



PATIENT

Spotty Collision

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Cranston AH

REFERRING VET

Dr. Vander Pol

INVOICE

17297

DATE

7/19/23

PRESENTING CLINICAL SIGNS

Inappetent mild lethargic and some weigh loss

Abnormal PE/Chem/CBC/UA Results: Severe elevation Bilirubin with mild elevation of ALP. UA 3+ bilirubin and bilirubin crystals

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate, non-dependent, particulate to focally hyperechoic sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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

Normal size and margination were present in the kidneys with adequate corticomedullary border demarcation. A maintained 1:3 cortex / medulla ratio was present. Subtle, variably echogenic cortical hypertrophy was noted in both kidneys, which is nonspecific. The left kidney measured 3.8 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width and the right adrenal gland measured 0.47 cm width.

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. The spleen measured 0.67 cm width at the level of the mid-spleen.

Liver/ Gallbladder

The liver was subjectively mildly enlarged yet maintained a symmetrical capsule contour exhibiting generalized nonuniform increased hepatic parenchyma echogenicity with moderate coarse echotexture. Normal hepatic vascular volume was present with no masses or nodules noted. The gallbladder was non-distended in size with normal appearance of the gallbladder wall containing anechoic content with mild echogenic gallbladder sediment. The cystic and common bile ducts were normal.

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 gastric body wall width measured 0.24 cm.



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The small intestine presented intact borderline prominent wall layering owing to a propensity for subtly prominent muscularis layer. No evidence of loss of intestinal wall layering or intestinal masses to the level of the colon. The duodenum wall measured up to 0.26 cm width. The jejunum wall measured up to 0.26 cm width. The ileocolic wall measured 0.40 cm width.

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

Pancreas

The left pancreatic limb was normal in size with minor capsule asymmetry. Mildly nonhomogeneous hypoechoic parenchyma compared to adjacent nonreactive peripancreatic omentum was noted.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

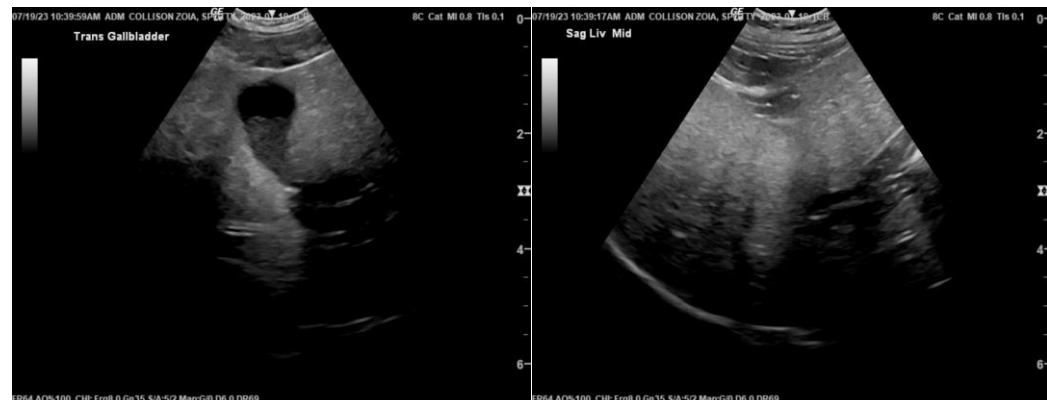
ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Hepatopathy exhibiting nonuniform parenchyma hyperechogenicity - lipidosis, cholestasis, inflammatory hepatopathy, infiltrative neoplasia (thought less likely), all potentials
- Nondistended gallbladder with mild sediment
- Probable mild chronic active pancreatitis, left pancreatic limb
- Possible mild inflammatory enteropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of post hepatic obstruction, assuming normal clotting status, using a 25-gauge needle, and with vitamin K pretreatment, hepatic FNA cytology could be considered for further assessment. Triad disease may be a potential consideration in this patient.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Three-view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor to the patient's clinical signs and weight loss.





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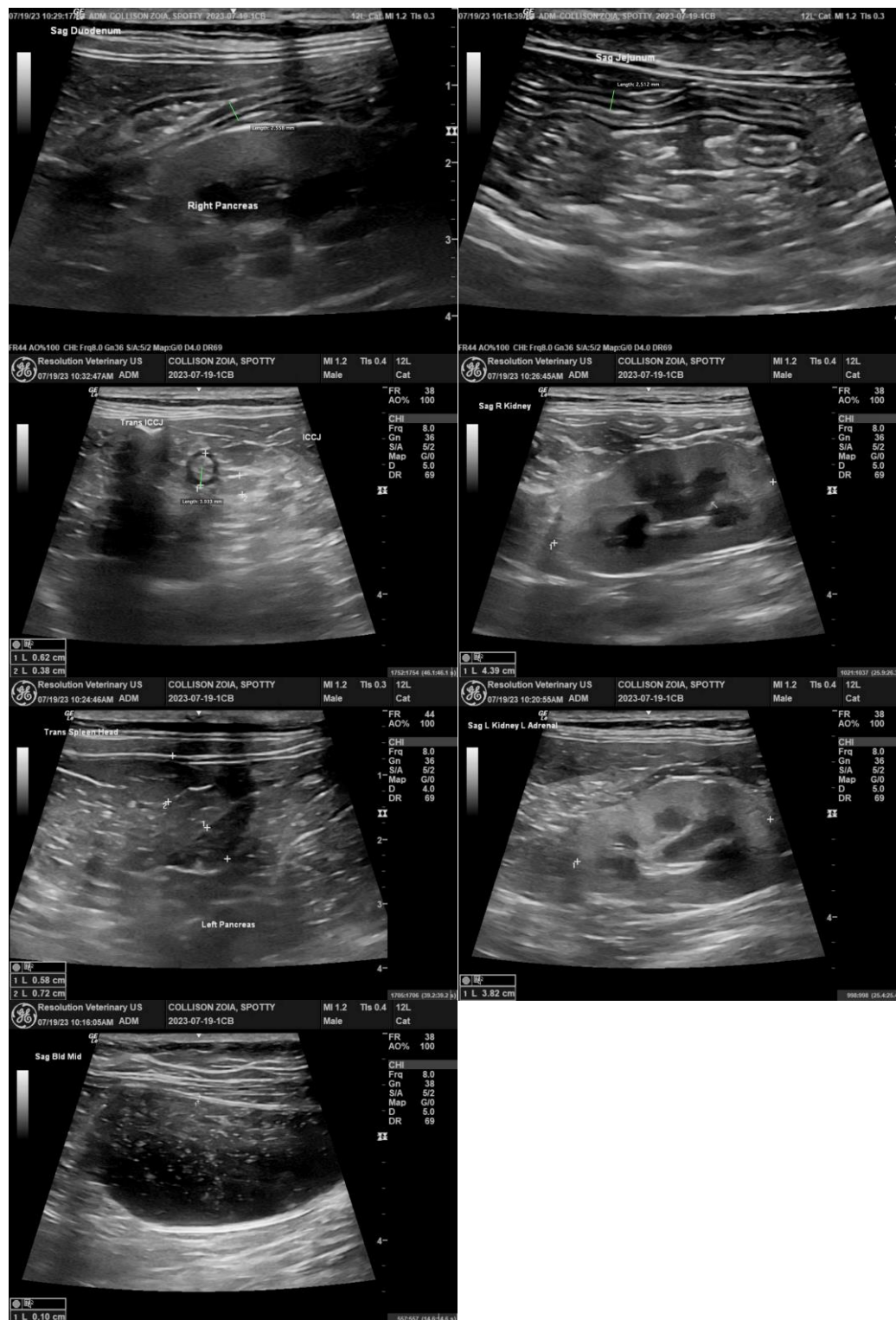
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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