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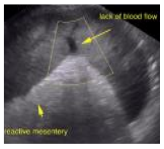
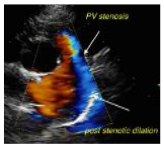
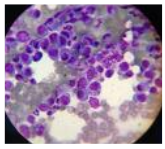
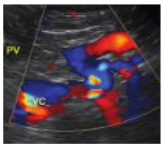

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Frank Wisniewski-Cremins

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

4.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Bogosian

HOSPITAL NAME

Animal Emergency Hospital Volusia

REFERRING VET

Dr. Bogosian

INVOICE

16384

DATE

6/28/22

PRESENTING CLINICAL SIGNS

History: Was seen on 06/17/22 for vomiting and not eating. liver values were elevated and patient was jaundice. Treated with cerenia, and did well. Went back to rdvm on 06/22/22, had radiographs done, NSF. Started on denamarin and doing well since. Patient is still icteric on exam, owner declined repeated BW, but approved ultrasound .

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.

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 4.2 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 overtly normal in size with potential for mild generalized enlargement and maintained symmetrical capsule contour. Mixed echogenic hepatic parenchyma was present, exhibiting moderate coarse echotexture and potential hepatic parenchymal remodeling. No masses or nodules were present.

The gallbladder was overtly normal in size. The gallbladder walls were sonographically normal without evidence of inflammatory criteria. Primarily anechoic content was present with mild luminal debris. No evidence of peripheral gallbladder inflammation. The common bile duct exhibited segmental moderate to focally marked distention containing anechoic content and with evidence of mild peripheral inflammation. No obvious evidence of common bile duct mucus or obstructive calculi noted. The dilated common bile duct extended approximately 2-2.5 cm past the cystic biliary duct yet did not obviously extend to the visualized duodenal papilla. Common bile duct dilation measured up to 1.2 cm in diameter.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta, exhibiting mild near field hyperechogenicity with mild progressive distal acoustic shadowing.

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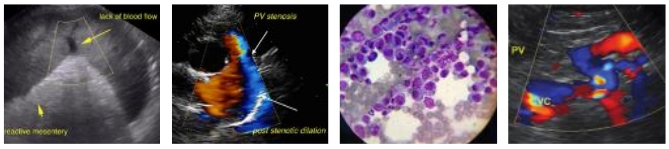

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The left limb of the pancreas caudal to the stomach body, exhibited normal size and margination with subjective mild hypoechoic parenchyma compared to adjacent mildly reactive peripancreatic omentum.

Free Abdomen

No lymphadenopathy or peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

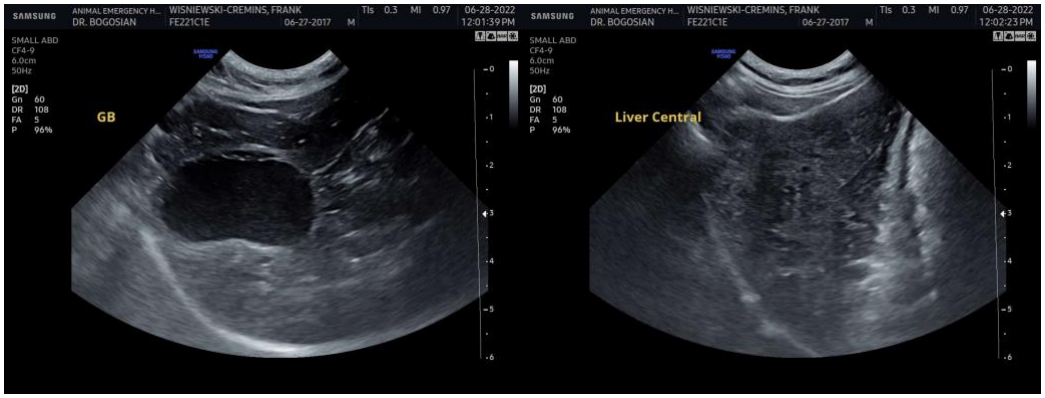
- Suspect cholangitis/cholangiohepatitis, hepatobiliary pattern, including moderate segmentally marked yet overtly nonobstructive common bile duct dilation, evidence of associated peripheral inflammation
- Possible mild concurrent pancreatitis
- Gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Technically, the possibility of non-visualized or emerging posthepatic obstruction given the degree of segmental common bile duct dilation cannot be excluded. This potential may be considered if progressive evidence of icterus or cholestasis. Potential pooling of bile within the dilated common bile duct could be possible.

Ideally, ultrasound guided FNA of the liver for screening cytology +/- bile culture and sensitivity for further assessment may be considered.

Empirical therapy for cholangiohepatitis with as needed hepatogastrointestinal support and continued monitoring would be reasonable. If persistent/progressive evidence of hepatic enzyme elevations or cholestasis, sonographic reassessment would be recommended. Potential laparotomy with common bile duct flush may be indicated pending further monitoring.



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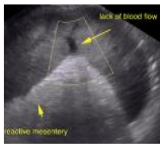
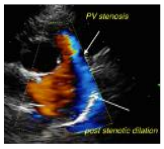
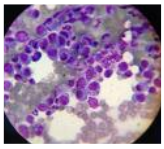
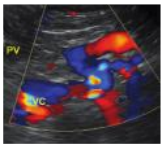

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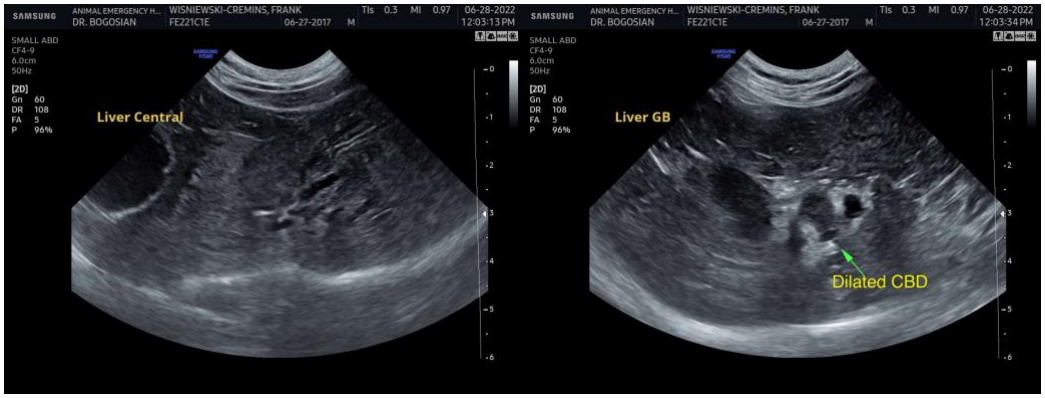

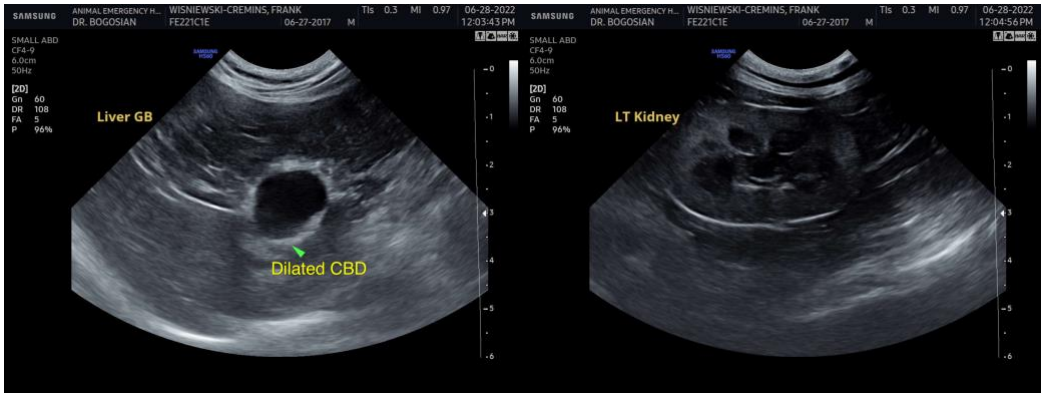

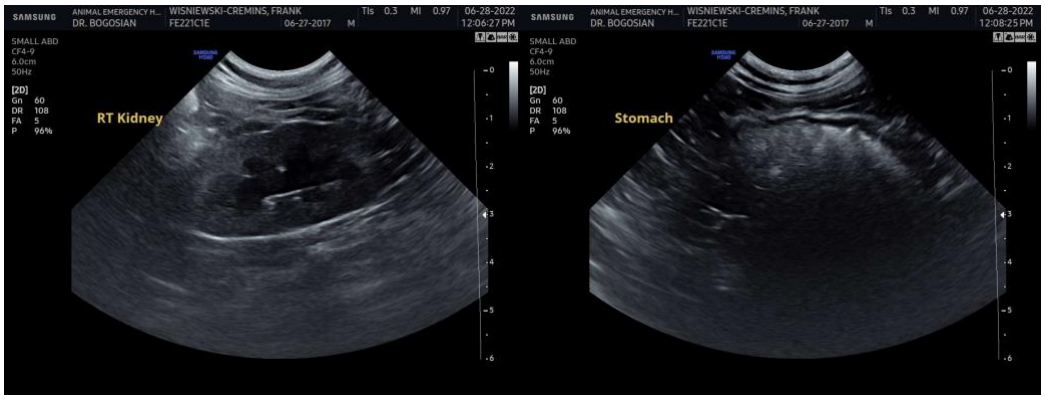

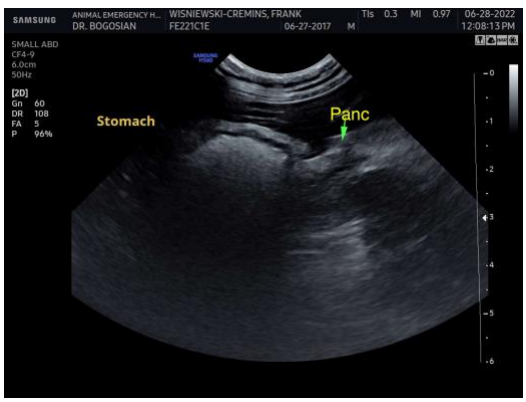

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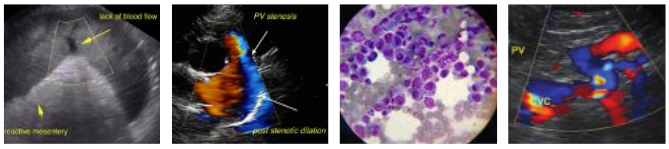

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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com