



PATIENT

Chloe Saxon

PRESENTING CLINICAL SIGNS

Chronic diarrhea and vomiting. Dementia - screaming. Weight loss. Precision PSL 173; Plt cnt 128, lymh 11, Abs neut 9240. On Cerenia and FortifloraSA

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, 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 or neoplastic mural changes were noted.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

18 years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.3 cm in length.

WEIGHT

4.74 lbs.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.35 width and the right adrenal gland measured 0.36 width.

INTERPRETED BY

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

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 0.67 cm width.

IMAGING

PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Rhode Island AMC

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The discernable gallbladder was nondistended with overtly normal gallbladder walls containing primarily anechoic content with mild congealed yet nonorganized, nonmineralized luminal debris. The cystic biliary duct and common bile duct exhibited generalized marked torturous dilation from the level of the gallbladder to the approximate level of the duodenal papilla. The common bile duct dilation measured up to 0.8-0.9 cm. Anechoic content was present in the dilated common bile duct without overt evidence of ductal calculi or mucus. Obvious obstructive pathology at the level of the duodenal papilla was not visualized yet cannot be definitively excluded.

REFERRING VET

Rachel Rogoff, DVM

INVOICE

14022

DATE

6/3/22



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Gastrointestinal

The stomach contained moderate retained nonshadowing ingesta / chyme. The visualized gastric walls were sonographically unremarkable without evidence of mechanical pyloric outflow obstruction.

SPECIES

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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 semi-formed feces in lumen. The colon wall width measured 0.17 cm.

BREED

DSH

Pancreas

The pancreas was prominent in size exhibiting nonhomogeneous echogenic parenchyma and moderate pancreatic duct dilation measuring 0.31 cm pancreatic duct diameter.

SEX

FS

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

18 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatic parenchymal remodeling
- Nondistended gallbladder with mild luminal debris, diffuse marked to tortuous common bile duct dilation to approximate level of the duodenal papilla
- Chronic pancreatitis
- Overtly normal gastrointestinal tract with moderate retained gastric ingesta / chyme

Secondary Findings

- Bilateral chronic renal changes
- Mild particulate urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without evidence of reported hepatic enzyme elevation, cholestasis, or icterus, the diffuse marked to tortuous common bile duct dilation is nonspecific. This could potentially indicate significant yet age-related chronic common bile duct dilation possibly owing to passed episodes of cholangitis. At times, this finding may cause low-grade lethargy and secondary gastrointestinal signs. However, the possibility of emerging post hepatic obstruction, given the degree of common bile duct dilation, cannot be excluded.

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Close monitoring for evidence of increasing hepatic enzyme elevation, cholestasis, and icterus going forward is strongly recommended. An immediate recheck sonogram is suggested if these clinical signs are noted.

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A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

SPECIES

Feline

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

BREED

DSH

Empirical as-needed gastrointestinal support and conservative therapy for chronic pancreatitis would be reasonable.

SEX

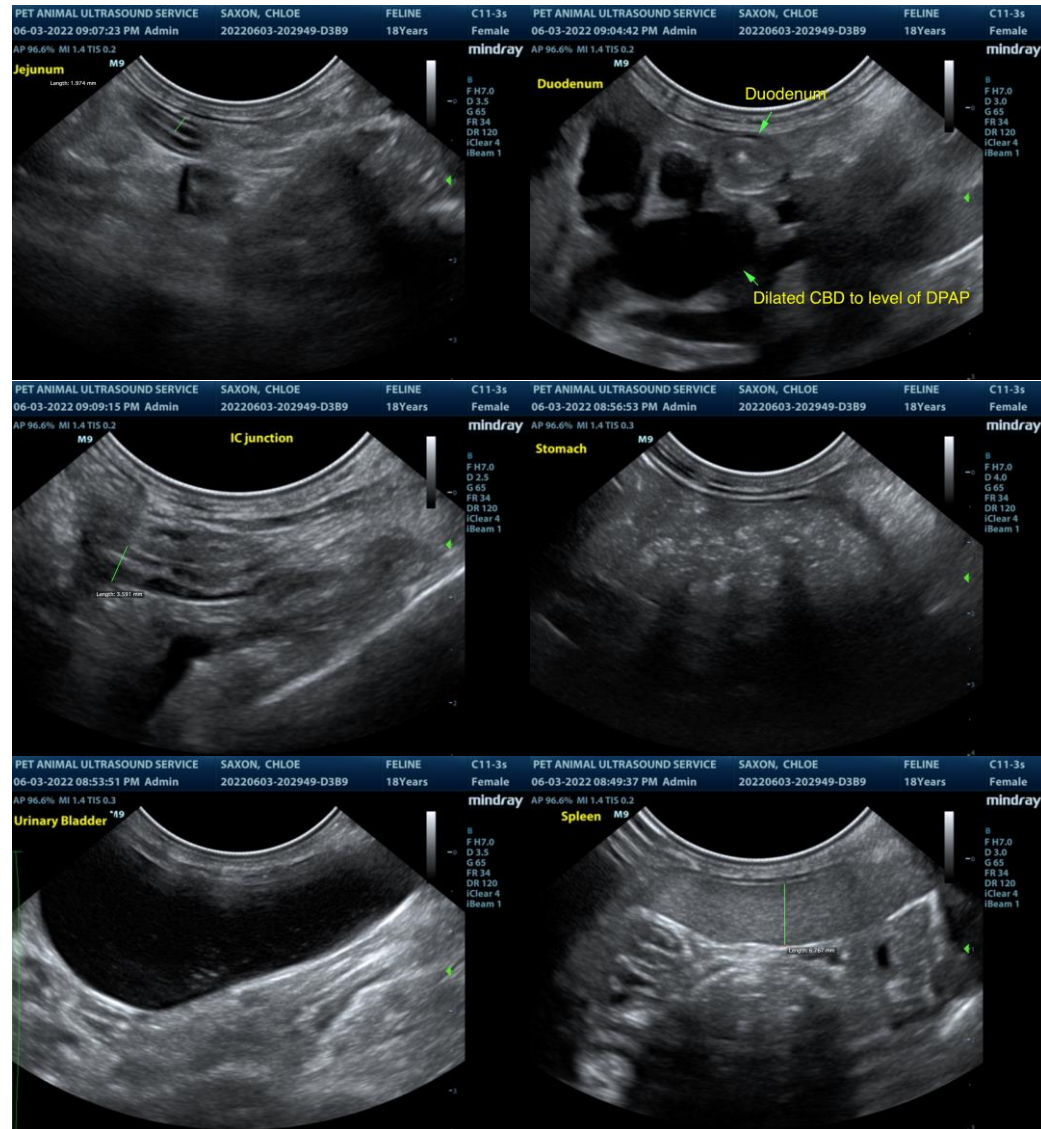
FS

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Chloe Saxton

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

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WEIGHT

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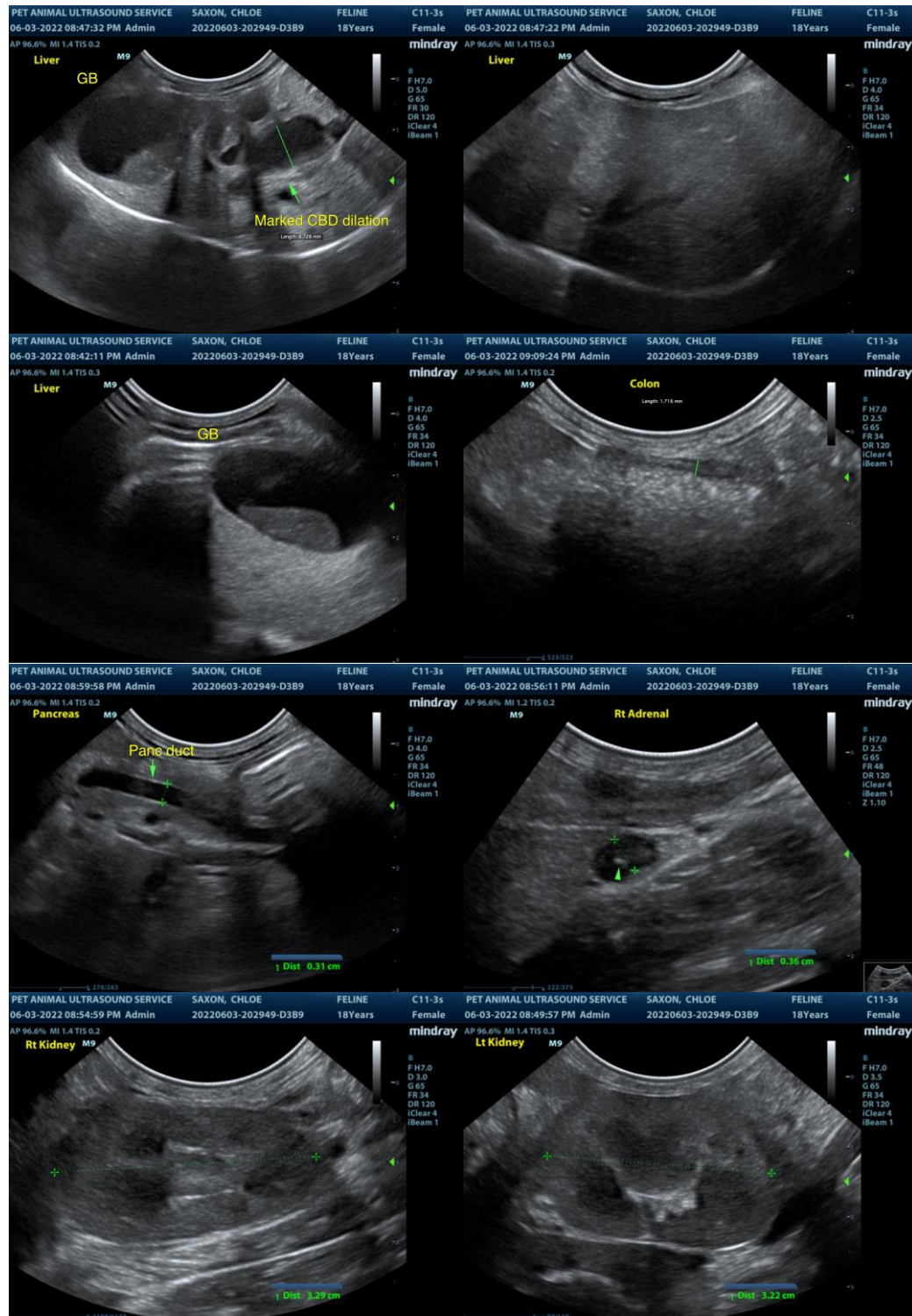
Rachel Rogoff, DVM

INVOICE

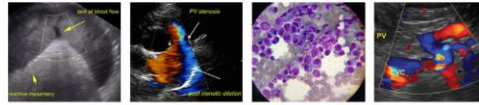
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

SPECIES

Feline

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info@SonoPath.com

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SEX

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