



PATIENT

Fanny Licari

PRESENTING CLINICAL SIGNS

Stray cat rescued couple of days ago, presented for exam because skin is icteric. No other history.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Leukocytosis (33.33) with neutrophilia (26.26). High ALT (>1,000); high GGT 14 (0-10); high TBilirubin 9.9 (0-0.5) High globulin 5.4 (2.8-4.8) FeLV/FIV= neg/neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

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 mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

Male

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.4 cm in length. The right kidney measured 4.4 cm in length.

AGE

3-5yrs

The area of the aortic trifurcation was free of pathology.

WEIGHT

9lb 12oz

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.41 cm width. The right adrenal gland measured 0.42 cm width.

INTERPRETED BY

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

Spleen

The spleen exhibited borderline enlargement measuring 1.0 cm in width at the level of the mid spleen. Minor medial capsule asymmetry with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Dr Tudor Suciu

Liver/Gallbladder

The liver was subjectively enlarged in size with minor areas of capsule asymmetry and normal parenchymal echogenicity exhibiting moderate coarse echotexture. Mild parenchymal remodeling was present. Normal hepatic vascular volume was present. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was mildly distended in size with mildly thickened isoechoic walls. Primarily anechoic luminal content with mild congealed echogenic lumen sediment was present. Mild gallbladder wall edema was present. The gallbladder wall measured 0.20 cm in width.

REFERRING VET

Dr Tudor Suciu

Generalized moderate to tortuous common bile duct dilation was present extending from the gallbladder to the approximate level of the duodenal papilla. Anechoic content was present in the dilated common bile duct. No definitive evidence of mucoduct or ductal calculi. Common bile duct dilation measured ~ 0.5 cm in diameter.

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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 with no signs of ileus, obstruction 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.

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

SPECIES

Pancreas

Feline

The pancreas base and right pancreatic limb exhibited mild prominent size with capsule asymmetry and isoechoic to mildly non-homogenous parenchyma compared to adjacent omentum.

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Free Abdomen

DSH

Scant to minor perihepatic free fluid was present.

SEX

Male

Intermittent mildly to variably prominent to enlarged mesenteric 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 1.8 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

AGE

3-5yrs

- Urinary bladder sediment.
- Bilateral chronic renal changes.
- Borderline splenomegaly-nonspecific, hyperplasia, hematopoiesis, incidental splenitis, owing to sedation (if clinically applicable) or early round cell infiltrative neoplasia all potentials.
- Acute on chronic cholangitis/cholangiohepatitis hepatobiliary pattern.
- Mildly prominent non-homogenous pancreas base/right pancreatis limb.
- Unremarkable GI tract with minor retained gastric fluid.
- Intermittent mild benign/reactive mesenteric lymph nodes.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted for further assessment. Definitive evidence of post hepatic obstruction was not visualized yet chronic to emerging post hepatic obstruction cannot be definitively excluded. A spec fPL is suggested for assessment for potential concurrent low grade/chronic pancreatitis.

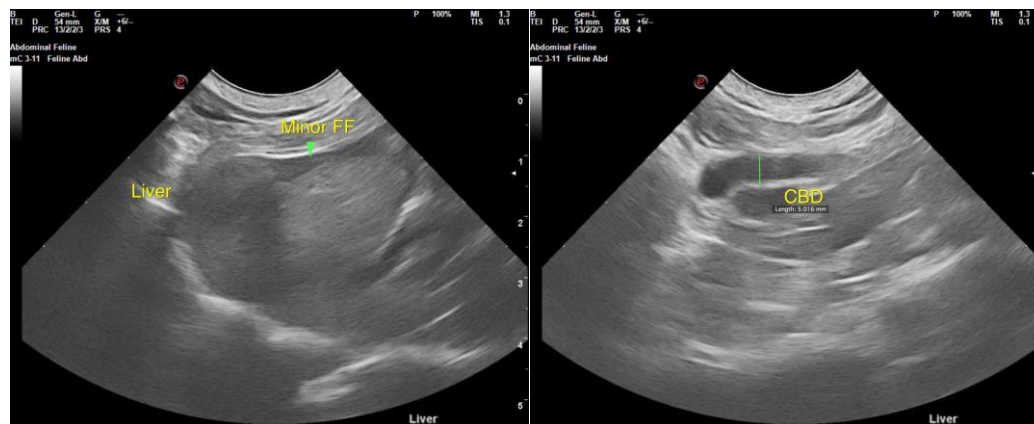
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Empirical therapy for cholangiohepatitis with as needed GI support and close monitoring of hepatic response would be reasonable. Sonographic reassessment or referral suggested if progressive icterus or hepatic enzyme elevations are present.

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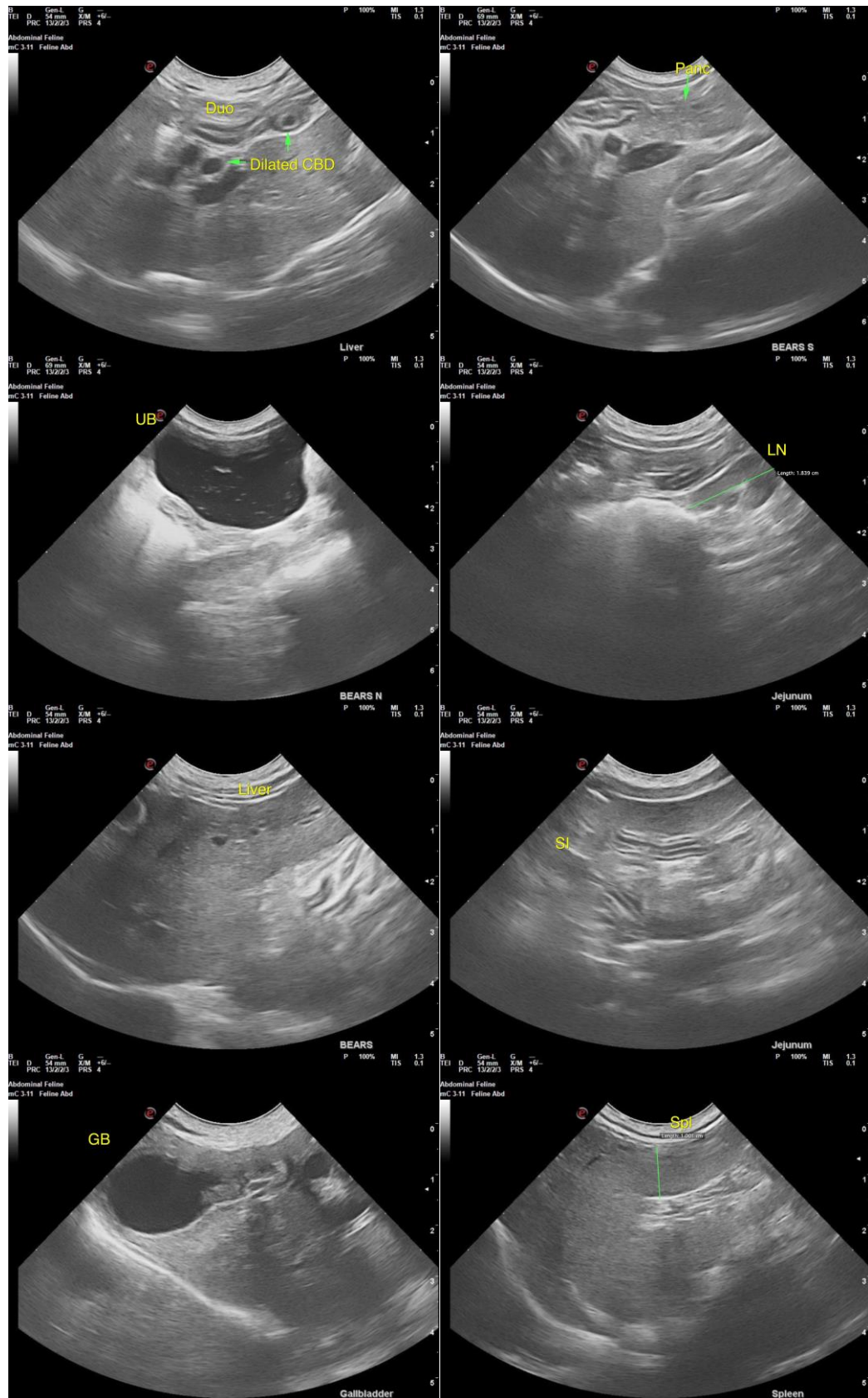
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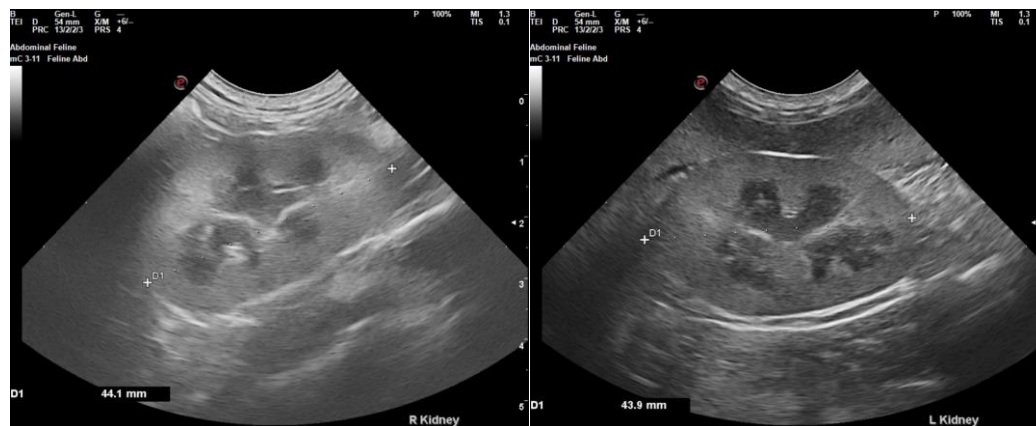
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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