

PATIENT PRESENTING CLINICAL SIGNS

Bob Banzhof Lethargy, vomiting, diabetic Glargine 1-2u BID

ALP 328, ALT 424, Amylase 1320, BUN 40, Creatinine 1.3, Glucose 459, HCT 33

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

2010

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 3.5 cm in length.

WEIGHT

9.2

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

INTERPRETED BY

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

Spleen

The spleen exhibited normal size with areas of minor lateral and medial capsule asymmetry. The spleen maintained a finely textured and homogenous parenchyma. The spleen measured 0.7 cm width. No evidence of splenic neoplastic criteria was noted.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

The liver presented mild generalized enlargement with nonhomogeneous hepatic parenchyma exhibiting moderate coarse echotexture. Diffuse biliary tree mineralization was noted in the left, mid, and right liver. The gallbladder was non-distended in size with sonographically unremarkable gallbladder walls without evidence of inflammatory changes. Anechoic content was present with nonobstructive cholelith to potential multiple choleliths. An example measured 1.2 cm diameter. The cystic and common bile ducts were normal.

HOSPITAL NAME

Maple Hills VH

REFERRING VET

Dr. Banzhof

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained nonshadowing ingesta / chyme was present in the antrum and pylorus. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.22 cm.

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PATIENT 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 measured 0.21 cm width.
 Bob Banzhof

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

Feline
Pancreas

BREED The pancreas exhibited generalized prominent size with areas of capsule asymmetry and nonhomogeneous to mixed echogenic pancreatic parenchyma. Mild to moderate pancreatic duct dilation was noted. The pancreatic duct measured 0.32 cm in diameter.

DSH
Free Abdomen

SEX A moderately sized, spherical, nonhomogeneous, cystic to cavitated mass was present in the mid to cranial abdomen. The mass appeared to directly efface and likely connect to the ventral caudal aspect of the liver. The mass measured 5.5 cm - 6.0 cm in diameter. No overt lymphadenopathy was noted.
 FS

AGE **ULTRASONOGRAPHIC FINDINGS**

- 2010
- Hepatomegaly with generalized biliary tree mineralization
 - Nonobstructive cholelithiasis
 - Cystic to cavitated-appearing mid to cranial abdominal mass - probable hepatic origin, cystic biliary adenoma, cystic biliary adenocarcinoma, complex hepatic cyst, consolidated abscess, necrosis, or other possible

WEIGHT
 9.2

- INTERPRETED BY**
- Chronic to chronic active pancreatitis pattern
 - Overtly normal gastrointestinal tract with mild retained gastric ingesta / chyme

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY In general, biliary tree mineralization is a nonspecific finding and may be incidental. At times this finding may be associated with chronic cholangiohepatitis, given the elevated hepatic enzyme levels. Correlation with the probable hepatic mass originating from the ventral caudal liver with cytology +/- fluid analysis and C/S if clinically indicated is warranted. Spec fPL or full GI panel is suggested.
 Rebekah Jakum, CVT
 ARDMS/RVT

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Potentially, the mid to cranial abdominal mass may be resulting in some degree of gastric displacement and / or nonobstructive gastric stasis. The mass may be amenable to surgical resection if surgery is a potential option given its subjective mild attachment to the ventrocaudal liver. Empirical gastrointestinal and hepatic support +/- therapy for cholangiohepatitis would be reasonable.

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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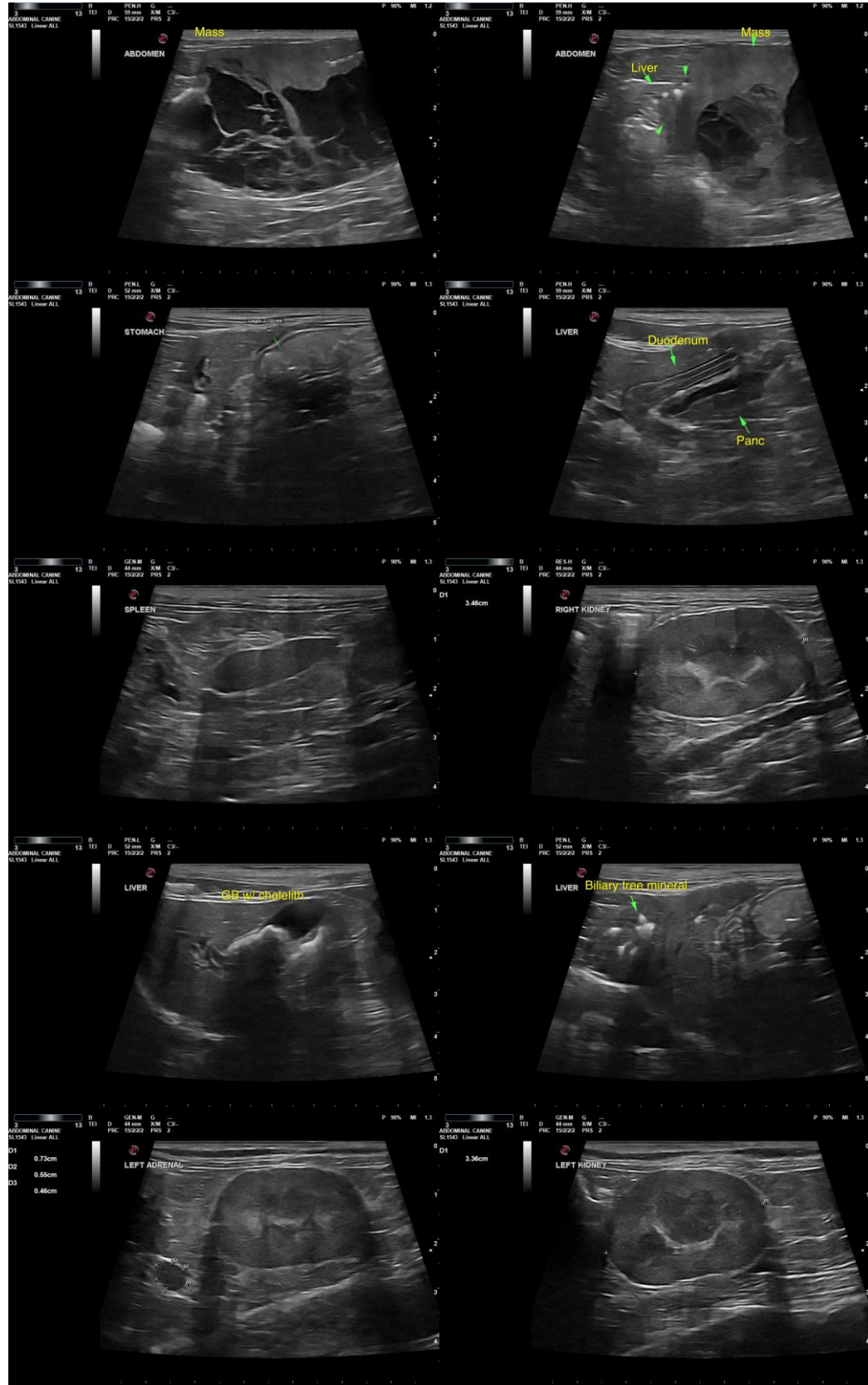
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

BREED

DSH

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.

SEX

FS

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

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

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