

PATIENT

Titan Hatfield

SPECIES

Feline

BREED

Bombay

SEX

Neutered Male

AGE

12 Years

WEIGHT

7.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Salem AC

REFERRING VET

Dr. Crane

INVOICE

16387

DATE

6/23/22

PRESENTING CLINICAL SIGNS

History: Icteric, 6 months of elevated liver enzymes and bilirubin Gallop rhythm, lungs auscultated normal Uncontrolled hyperthyroidism Weight loss (1.2 lbs in one month)

Abnormal PE/Chem/CBC/UA Results: Superchem - ^ALT 1836, ^ALP 653, ^AST 449, ^total bilirubin 9.3, ^cholesterol 231 CBC - Neutrophilia 9638, monocytosis 610 T4 - ^ 7.2 U/A - USG: 1.019, proteinuria trace, bilirubinuria 2+ PT/PTT normal elevated pre and post bile acids (>420) Current Medications Methimazole TDG BID and Gabapentin PRN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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. Aortic trifurcation was normal.

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. Minor pyelectasia was noted in the left kidney. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 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 0.40 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm.

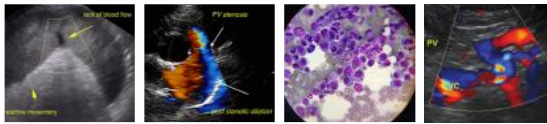
Spleen

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

The liver was normal in size and contour with overall normal hepatic parenchyma echogenicity, exhibiting moderate coarse echotexture and evidence of minor parenchymal remodeling. No masses or nodules noted.

The gallbladder was normal in size without evidence of distention. Mildly prominent yet isoechoic walls noted, measuring 0.1 cm in width. Primarily anechoic content was present with very minor luminal sediment. The cystic biliary duct and common bile duct were sonographically normal without evidence of posthepatic obstruction.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic fluid.

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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 0.32 cm.

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

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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

7.7 Pounds

- Chronic cholangiohepatitis liver pattern
- Overtly normal gastrointestinal tract with minor retained anechoic pyloric fluid
- Mild subjectively static chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy in this patient may indicate primary hepatic parenchymal disease with hepatobiliary inflammatory process considered most likely, given the significantly elevated ALT/AST combination. Potential for nonobstructive cholestasis or benign vacuolar hepatic changes, given the ALP elevation is also possible. No evidence of posthepatic obstruction with hepatic cholestasis likely. Correlation with pending hepatic cytology. Some contribution to the hepatic enzyme elevations may be secondary to the uncontrolled hyperthyroidism and secondary metabolic to reactive hepatopathy. No overt evidence of hepatobiliary neoplastic criteria. Pending cytology, cholangiohepatitis protocol would be reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs to rule out occult disease as a contributing factor to the patients weight loss may be considered.

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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/>.

REFERRING VET

Dr. Crane

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>

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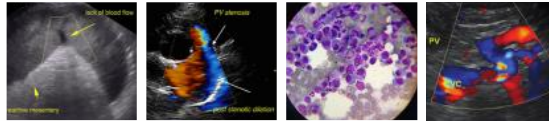
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

DATE

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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