



PATIENT PRESENTING CLINICAL SIGNS

Salem Lombardo Elevated liver enzymes, globulin, neutrophils, no response to medical management.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was primarily present in the lumen with minor particulate sediment, which may indicate minor cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX The area of the aortic trifurcation was free of pathology.

MN Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mild loss of corticomedullary border demarcation was noted. Mild increased medullary echogenicity with pinpoint medullary mineralization was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.9 cm in length.

AGE

2008

Adrenal Glands

WEIGHT The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width and the right adrenal gland measured 0.33 cm width.

9.7

INTERPRETED BY Spleen

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The spleen was borderline enlarged measuring 1.2 cm width at the level of the mid-spleen. Minor asymmetrical medial capsule contour was present with a maintained finely textured homogeneous splenic parenchyma. No masses or nodules were noted.

IMAGING PERFORMED BY Liver/ Gallbladder

Rebekah Jakum, CVT ARDMS/RVT The liver was mildly enlarged with a symmetrical capsule contour and uniform hepatic parenchyma exhibiting normal echogenicity. Mild to moderate coarse echotexture was noted. Normal vascular volume was present. Mildly prominent to mildly torturous portal vein was noted. Focal to intermittent, well-demarcated, nonhomogeneous, hyperechoic, hepatic intraparenchymal nodules were noted with an example measuring 0.8 cm in diameter. The gallbladder was non-distended in size containing anechoic content with minor gallbladder lumen sediment. Mild proximal common bile duct dilation was noted measuring 0.3 cm diameter. The common bile duct dilation did not overtly appear to extend to the level of the duodenal papilla.

HOSPITAL NAME

White Haven VH

REFERRING VET

Dr. Gallagher

INVOICE Gastrointestinal

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 width measured 0.25 cm.

17110

DATE

6/20/23



PATIENT Salem Lombardo
 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 width measured 0.23 cm. The duodenum wall width measured 0.24 cm.

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

Feline
Pancreas

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

BREED DSH
Free Abdomen

No omental masses or evidence of peritoneal effusion were noted. No evidence of significant omental lymphadenopathy was noted.

SEX MN
ULTRASONOGRAPHIC FINDINGS

AGE 2008
 • Borderline splenomegaly - nonspecific, incidental hyperplasia, hematopoiesis, splenitis, splenomegaly owing to sedation if clinically applicable, infiltrative neoplasia (less likely), possible

WEIGHT 9.7
 • Hepatopathy with intermittent nondisruptive hyperechoic intraparenchymal nodules - cholangiohepatitis or other inflammatory hepatopathy / hepatobiliary disease are considered probable, vacuolar hepatic changes, nonobstructive cholestasis, suspect benign nodular hyperplasia, or lipogranulomas, occult infiltrative hepatic neoplasia (less likely), all potentials

- INTERPRETED BY** R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
IMAGING PERFORMED BY Rebekah Jakum, CVT ARDMS/RVT
- Nondistended gallbladder with mild proximal common bile duct dilation
 - Mild chronic renal changes
 - Sonographically unremarkable gastrointestinal tract
 - Minor heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology is recommended for further clarification and potential identification of inflammatory cell type if present.

HOSPITAL NAME White Haven VH
 Concurrent screening splenic FNA cytology is recommended, given elevated globulin, or if evidence of weight loss.

REFERRING VET Dr. Gallagher
 Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



PATIENT

Salem Lombardo

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

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WEIGHT

9.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

White Haven VH

REFERRING VET

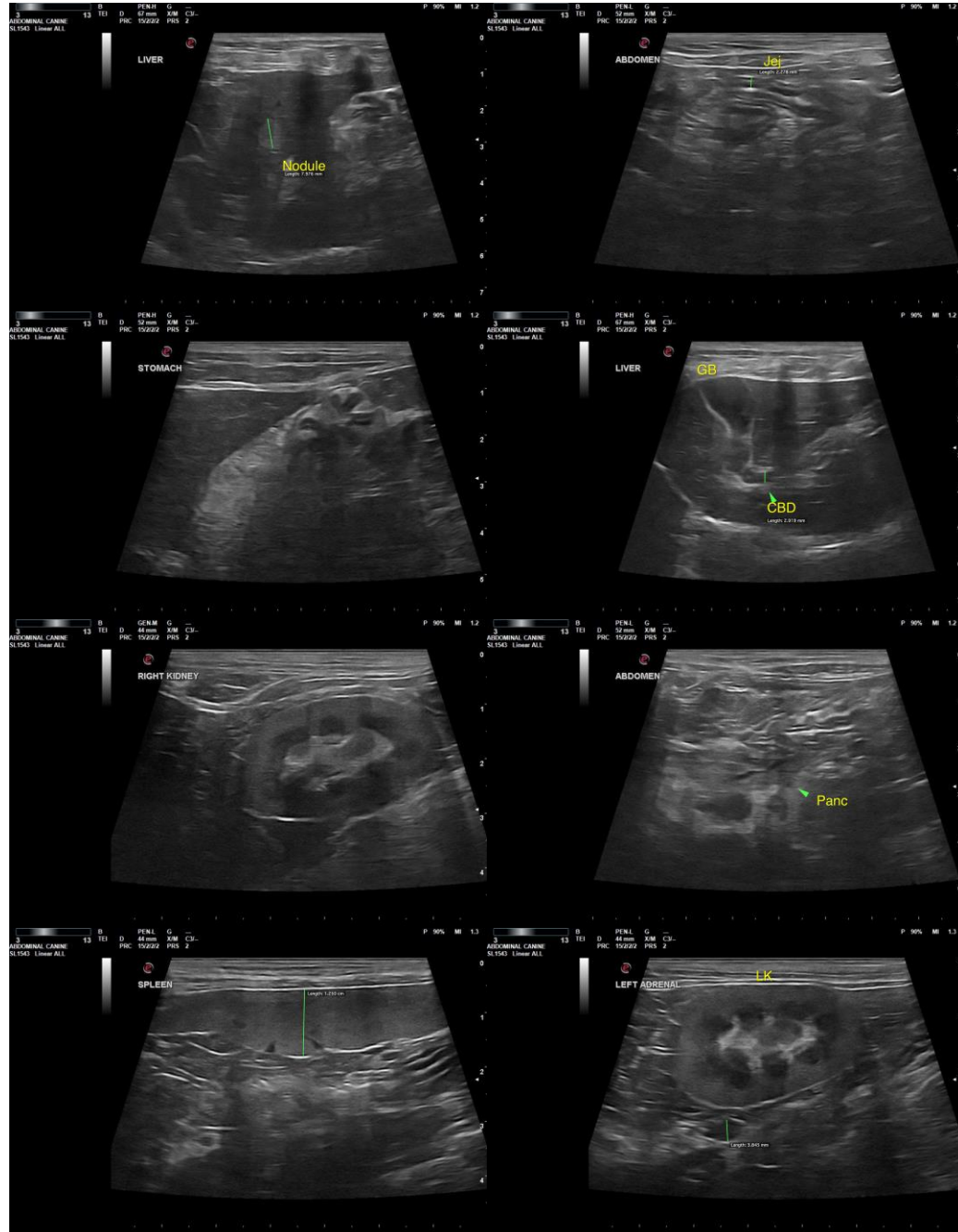
Dr. Gallagher

INVOICE

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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