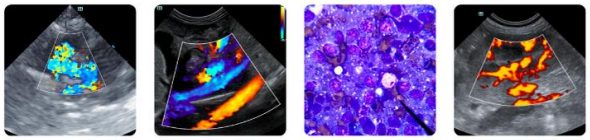


PATIENT

Panchita Balcerzak

SPECIES

Feline

BREED

Domestic Shorthair

SEX

FS

AGE

10Y

WEIGHT

9.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Rami Henin

HOSPITAL NAME

Maspeth Animal Hospital

REFERRING VET

Rami Henin

INVOICE

74887

DATE

5-6-26

PRESENTING CLINICAL SIGNS

P was presented today for anorexia for about a week . on the xrays there was some Gallbladder cholecystolith,
Abnormal PE/Chem/CBC/UA Results: Blood test attached

ALT 254, ALP 209, Total bilirubin 1.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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

Normal size and margination was 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 3.6 cm in length. The right kidney measured 3.8 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.

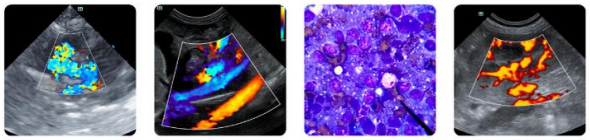
Liver/ Gallbladder

The liver presented normal in size and contour. Mild homogeneous hyperechoic hepatic parenchyma compared to adjacent omentum. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with normal wall without evidence of inflammatory criteria or edema and primarily anechoic bile. A solitary small nonobstructive cholelith in the area of the cystic to possible proximal common bile duct measuring 0.7 cm in diameter. Concurrent mild proximal to visualized mid common bile duct dilation containing anechoic bile duct bile with the common bile duct measuring 0.30 cm.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 was empty with no signs of ileus, obstruction, or foreign material. The small intestinal wall measured 0.23 cm. The ileocolic wall measured 0.36 cm.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Focal, mildly prominent to enlarged colic lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node measured 1.2 x 0.38 cm.

No effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Nondistended gallbladder, small cystic/proximal common bile duct calculi with mild nonobstructive common bile duct dilation.
- Normal gastrointestinal tract/area of the pancreas.
- Age related renal changes.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of post-hepatic biliary obstruction. Inflammatory hepatobiliary disease i.e., cholangiohepatitis or similar is favored given primary the elevated ALT with potential for cholestatic/ vacuolar hepatopathy, lipidosis, or less likely occult hepatic neoplasia.

Further assessment may include, assuming normal clotting status, hepatic FNA cytology using a 25-gauge needle primarily to assess for inflammatory cell type. If evidence of inflammation or lipidosis, a GI panel to include PLI/TLI/Cobalamin/Folate to assess for mild pancreatitis or structurally unremarkable intestinal disease as a potential contributing factor.

Empirical therapy for suspected cholangiohepatitis with gastrointestinal support, clinical monitoring, and sonographic reassessment if progressive hepatopathy or icterus would be appropriate.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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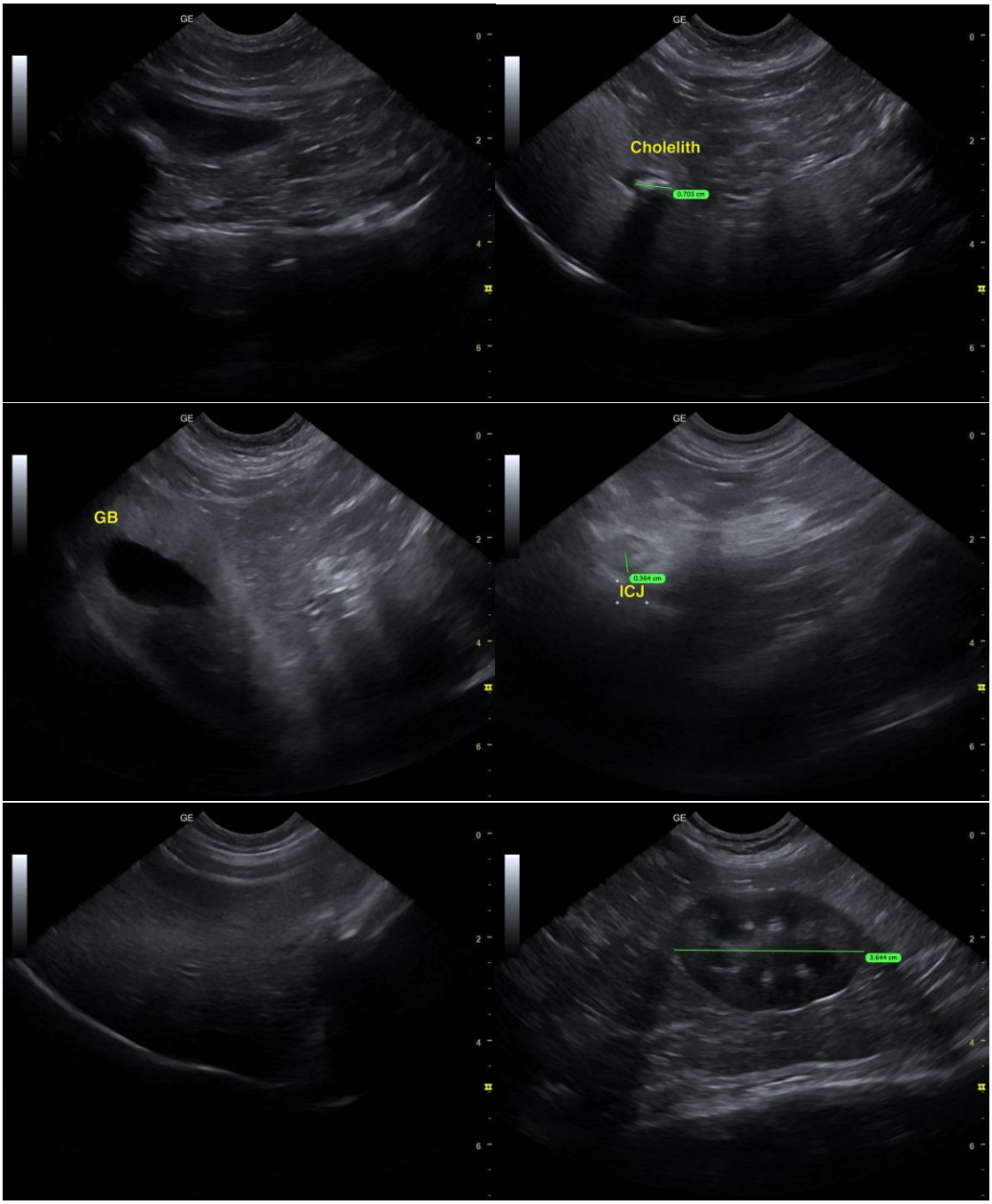

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Educational Teleconsultation Services™

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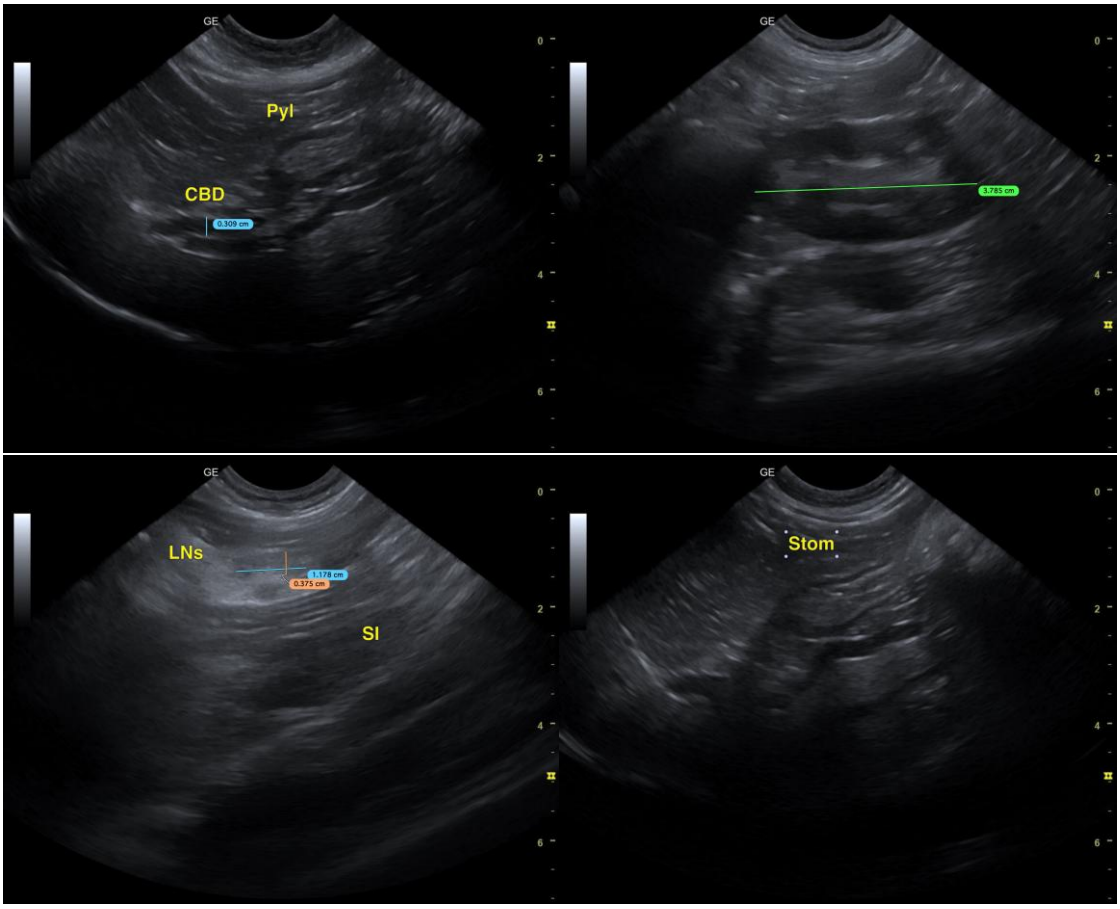

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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