



PATIENT

Keena Hopstock

PRESENTING CLINICAL SIGNS

Intermittent vomiting, jaundice, not eating, lethargic Mirtazapine, Pred, Cerenia Sedated torb, iso
 ALT 445, ALP 181, GGT 12, TBILI 7.1

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 2.0 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

2006

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. Areas of nonobstructive medullary mineral / small renoliths were present. No evidence of pelvic dilation was present. The left kidney measured 2.8 cm in length. The right kidney measured 3.1 cm in length.

WEIGHT

6.7

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

Spleen

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

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 0.78 cm in width.

HOSPITAL NAME

Blue Ridge VC

Liver/ Gallbladder

REFERRING VET

Dr. Filchner

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.

INVOICE

14284

The gallbladder was mildly subnormal in size suspected to be secondary to the presence of gastric ingesta. Mildly thickened gallbladder walls with minimal anechoic content were noted. The gallbladder wall width measured 0.27 cm. The common bile duct exhibited segmental mild dilation containing anechoic content. No overt evidence was noted of ductal mucus or calculi to the level of the duodenal papilla. No evidence of duodenal papilla pathology was evident. Common bile duct dilation measured 0.22 cm. Subtle evidence of reactivity was noted around the common bile duct.

DATE

7/13/22



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Gastrointestinal

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The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate ingesta exhibiting mild progressive distal acoustic shadowing.

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. The duodenum wall width measured 0.23 cm. The jejunum wall width measured 0.21 cm.

BREED

DSH

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

SEX

FS

Pancreas

The pancreas exhibited subtle prominent size with areas of mild capsule asymmetry and heterogeneous to nonhomogeneous, hypoechoic pancreatic parenchyma.

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Free Abdomen

No evidence of peritoneal free fluid was present. No overt lymphadenopathy was evident.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with nonobstructive medullary renolithiasis
- Chronic cholangitis / cholangiohepatitis hepatobiliary pattern with mild nonobstructive common bile duct dilation
- Suspect chronic to chronic active pancreatitis
- Gastric ingesta, sonographically unremarkable small bowel

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound-guided hepatic FNA using a 25-gauge needle could be considered for screening cytology primarily to assess for or possibly identify inflammatory cell type.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

The lack of gallbladder dilation as well degree of common bile duct dilation was not consistent with post hepatic obstruction. Additional considerations may include age-related chronic common bile duct dilation yet current hepatobiliary inflammation is likely, given the elevated liver enzymes. At times this may cause lethargy and anorexia.

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Potential masking of concurrent intestinal disease owing to current Prednisolone cannot be definitively excluded. Therefore, the possibility of chronic Triad Disease may be a consideration in this patient. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

REFERRING VET

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The presence of gastric ingesta is nonspecific and may indicate recent meal ingestion. However, if documented NPO, some degree of gastric hypomotility, given the reported inappetence and intermittent vomiting in this patient, could be possible.

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Hospitalization with 24–48-hour IV fluid protocol, gastrointestinal support, and monitoring for evidence of gastric emptying may prove beneficial. Empirically, therapy for chronic cholangitis / cholangiohepatitis +/- Triad Disease would be reasonable.

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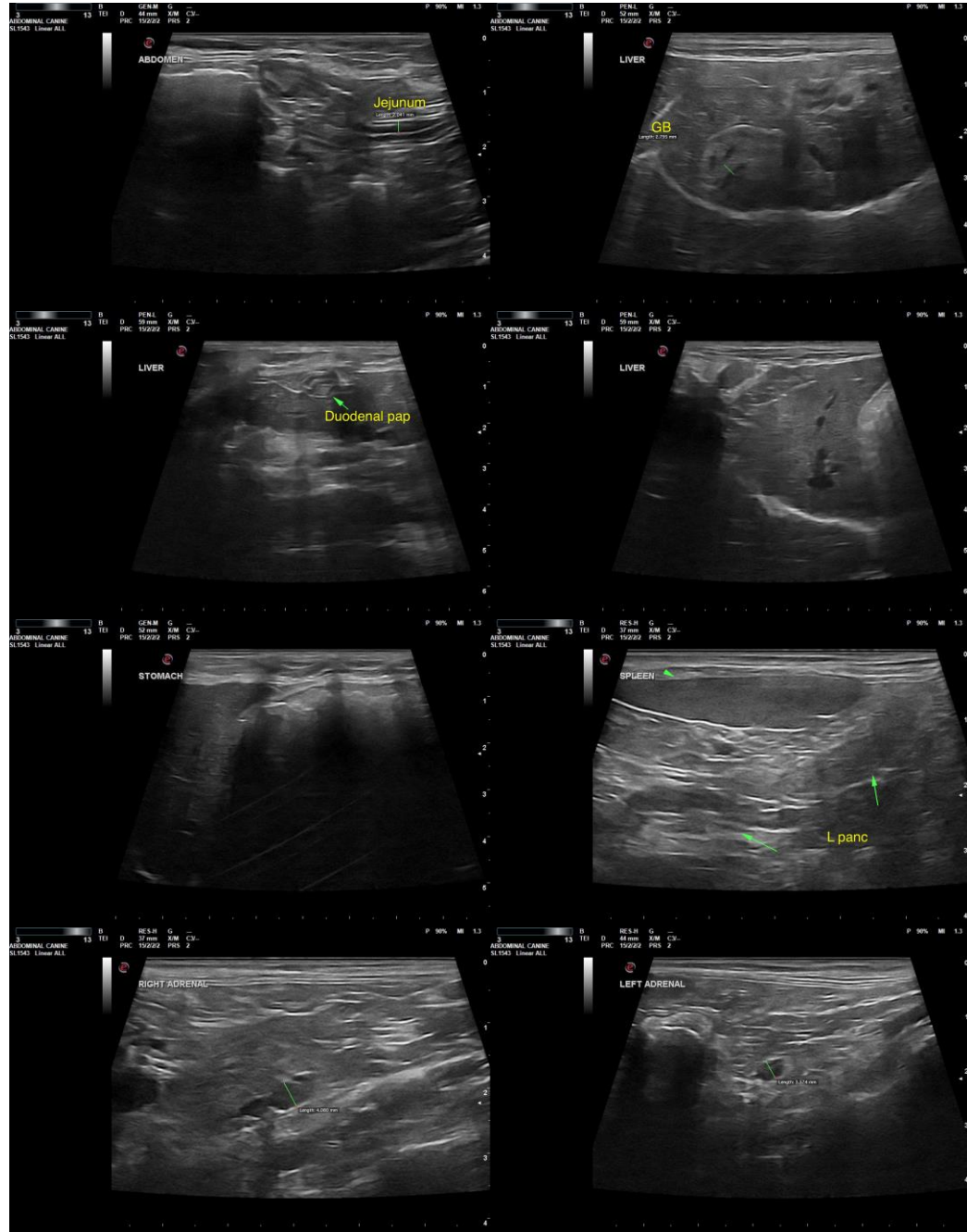
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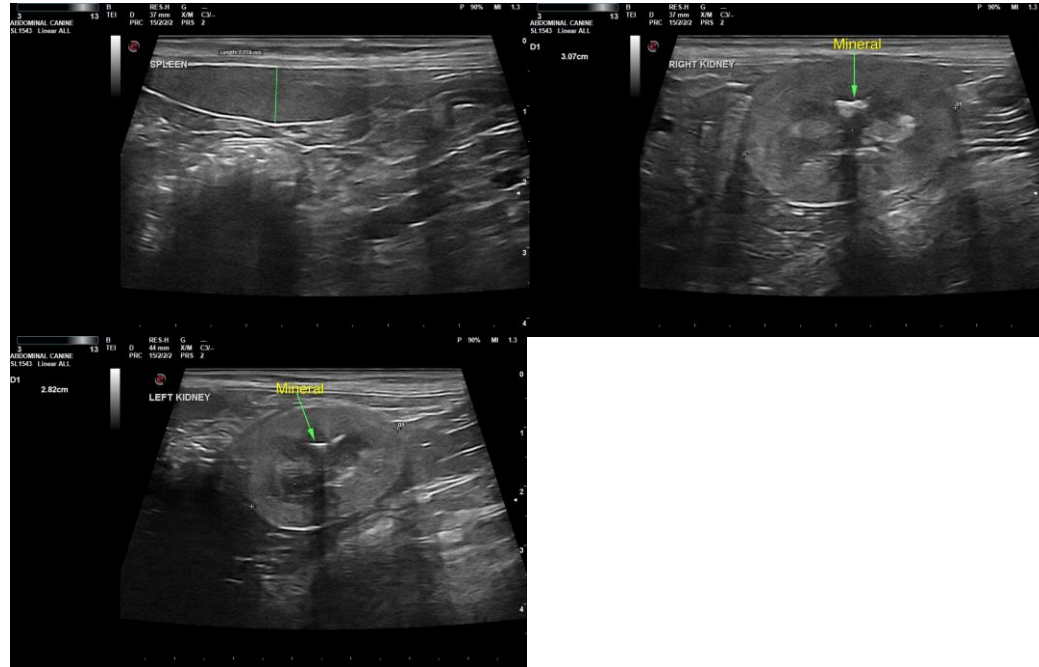
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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