

PATIENT

Ebony Egerton

PRESENTING CLINICAL SIGNS

Weight loss, Inappetence. Currently on Prednisolone 2.5mg BID

SPECIES

Feline

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.

BREED

DSH

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. The left kidney measured 3.8 cm in length. The right kidney measured 3.7 cm in length.

SEX

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AGE

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The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

WEIGHT

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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.

INTERPRETED BY

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

Liver/Gallbladder

The liver exhibited subjective variable lobar enlargement including mild irregular caudate lobe with asymmetrical caudate lobe capsule contour. Generalized non-homogenous parenchyma exhibiting subtle variably parenchymal echogenicity was present. Moderate coarse echotexture was present. Ill-defined caudate lobe cystic parenchymal changes along with a non-homogenous nodule dorsal to the gallbladder measuring ~ 2.7 cm in diameter. Normal vascular volume. 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 thin walls and primarily anechoic luminal content. The common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.33 cm diameter.

HOSPITAL NAME

Animal Mansion
Veterinary Hospital

REFERRING VET

Shelley Parker DVM

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.

INVOICE

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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.

DATE

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



PATIENT

Pancreas

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

SPECIES

Free Abdomen

Feline

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

ULTRASONOGRAPHIC FINDINGS

DSH

- Sonographically unremarkable GI tract.
- Variable to generalized hepatomegaly exhibiting asymmetrical caudate contour and mild non-homogenous parenchyma with cystic nodule.
- Suspect cholangitis.
- Mild heterogenous pancreas.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The hepatobiliary presentation is nonspecific with considerations including inflammatory criteria, suspect cholangitis/cholangiohepatitis or parenchymal cyst to cystic biliary adenomas although neoplastic criteria cannot be excluded.

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Correlation with hepatic enzyme assessment is recommended. Prednisolone use may be masking intra-abdominal and GI changes and could potentially affect hepatic cytology.

WEIGHT

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Assuming normal clotting status and using a 25g needle, a hepatic parenchyma and hepatic nodule FNA for screening cytology is warranted for further assessment. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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(Canine and Feline)

Empirical GI support and potential therapy for triad disease may prove beneficial.

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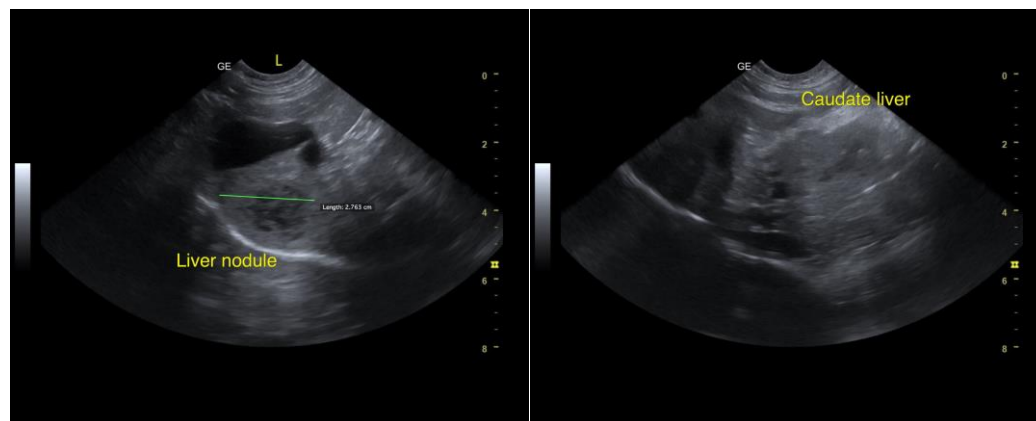
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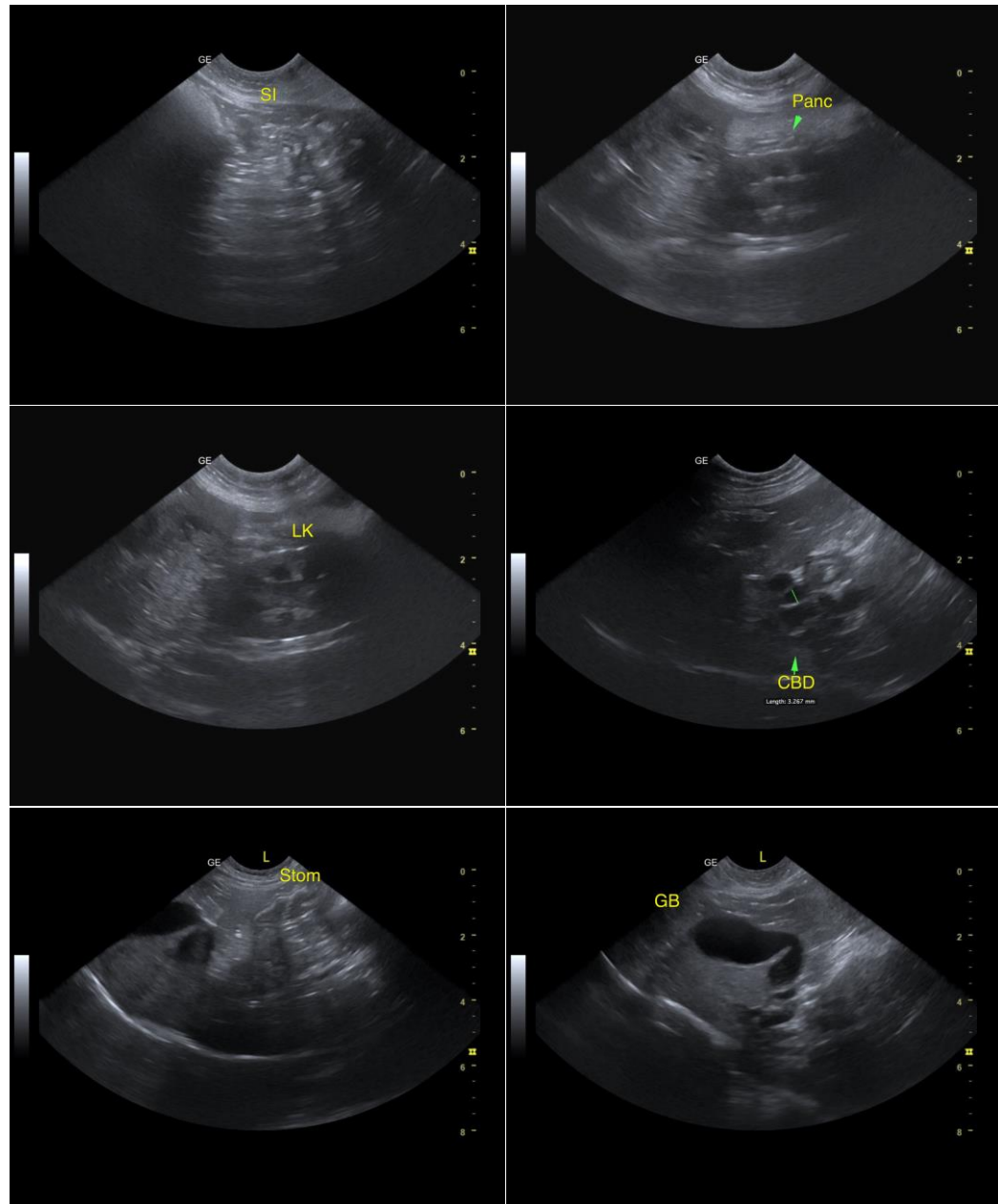
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com



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