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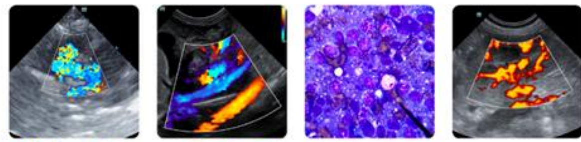
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™
SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Fishtail O'Connell

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
10yr

WEIGHT
10.2lb

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

IMAGING PERFORMED BY
Jessica Milligan DVM

HOSPITAL NAME
Dockside Veterinary Imaging

REFERRING VET
Taylor Alexander DVM

INVOICE
25036

DATE
06/08/2026

PRESENTING CLINICAL SIGNS

Current ER patient

Fishtail is a 10YO, MN, DSH. He presented yesterday for hyporexia and ptyalism. On bloodwork we found that he had severely elevated ALT at about 1700. About a week ago he presented for anorexia and suspected hepatic lipidosis. He started eating and was discharged, but his liver values were reportedly improved by Tuesday. We want to get a full ultrasound done to assess for any abnormalities or causes of his recurrent ALT elevation, PT was normal and PTT was mildly elevated at 127. Disregard the UA, the results are from a different patient.

Abnormal PE/Chem/CBC/UA Results: See attached ER records.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 to 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 3.8 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

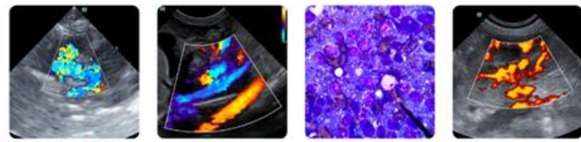
The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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/Gallbladder

The liver was mildly enlarged in size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thickened non-edematous walls and mild bile sediment. The proximal to mid common bile duct was dilated and mildly tortuous without overt post hepatic obstruction.



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Gastrointestinal

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.

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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The left pancreas was normal in size with mild capsule asymmetry and isoechoic to mildly hyperechoic non-homogenous parenchyma compared to adjacent non-reactive or inflamed omentum.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy-subjectively benign
- Non-distended thickened gallbladder with bile sediment, non-obstructive proximal to mid common bile duct dilation
- Mild pancreatic remodeling
- Sonographically normal empty gastrointestinal tract
- Chronic renal changes with mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatobiliary presentation is strongly suggestive of inflammatory criteria, i.e. cholangiohepatitis or other. Correlation with hepatic FNA cytology to assess for inflammatory cell type in conjunction with elevated ALT / AST recommended. Hepatic lipidosis thought less likely given normal ALP. No evidence of post-hepatic obstruction.

Concurrent mild chronic pancreatitis may be suspected if cranial abdomen or subxiphoid discomfort on palpation. No overt neoplastic criteria, which is thought less likely.

Empirical therapy for cholangiohepatitis and gastrointestinal support is recommended with clinical monitoring. Recheck sonogram indicated if evidence of progressive hepatopathy or gastrointestinal signs. Renal staging to include C/S if inflammatory sediment or UPC level if non-inflammatory proteinuria may be considered.

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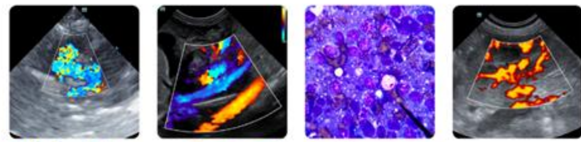

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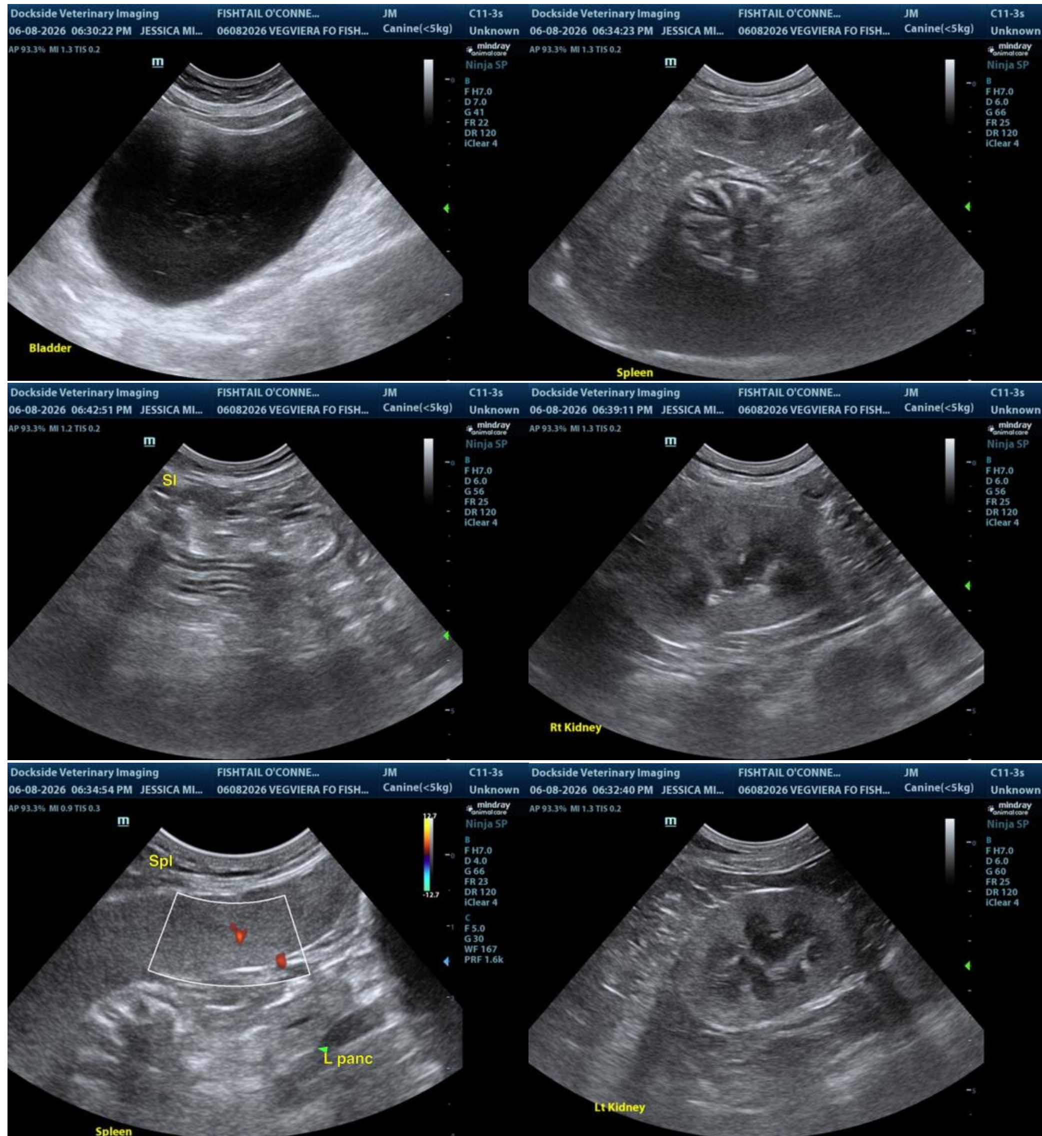

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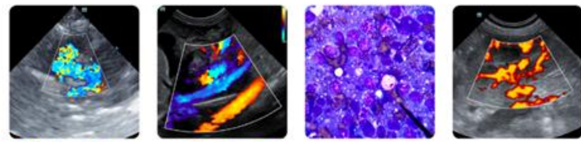

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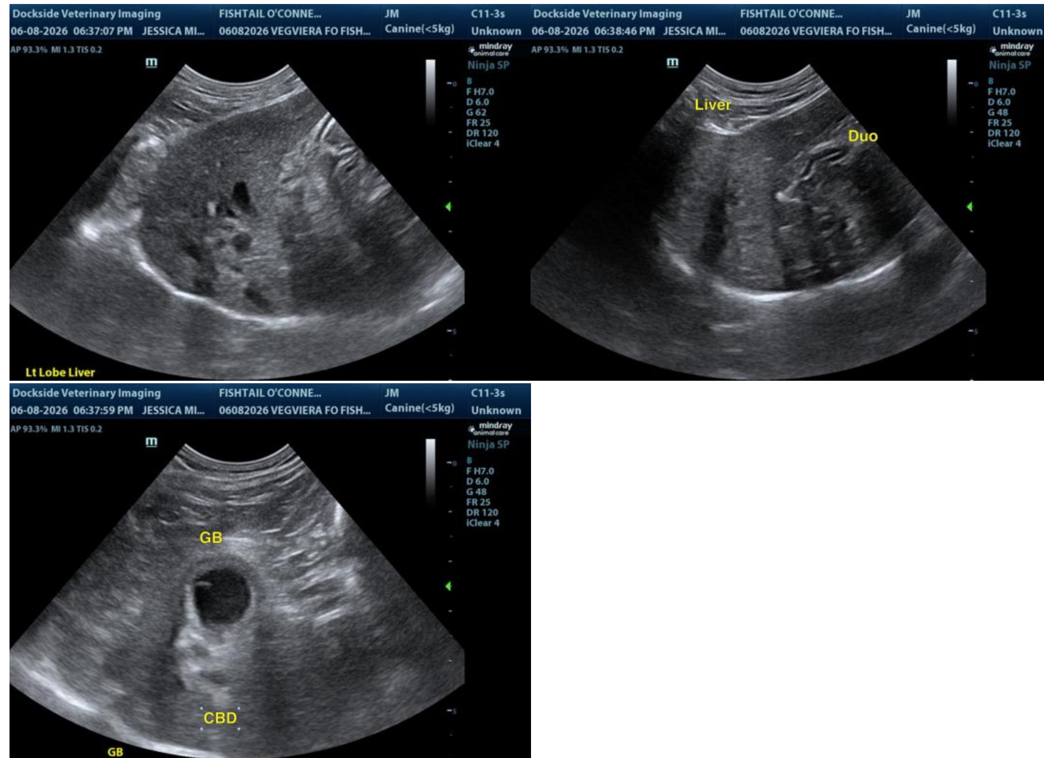

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com