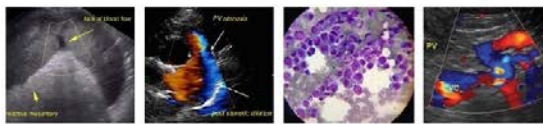




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Max Waterhouse	4/5/2022 normal BW, having tremors at home, started on Gabapentin 5/5/22 Had suspect gastroenteritis, BW normal. Treated at home with meds / diet 6/29/22 seen for 1 week history of decreased appetite and drinking, with decreased u/bm. P changing food often in last week trying to coax P to eat, still not eating a lot. O noticed icteric coloring of skin - P will require sedation for US to be done, currently on oral analgesic, likely will need TDK which O has ok'd
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: 4/5/22 normal BW/UA 5/5/22 normal BW/UA/FPLi 6/29/22 elevated ALT, Tbil, decreased urea. FPLi abnormal. UA 1+ gluc, 2+ bil, 1+ ubg
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Mildly distended with primarily anechoic urine present in the lumen. 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 or neoplastic mural changes were noted.
Neutered Male	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
6 Years	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomodullary 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 4.6 cm. The right kidney measured 4.3 cm.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
5.9 kg	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm. The right adrenal gland measured 0.30 cm.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen was mildly enlarged, exhibiting mild asymmetrical medial capsule contour. The spleen measured 1.2 cm in width at the level of the hilus. Finely textured homogeneous splenic parenchyma was present with subjective mild decreased splenic parenchyma echogenicity. No masses or nodules. Normal splenic vascularity.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Kelly Reschny	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 exhibited normal size to possible mild distention. No overt evidence of significant gallbladder distention. The gallbladder lumen was primarily filled with hyperechoic, uniform, non-mineralized, possibly congealed debris. The proximal common bile duct was indistinctly visualized, yet exhibited mild proximal to possible generalized dilation. Common bile duct subjectively measured 0.20 cm diameter.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
BPH Stoney Creek	The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a moderate amount of retained, primarily anechoic fluid. Gastric body wall measured 0.25 cm.
<b>REFERRING VET</b>	
Dr. Wittenrich	
<b>INVOICE</b>	
39104	
<b>DATE</b>	
6/29/22	



**PATIENT** Max Waterhouse  
The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. Jejunum wall measured 0.25 cm.

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

**BREED** *Pancreas*

The left pancreatic limb was normal in size and contour. Subtle hypoechoic parenchyma compared to adjacent non-reactive or inflamed peripancreatic omentum.

**SEX** DSH  
*Free Abdomen*

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid.

**AGE** Neutered Male  
**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy exhibiting generalized uniform parenchyma hyperechogenicity
- Moderate, possibly congealed gallbladder debris
- Subjective mild non-obstructive common bile duct dilation
- Possible concurrent low-grade pancreatitis
- Gastroenteritis pattern with gastric hypomotility
- Non-specific mild splenomegaly

**WEIGHT** 5.9 kg  
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall hepatic presentation was non-specific. Considerations may potentially include cholangitis/cholangiohepatitis, given the ALT elevation, presence of gallbladder debris, and subjective non-obstructive common bile duct dilation, vacuolar hepatopathy, or lipidosis, while the possibility of round cell hepatic neoplasia cannot be excluded. The mild splenomegaly may indicate concurrent or secondary hyperplasia, hematopoiesis, incidental splenitis, while the possibility of early splenic infiltrative neoplasia cannot be excluded.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

BPH Stoney Creek

**REFERRING VET**

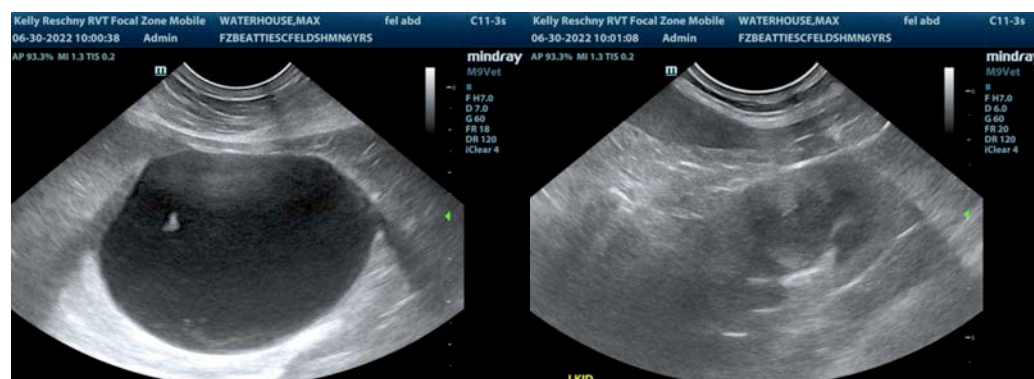
Dr. Wittenrich

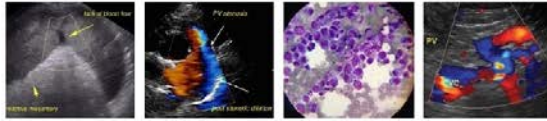
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**DATE**

6/29/22





**PATIENT**

Max Waterhouse

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

5.9 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

BPH Stoney Creek

**REFERRING VET**

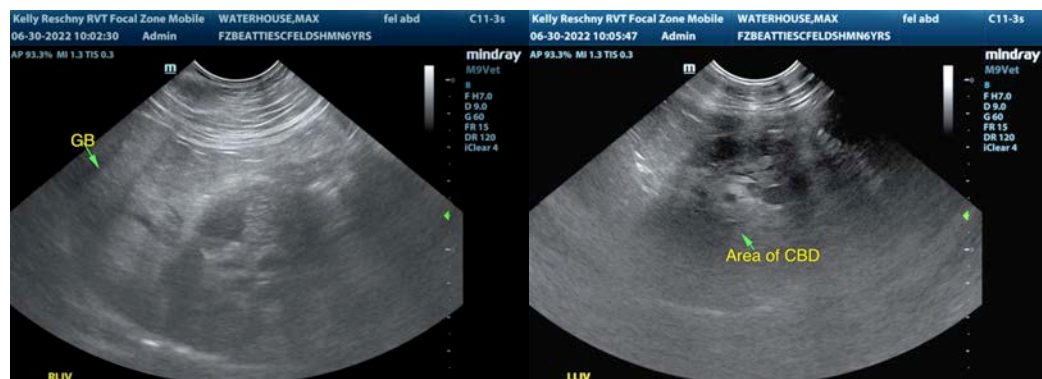
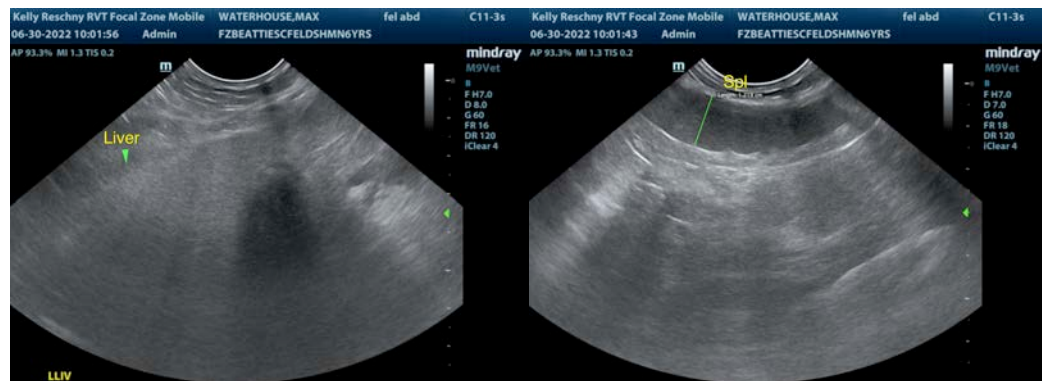
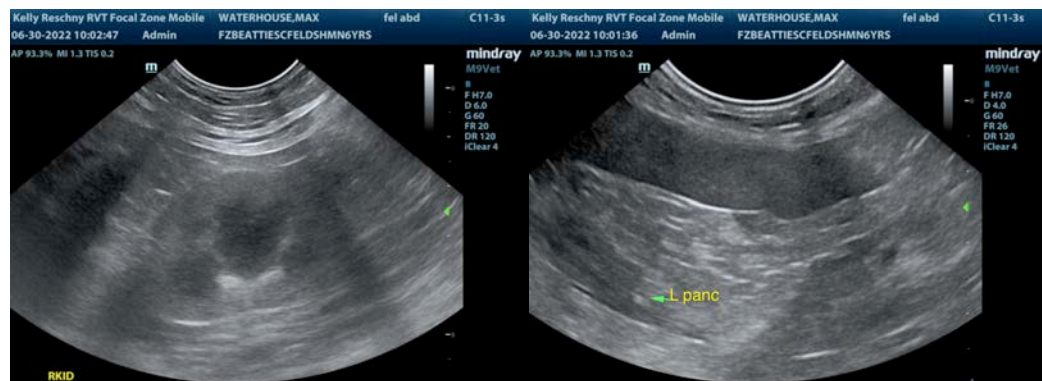
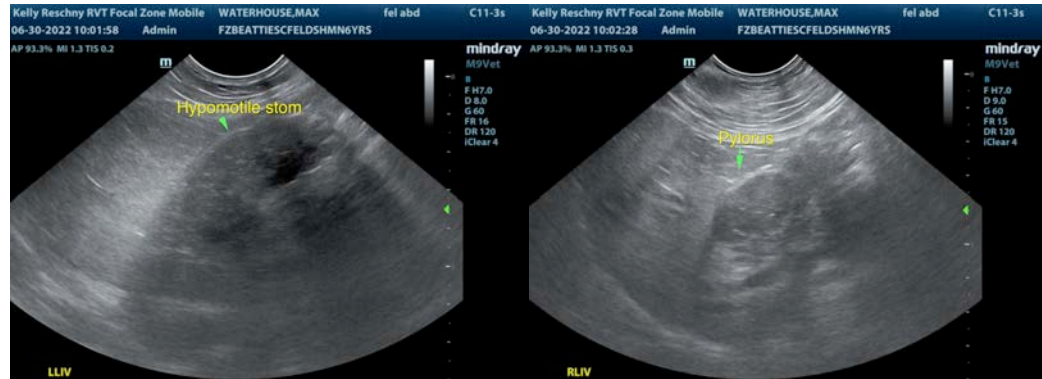
Dr. Wittenrich

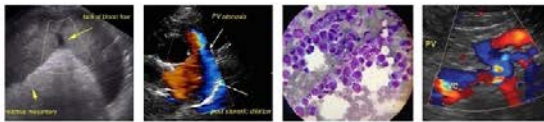
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**DATE**

6/29/22





**PATIENT**

Max Waterhouse

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.

**SPECIES**

Feline

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

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

5.9 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

BPH Stoney Creek

**REFERRING VET**

Dr. Wittenrich

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**DATE**

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