



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Sheba Hudson	Did eat a little this morning as has not been eating well. Not eating. Dark urine. Was started on Convenia, B12 after bloodwork done.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: ALT and ALkphos elevated. T. Bilirubin normal. Mild elevated cholesterol and triglycerides. CPK elevated due to weight loss. T4 normal.
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DMH	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder was subnormal in size owing to lack of urine distention, yet without overt evidence of inflammatory or neoplastic mural criteria. Mild anechoic urine was present with no sediment or calculi. The urethra was normal in structure and tone to a depth of 2.0 cm.
FS	The area of the aortic trifurcation was free of pathology.
<b>AGE</b>	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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.3 cm in length.
13 years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
7.9 lbs.	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP	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 criteria, or benign parenchyma changes were not noted.
<b>IMAGING PERFORMED BY</b>	<b>Liver/ Gallbladder</b>
Crystal Hill	The liver presented mildly enlarged 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. No overt evidence of pathology was noted in the area gallbladder or common bile duct, although indistinctly visualized. No evidence of gallbladder distention or post hepatic stasis/obstruction was noted.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
The Maples AH	The stomach presented intact wall layering with a normal wall layer ratio. Mild retained chyme was present in the stomach. The ventral gastric body wall width measured 0.24 cm.
<b>REFERRING VET</b>	
Dr. Kazienko	
<b>INVOICE</b>	
14044	
<b>DATE</b>	
6/8/22	


**PATIENT**

Sheba Hudson

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. The duodenum wall width measured 0.2 cm. The jejunum wall width measured 0.18 cm. The ileocolic wall width measured 0.36 cm.

**SPECIES**

Feline

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

***Pancreas***
**BREED**

DMH

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 were evident.

**SEX**

FS

***Free Abdomen***

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

**ULTRASONOGRAPHIC FINDINGS**
**AGE**

13 years

- Hepatopathy exhibiting generalized mild uniform parenchyma hyperechogenicity - vacuolar hepatopathy, hepatitis / cholangiohepatitis, emerging lipidosis, or other hepatopathy possible, potential for round-cell hepatic neoplasia, which may present in a similar sonographic manner, cannot be definitively excluded

**WEIGHT**

7.9 lbs.

- Sonographically unremarkable gastrointestinal tract with mild retained gastric chyme
- Mild chronic renal changes

**INTERPRETED BY**

 R. McKenzie Daniel,  
 DVM, DABVP

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, using a 25-gauge needle, and with empirical vitamin K pretreatment, ultrasound-guided FNA of the liver is warranted for screening cytology primarily to assess or possibly identify Inflammatory cell type if present and rule out the potential for neoplasia.

**IMAGING PERFORMED BY**

Crystal Hill

Structurally insignificant gastrointestinal disease or low-grade to chronic pancreatitis, both of which may present sonographically normal), i.e., potential Triad Disease, cannot be definitively excluded. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, given the patient's weight loss. As-needed gastrointestinal and hepatic support is recommended with potential empirical therapy for cholangiohepatitis. Three view chest radiographs are suggested to rule out occult thoracic pathology as a potential contributing factor to the patient's clinical signs and weight loss.

**HOSPITAL NAME**

The Maples AH

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**PATIENT**

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**SPECIES**

Feline

**BREED**

DMH

**SEX**

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**WEIGHT**

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**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

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**REFERRING VET**

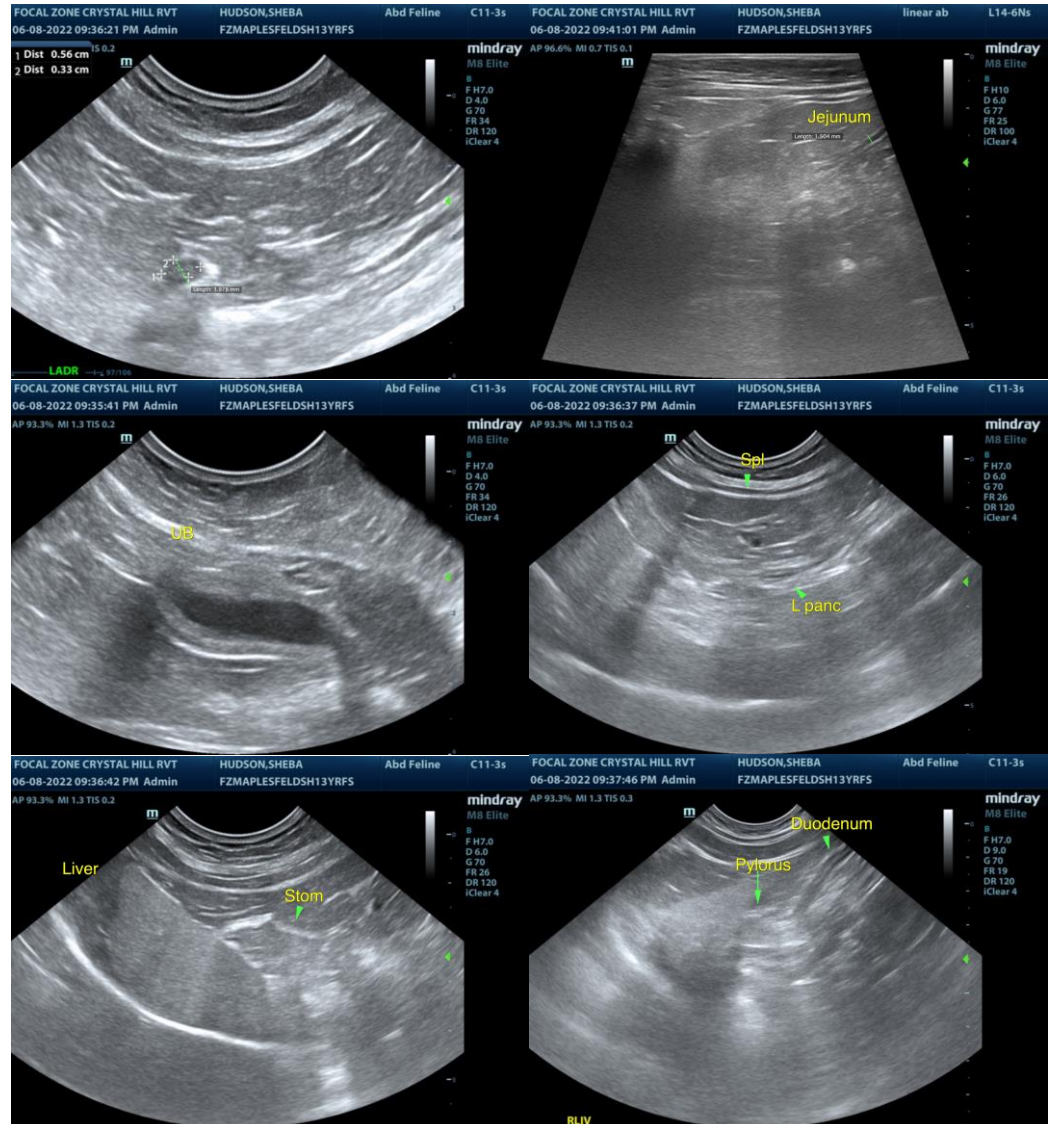
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**PATIENT**

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**SPECIES**

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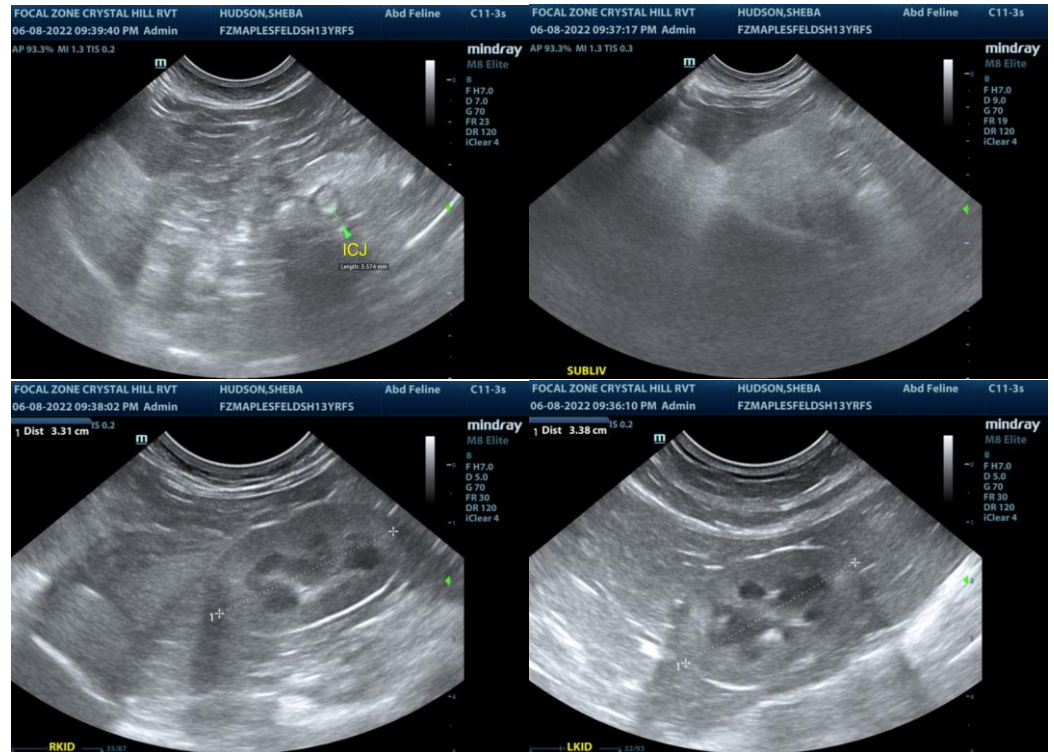
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**WEIGHT**

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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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