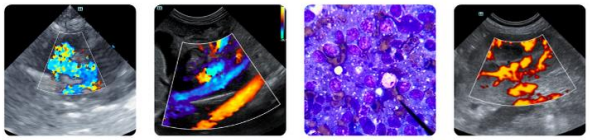


PATIENT

Lovey Brown

SPECIES

Feline

BREED

DSH

SEX

Neutered

AGE

9y

WEIGHT

10.74 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jocelyn Smith CVT

HOSPITAL NAME

Annville-Cleona Veterinary Associates

REFERRING VET

Bruce Keck

INVOICE

10863

DATE

5/6/26

PRESENTING CLINICAL SIGNS

Presenting complaint
- Weight loss of approximately 3 pounds- Decreased appetite, jaundice
Previous Hyperthyroidism treated with Radioactive Iodine (I-131) and T4 now normal
Ddx: Hepatic or Post Hepatic Disease, hopefully the ultrasound can pinpoint cause of icterus.

Abnormal PE/Chem/CBC/UA Results: T=102.7, jaundice, dehydrated. Labs: Normal: Albumin=3.2, TP=7.5, Creat=1.8; HCT=41, Platelets WNL Abnormal: AST=123, ALT=363, ALK PHOS=580, GGTP=11, Total Bilirubin=13.8, BUN=13, K+=3.2, Precision Lipase=33 (high)

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 were noted.

No evidence of pathology in the area of the aortic trifurcation.

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 3.9 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

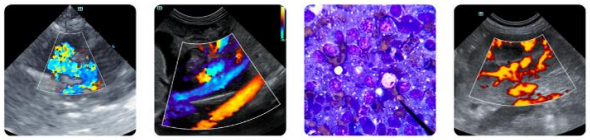
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively mildly enlarged, exhibiting mild heterogeneous parenchyma with variably coarse echotexture. There were no visualized hepatic masses or nodules. Normal hepatic vascular volume was present. The gallbladder was mildly distended in size with a mildly thickened edematous gallbladder wall. Mild to moderate, nonorganized, primarily cranial lumen gallbladder debris was present with suspect focal entrapped mucus. Concurrent mild nondependent particulate to mobile urine sediment. The common bile duct was not definitively visualized. No evidence of pericholecystic inflammation or effusion.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental, similar appearing, nonshadowing ingesta consistent with normal food without signs of ileus, obstruction or foreign material. The small Intestinal wall width measured 0.23 cm.

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

Pancreas

The left pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Gallbladder debris with evidence of probable gallbladder inflammation
- Possible chronic pancreatitis
- Sonographically normal gastrointestinal tract with mild gastrointestinal ingesta – ingesta most consistent with food echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of post hepatic obstruction. Hepatobiliary inflammatory disease, i.e., cholangiohepatitis, or similar, is favored with suspect nonobstructive cholestasis. There is mild potential for occult hepatic neoplasia, which is thought less likely yet not excluded. Further assessment may include, assuming normal clotting status and using a 25-gauge needle, FNA hepatic cytology, primarily to assess for inflammatory criteria. Sonographically, the liver parenchyma did not overtly meet classic lipidosis criteria, yet is not excluded.

A GI panel to include PLI/TLI/Cobalamin/Folate to correlate with pancreas, assess for nonstructural intestinal disease given weight loss, or if evidence of hepatic inflammation or emerging lipidosis on cytology, is warranted. Empirical therapy for suspect inflammatory hepatopathy with concurrent gastrointestinal support, clinical monitoring, and sonographic reassessment, if progressive hepatopathy or jaundice is present, is recommended.

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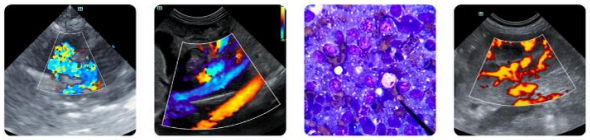

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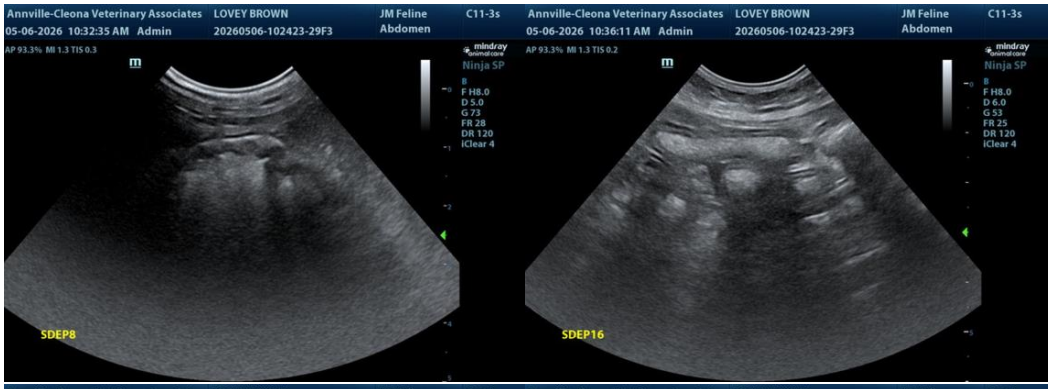

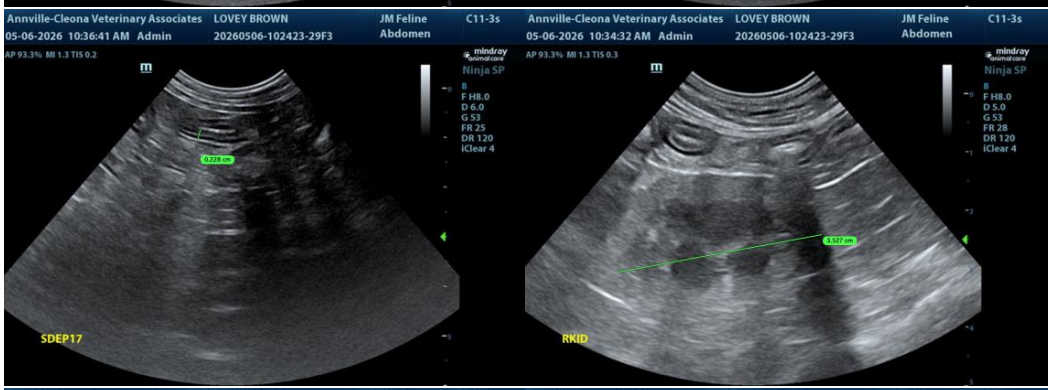

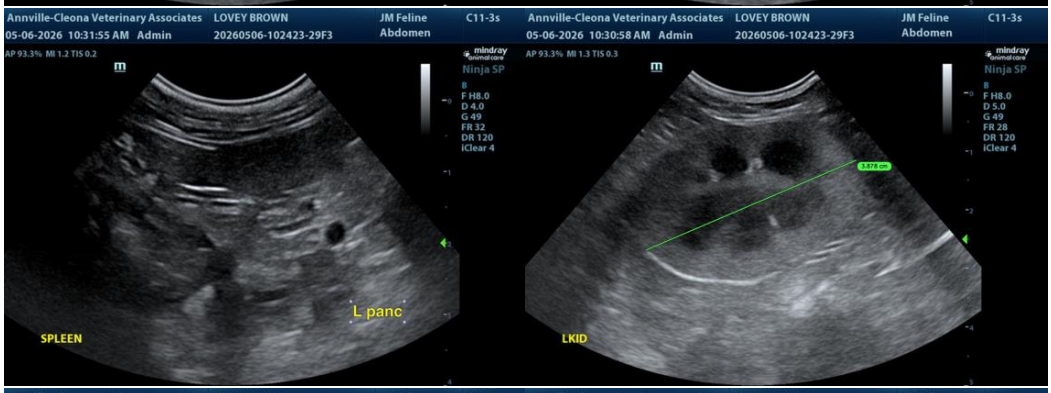

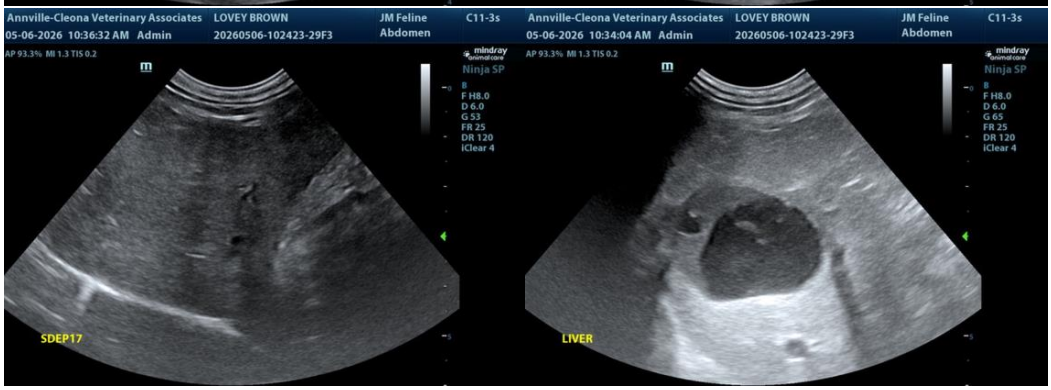

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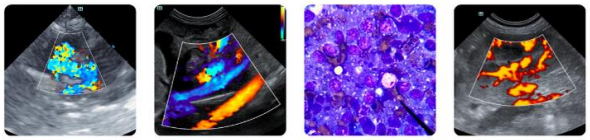

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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