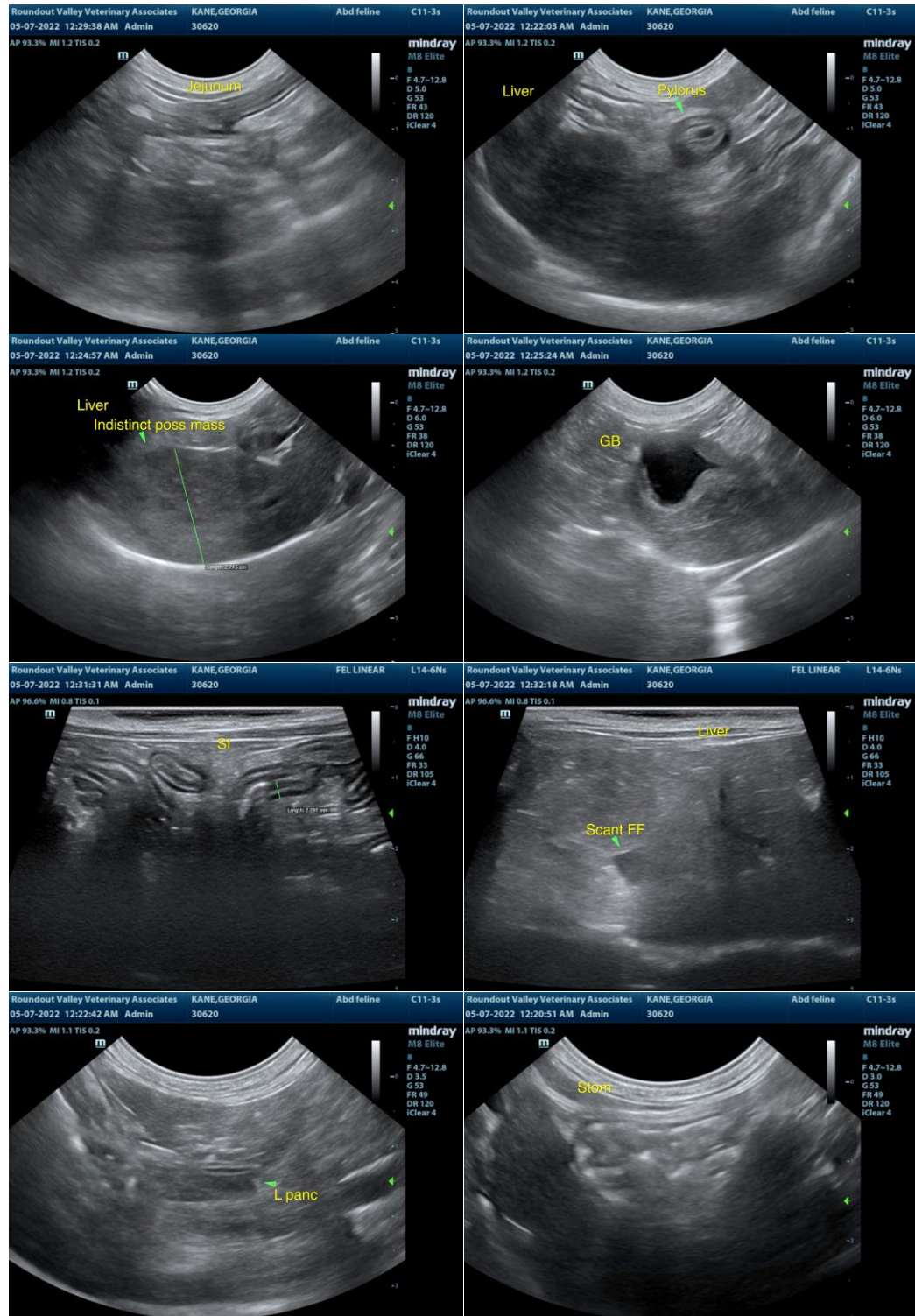
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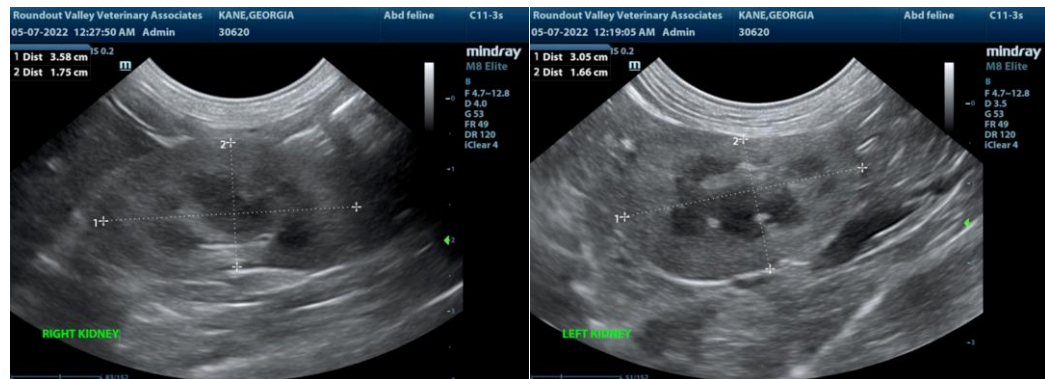
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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