



PATIENT

Kitty Kimura

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12 years

WEIGHT

8.0 lbs.

PRESENTING CLINICAL SIGNS

decreased appetite and weight loss. Physical exam unremarkable, nice kitty

Current Medications: had Convenia & Elura

Primary Question/Differential to Be Answered in This Exam: characteristic hepatic disease

Abnormal PE/Chem/CBC/UA Results: CBC - stress leukogram Chem - moderate elevation in ALk Phos 168 GGT 16 Glucose 166 and Cholesterol 254 ; significant elevation in ALT 694, AST 128 & Ca 12.8 SDMA - 10 T4 - 2.3 UA - Sp Gr 1024, trace blood (possible from cysto) no active sed

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. Primarily anechoic urine was present in the lumen. Mild, non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory bladder criteria, tumors, or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Normal size and contour were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mildly indistinct corticomedullary border demarcation was present. No evidence of pyelectasia was noted. The left kidney measured 4.1 cm in length. The right kidney measured 4.5 cm in length.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.24 cm width and the right adrenal gland measured 0.30 cm width.

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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 0.9 cm width at the level of the hilus.

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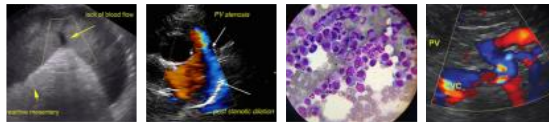
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Liver/ Gallbladder

The liver was normal in size and contour exhibiting normal to mildly reduced hepatic parenchyma echogenicity with subtle increased yet indistinct prominence of the portal vascular borders.

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The gallbladder was non-distended in size with mildly prominent gallbladder wall. A focal area of congealed, gallbladder mucus vs. polyp was noted in the cranial gallbladder lumen. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.2 cm diameter.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta sonographically consistent with food without signs of obstruction or foreign material.

The small intestine presented generalized intact wall layering and subjectively maintained a 1:3 muscularis/mucosa ratio with segmental jejunal corrugation. Segmental, similar appearing intestinal ingesta / chyme was present. No obstructive pattern or evidence of foreign material was noted. The jejunum wall measured up to 0.25 cm width. Normal appearing jejunum wall measured 0.2 cm width. The duodenum wall measured 0.22 cm width. The ileocolic wall measured 0.28 cm width.

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

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 were evident.

Free Abdomen

Intermittent mesenteric lymph 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). No omental masses or evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Mild age-related renal changes
- Hepatopathy
- Gallbladder lumen mucus vs. small cranial polyp, mild nonobstructive proximal common bile duct dilation - suspect cholangitis
- Segmental nonspecific enteritis
- Intermittent mild sonographically benign / reactive mesenteric lymph nodes
- Normal pancreas



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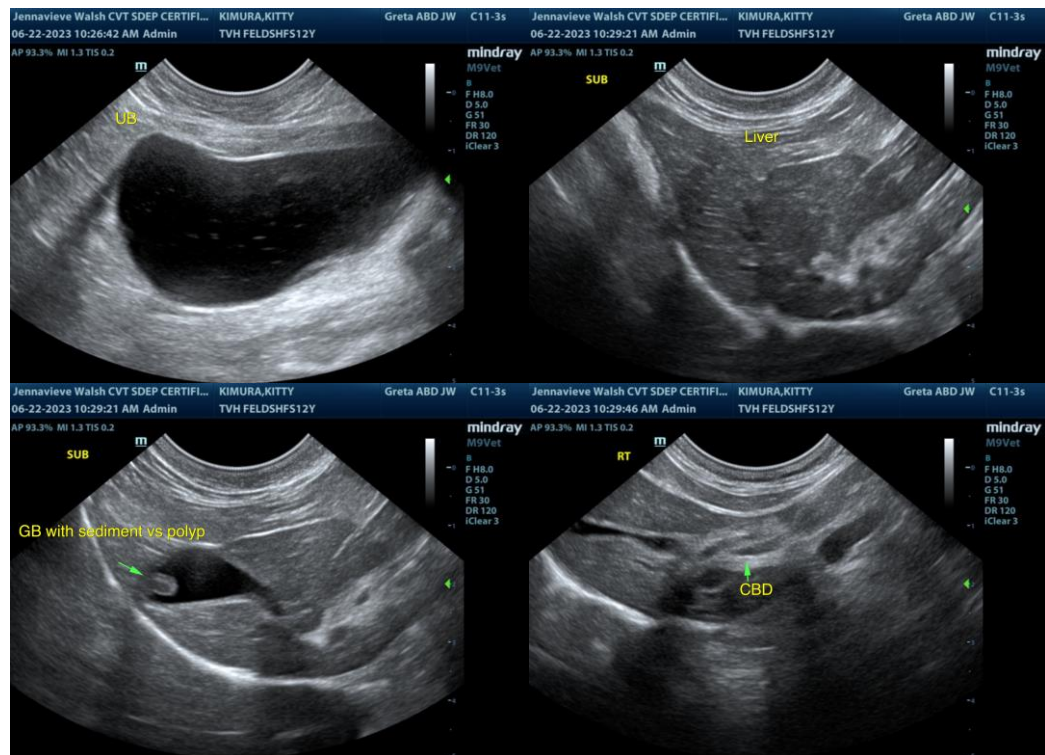
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, the hepatobiliary presentation is suggestive of inflammatory criteria, i.e., cholangiohepatitis, given primarily elevated ALT / AST combination with potential for occult infiltrative hepatic neoplasia, although considered less likely. Assuming normal clotting status and using a 25-gauge needle, screening hepatic FNA cytology is warranted to identify potential inflammatory cell type and assess for neoplastic criteria.

Although no sonographic evidence of pancreatic or overt intestinal mural pathology, Triad Disease could be a consideration. Further assessment, given the patient's weight loss, may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as three-view chest radiographs to rule out thoracic pathology as a contributing factor.

Pending additional diagnostics, which are considered essential for further clarification, empirical therapy for cholangiohepatitis with as-needed gastrointestinal support would be reasonable.





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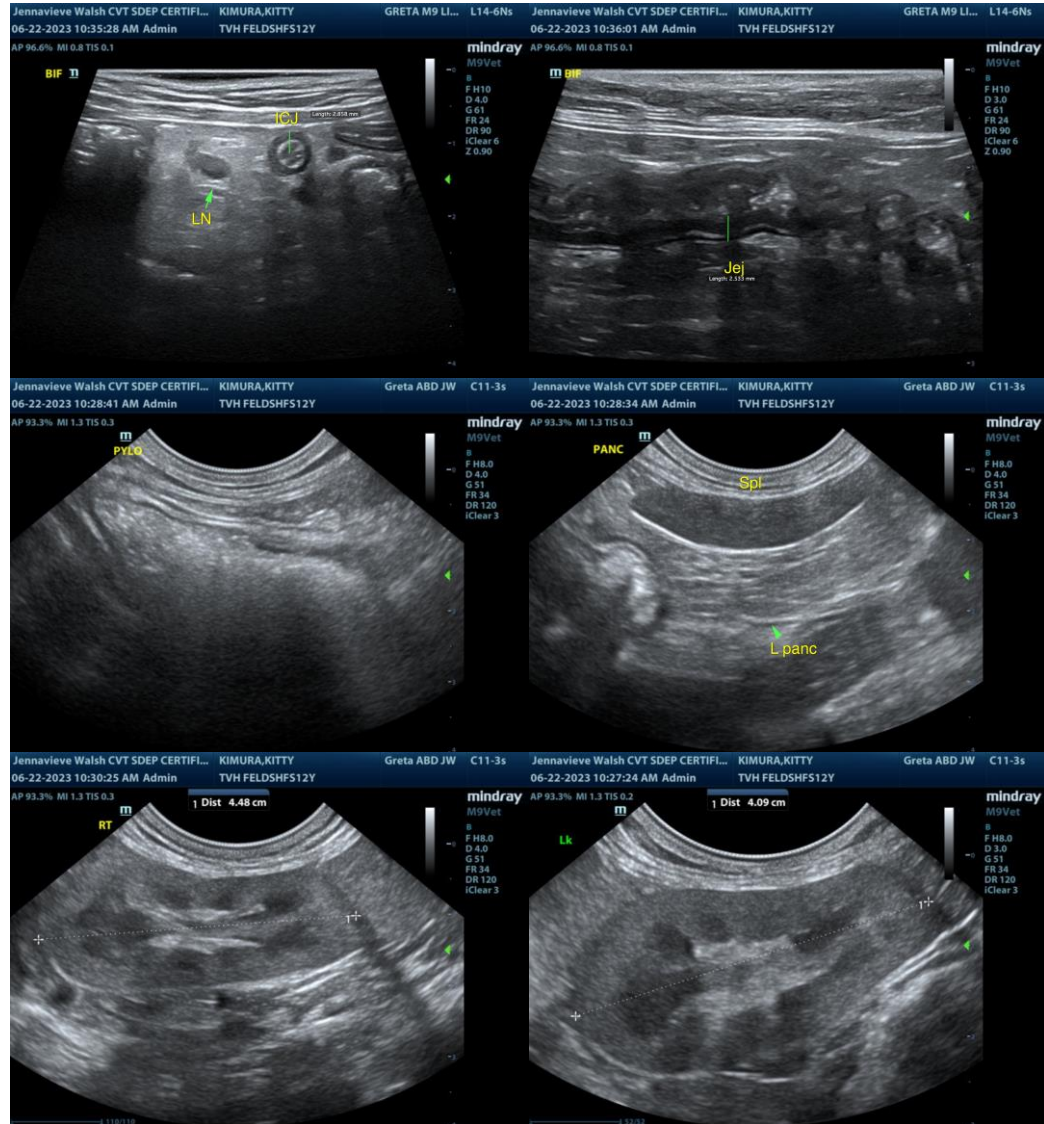
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com