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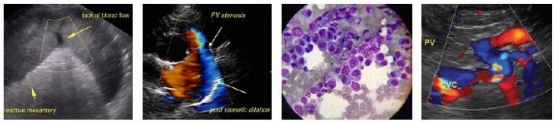


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Tita Pardo

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9 yr

WEIGHT

2.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Cat Hosital of Burlington

REFERRING VET

Dr. Lowrey

INVOICE

10910ag

DATE

06/22/2022

PRESENTING CLINICAL SIGNS

History: New to this clinic, regular clinic cannot provide ultrasound scan. Has high liver values. Has been on Zentonil.

Abnormal PE/Chem/CBC/UA Results: ALKP H 203, GGT H 8, Crea L 40, ALT greater than 1000.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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.

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. Pinpoint areas of medullary mineral noted bilaterally. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Both adrenal glands were indistinctly visualized yet were without overt pathology.

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. The spleen measured 0.85 cm in width at the level of the hilus.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

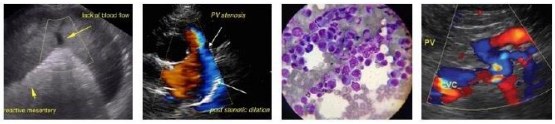
Gastrointestinal

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 measured 0.25 cm in width.

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 duodenum wall measured 0.29 in width. The jejunum wall measured 0.25 cm in width.

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

Pancreas



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The pancreas was normal in size and contour with subtle hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No peritoneal effusion was present.

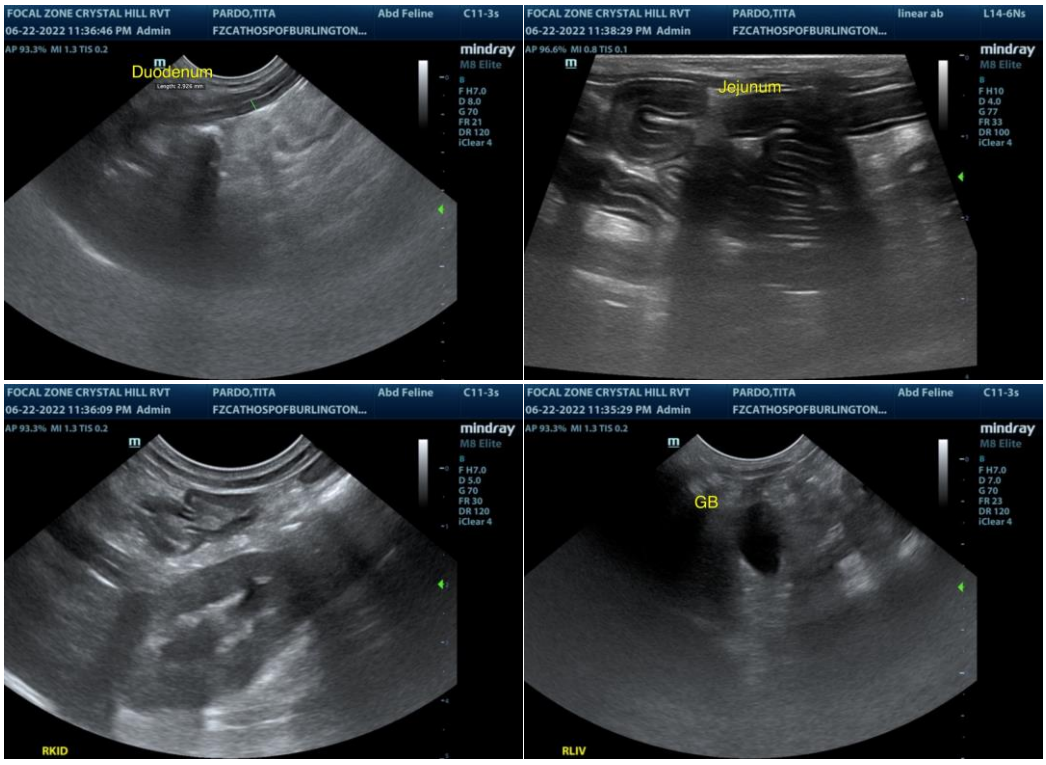
Focal, mildly prominent to enlarged jejunocolic nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 1.7 cm x 0.53 cm.

ULTRASONOGRAPHIC FINDINGS

- Cholangeohepatitis liver pattern
- Intermittent subjectively benign/reactive jejunocolic lymph nodes
- Mildly hypoechoic pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall the appearance of the liver was nonspecific yet most likely suggestive of cholangeohepatitis. No evidence of hepatic or biliary neoplastic criteria was noted. Assuming normal clotting status, an ultrasound guided FNA of the liver for screening cytology could be considered to identify inflammatory cell type. Empirical therapy for cholangeohepatitis would be reasonable. If GI signs or evidence of weight loss occur, potential for triad disease may be considered in this patient. If these signs are noted a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.



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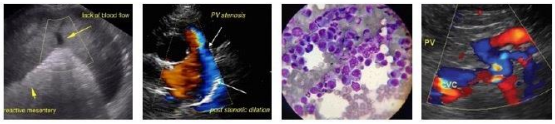

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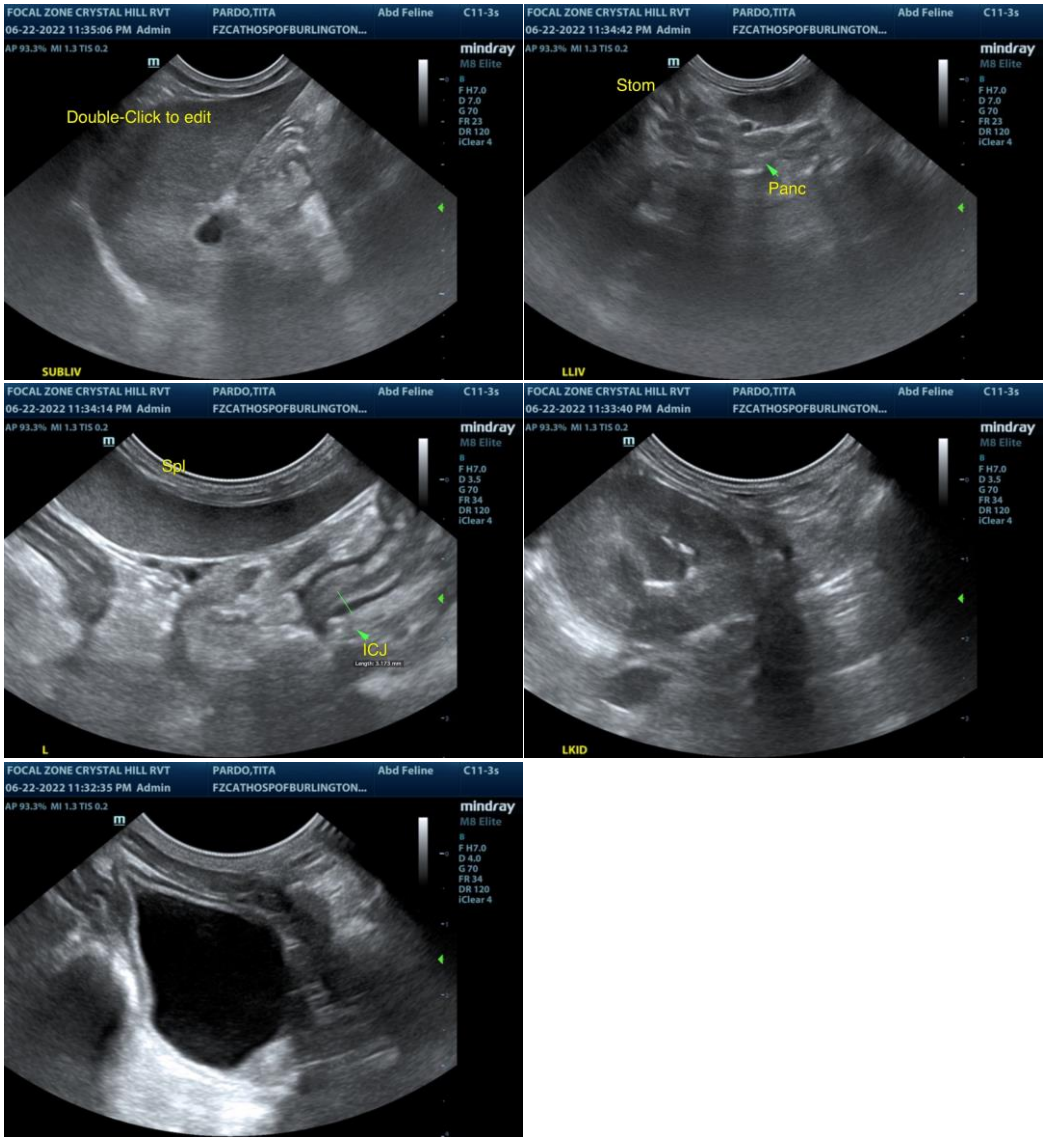

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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