



PATIENT	PRESENTING CLINICAL SIGNS
Bagheera Seiger	History: Anorexia, weight loss for past 1-2 weeks.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Icteric, high T. bili (4.5), ALP (>1000), GGT (12), low K+ (3.4), low Phos (2.4), CBC all WNL, Gi panel pending. Started mirtazapine and B12
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DSH	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.
SEX	
FS	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 3.4 cm in length.
AGE	
4	The area of the aortic trifurcation was free of pathology.
WEIGHT	Adrenal Glands
8.5	No overt pathology in the area of the left and right adrenal glands.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 1.0 cm in width at the level of the hilus.
IMAGING PERFORMED BY	Liver
Dr. Reser	The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal. No evidence of post hepatic obstruction.
HOSPITAL NAME	Gastrointestinal
Harvest Hills Veterinary Hospital	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.
REFERRING VET	
Dr. Reser	
INVOICE	
10998ag	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	Normal visible colon wall layers were present with apparent formed feces in lumen.
06/28/2022	Pancreas



PATIENT

Bagheera Seiger

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.

SPECIES

Feline

Free Abdomen

No omental masses or overt lymphadenopathy was present.

Scant perihepatic free fluid was present.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting uniform parenchyma hyperechogenicity, scant perihepatic free fluid
- Overtly normal GI tract
- Sonographically unremarkable pancreas

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the appearance of the liver was nonspecific, considerations may include hepatic lipidosis given the patient's anorexia, vacuolar hepatopathy or hepatitis/cholangiohepatitis while the possibility of round cell neoplasia cannot be excluded. Assuming normal clotting status and using a 25g needle and with Vitamin K pretreatment an ultrasound guided FNA of the liver is warranted for screening cytology. Correlation with pending GI panel to assess for evidence of hypcobalaminemia is recommended. No overt evidence of post hepatic obstruction was observed. Potential for structurally insignificant GI disease or low grade to chronic pancreatitis which may present sonographically normal cannot be definitively excluded. As needed GI and hepatic support is recommended pending GI panel results. Three view chest radiographs are suggested if not done to rule out thoracic or esophageal pathology as a contributing factor. A feeding tube may be considered for this patient if strong clinical concern for lipidosis and persistent anorexia is present.

AGE

4

WEIGHT

8.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Reser

HOSPITAL NAME

Harvest Hills
Veterinary Hospital

REFERRING VET

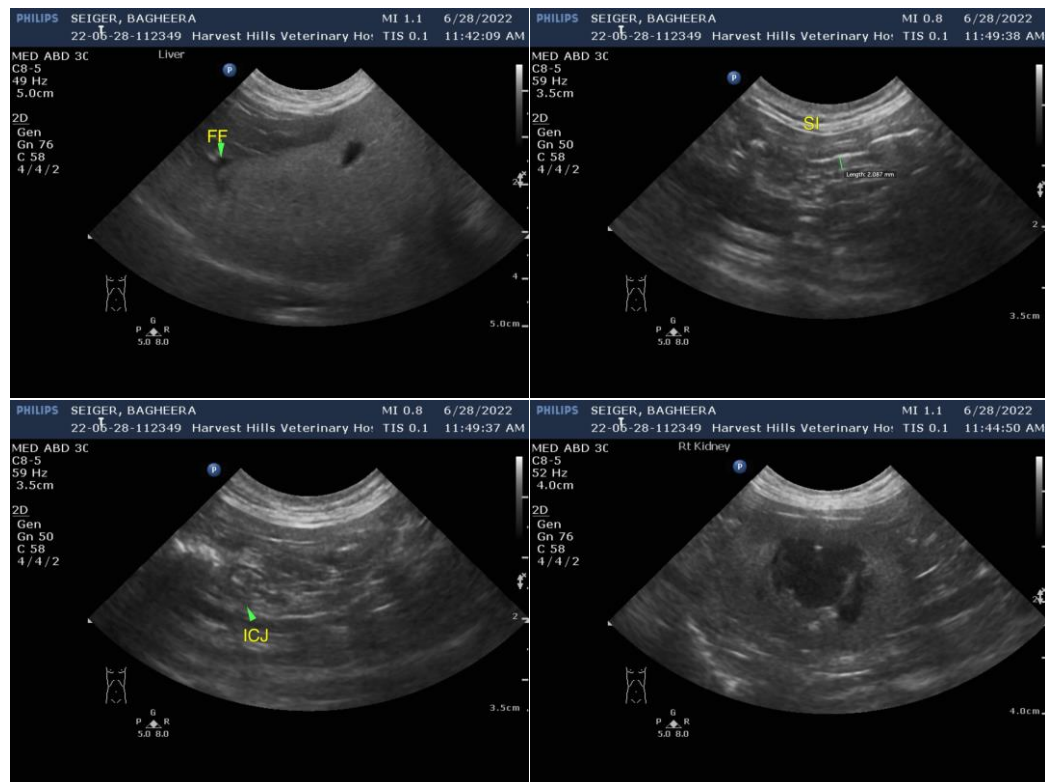
Dr. Reser

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DATE

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PATIENT

Bagheera Seiger

SPECIES

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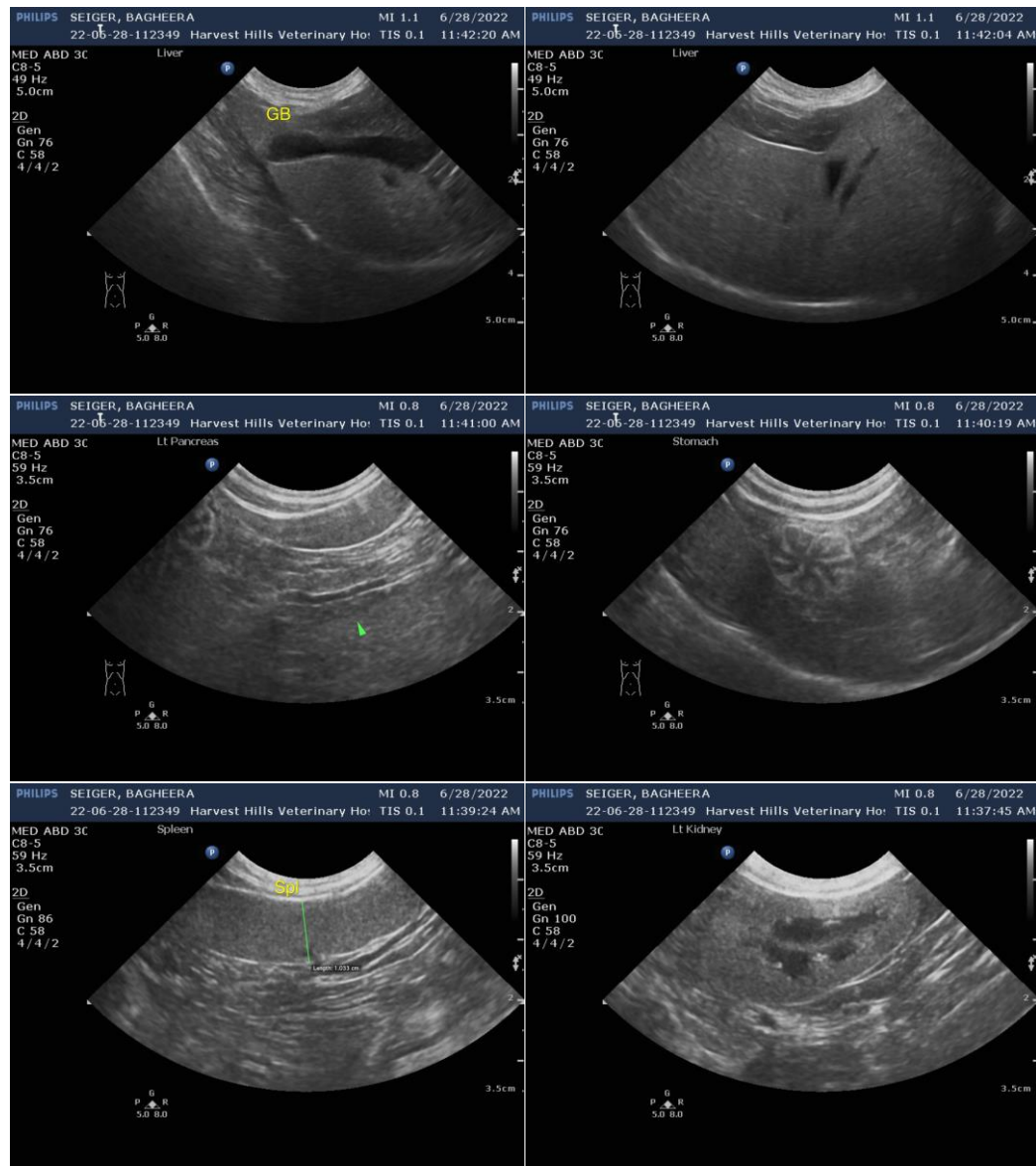
Dr. Reser

INVOICE

10998ag

DATE

06/28/2022



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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