



PATIENT

Chester Kellar

PRESENTING CLINICAL SIGNS

Total T4 - 1.1, ALT-261, AST- 96, currently on Methimazole 2.5 mg transdermal BID

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

No evidence of pathology in the area of the aortic trifurcation.

MN

AGE

12 years

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 3.6 cm in length. The right kidney measured 3.6 cm in length.

WEIGHT

8.56 lbs.

Adrenal Glands

The area of the left and right adrenal glands was free of overt pathology.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Katie Freson

Liver/ Gallbladder

The liver was subjectively borderline to mildly enlarged yet maintained a symmetrical capsule contour exhibiting normal uniform hepatic parenchyma echogenicity and mild coarse echotexture. Normal hepatic vascular volume was noted with no hepatic masses or nodules visualized. The gallbladder was non-distended in size containing anechoic content with non-thickened mildly hyperechoic gallbladder wall. The proximal to mid visualized common bile duct was dilated and tortuous without overt post hepatic obstruction. Mild dilation of the cystic biliary duct was noted extending into the mildly dilated proximal to mid common bile duct exhibiting mild torturous appearance. The common bile duct measured 0.3 cm diameter. The common bile duct contained anechoic content.

HOSPITAL NAME

Kings Veterinary
Hospital

REFERRING VET

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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 ileus, obstruction, or foreign material.

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



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Pancreas

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.

Free Abdomen

Scant free fluid was noted between the liver lobes and around the gallbladder. No overt or significant omental lymphadenopathy or omental masses were noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Nondistended gallbladder with mild nonobstructive proximal to mid common bile duct dilation
- Scant perihepatic / pericholecystic free fluid
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the normal T4 levels, the hepatobiliary presentation is suggestive of inflammatory criteria, i.e., cholangiohepatitis without overt evidence of post hepatic obstructive criteria in conjunction with the lack of reported icterus or elevated total bilirubin levels. No overt evidence of occult infiltrative hepatic neoplasia, which is thought less likely.

Assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma FNA cytology could be considered primarily to assess for or possibly identify inflammatory cell type. Empirically, hepatosupportive medications and therapy for cholangiohepatitis with monitoring of liver enzymes going forward would be reasonable. Sonographic reassessment of the liver, gallbladder, and common bile duct is recommended if progressive hepatic enzyme elevations or progressive evidence of cholestasis are noted.





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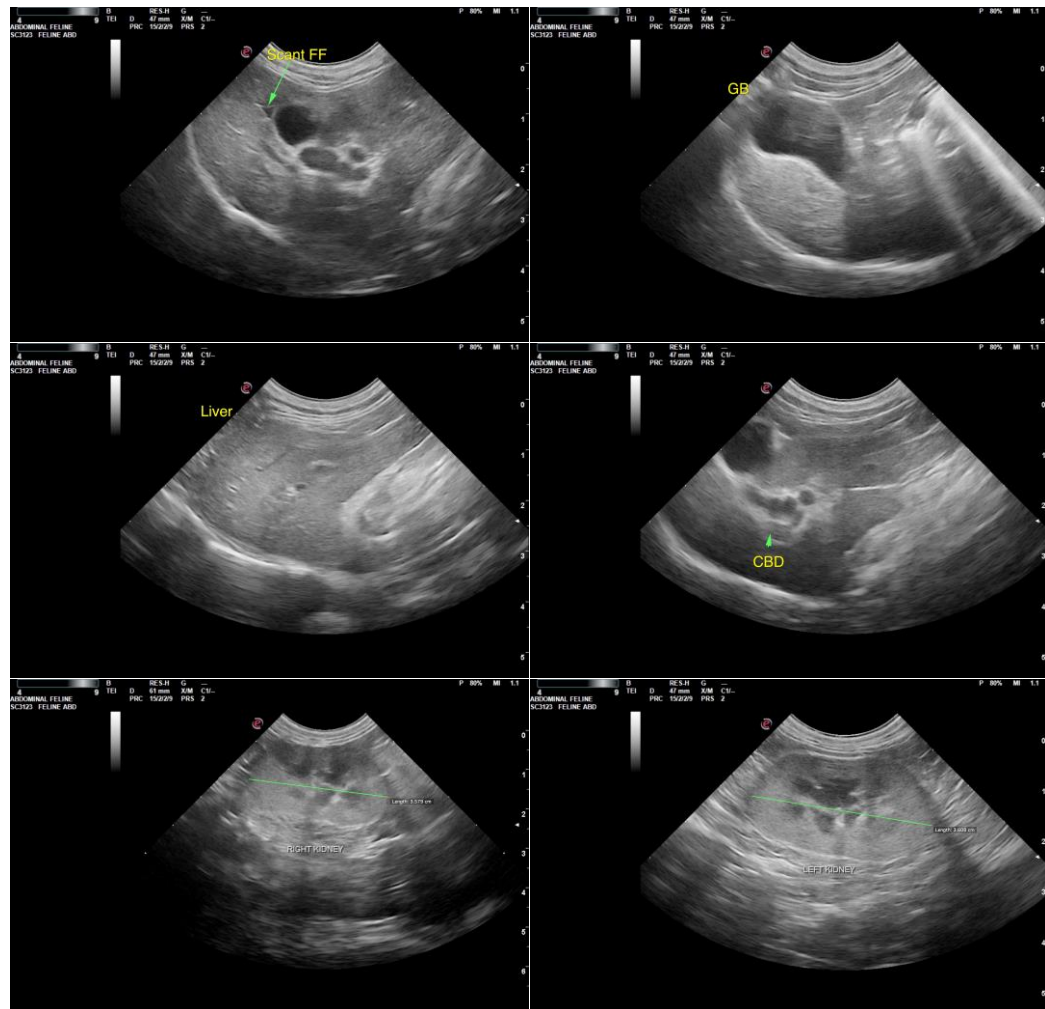
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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