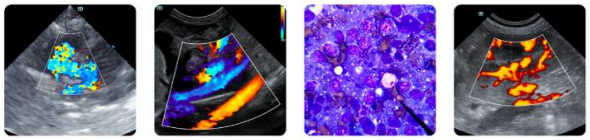


PATIENT

Sif Dole

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12Y

WEIGHT

15.7lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Saum Hadi

HOSPITAL NAME

Nimbus Pet Hospital

REFERRING VET

Saum Hadi

INVOICE

74885

DATE

5-6-26

PRESENTING CLINICAL SIGNS

P presents with profound icterus, mild to moderate hyporexia, weight loss
Abnormal PE/Chem/CBC/UA Results: mild BUN decrease: 15 mg/dL ALT: 263 U/L AST: 82 U/L ALP 411 U/L t. bili: 7.8 mg/dL marked cocci in urine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 3.7 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width.

The right adrenal gland was not definitively visualized.

Spleen

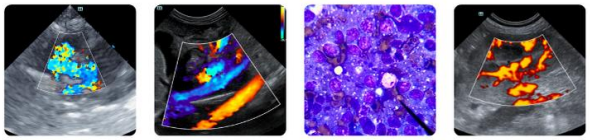
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver/ Gallbladder

The liver presented subjectively normal in size with maintained symmetrical contour. The parenchyma of the liver was mildly hyperechoic. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. A solitary indistinct to discrete nonhomogeneous hypoechoic intraparenchymal nodule was present adjacent to the gallbladder measuring 2.3 cm in diameter. Lobar biliary tree dilation was present.

The gallbladder was markedly distended in size with normal non-thickened wall without evidence of wall edema. The gallbladder contained anechoic bile with particulate nonmineralized bile sediment. Diffuse marked tortuous common bile duct dilation extending from the gallbladder to the approximate level of the pylorus and duodenum. Common bile duct diameter measured up to 1.4 cm. The dilated common bile duct contained primarily anechoic bile with mild mucus. No obviously visualized common bile duct calculi or definitive pathology at the level of the duodenal papilla.

Gastrointestinal



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The stomach presented overtly normal intact visible wall. The stomach was nondistended and empty in appearance.

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 0.22 cm wall width. The ileocolic junction was sonographically normal.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No visualized significant or swollen mesenteric lymphadenopathy.

Minor lateral abdomen effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting parenchyma hyperechogenicity, mild lobar biliary tree dilation, and indistinct intraparenchymal nodule.
- Distended gallbladder with mild bile sediment.
- Diffuse marked to tortuous common bile duct dilation to the level of the pylorus/duodenum.
- Overall, sonographically unremarkable gastrointestinal tract/area of pancreas.
- Age related renal changes.
- Minor peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of gallbladder and diffuse common bile duct dilation is consistent with post-hepatic obstruction, although a definitive cause of the bile duct obstruction such as calculus, tumor, stricture, or other not definitively visualized. Concurrent hepatobiliary inflammation, vacuolar/cholestatic hepatopathy, lipidosis, or a combination with hepatic neoplasia are all potentials. Surgical intervention indicated in this patient. Abdominal CT may be considered for further clarification of the common bile duct and assessment for the area of nonobvious obstruction as well as surgical planning.

Three-view chest radiographs, screening hepatic FNA cytology, and a GI panel to include PLI/TLI/Cobalamin/Folate may be considered prior to surgical considerations.

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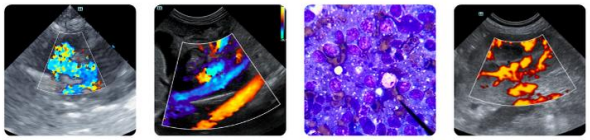

Clinical Sonography & Telecytology
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SonoPath.com info@sonopath.com 1.800.838.4268

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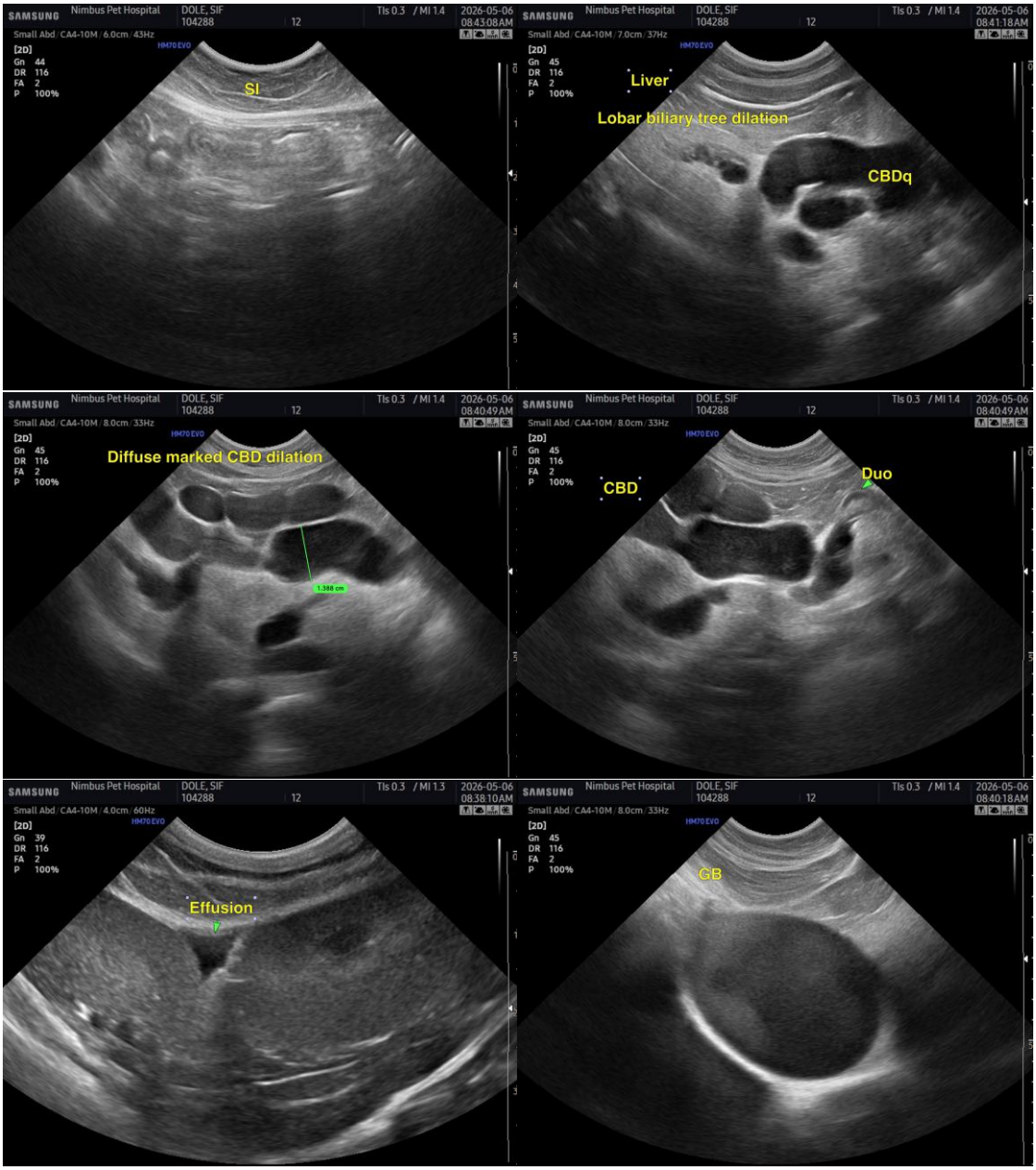

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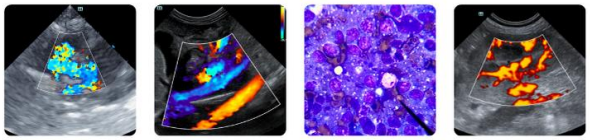

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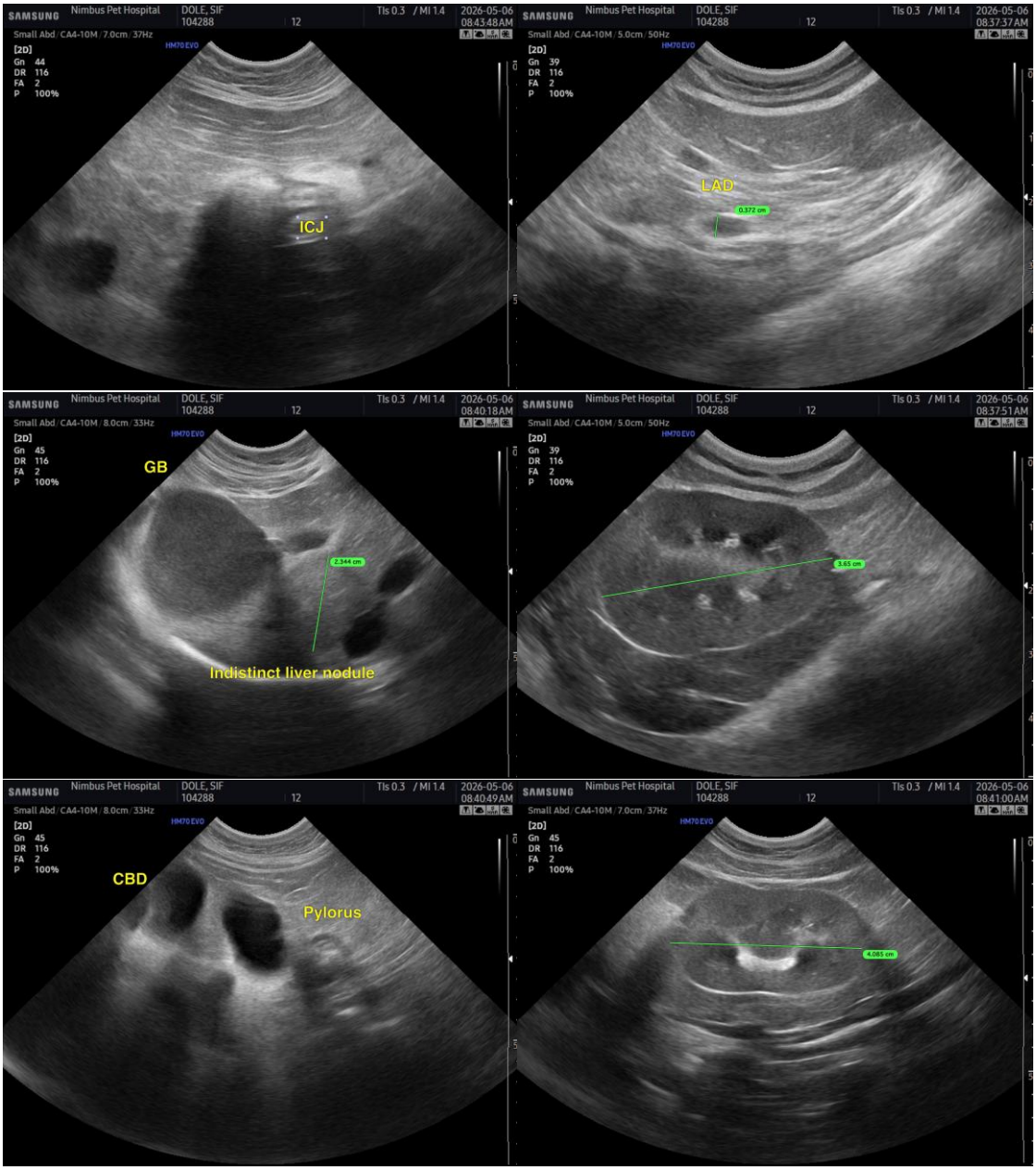

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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