



PATIENT

Alfie Torre

SPECIES

Feline

BREED

DSH

SEX

CM

AGE

12 years

WEIGHT

7.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

ANimal Clinic of
Queens

REFERRING VET

Dr. Mucera

INVOICE

14329

DATE

7/20/22

PRESENTING CLINICAL SIGNS

Sneezing bad sinus problem, severe DDZ, serial BW persistent elevated liver enzymes and WBC for 4 months. weight loss, no improvement on AB's. appetite well. X-rays interpretation : severe chronic dental dz, with large canine tooth abscess, cachexia, nonspecific hepatopathy- consider lipidosis mild peritoneal effusion is suspected.

Abnormal PE/Chem/CBC/UA Results: Weight loss, BCS 3.5/9 cranial abdominal mass palpated LIVER area, Latest BW 5/25/22 CBC: WBC: 22.3 (H) 3.5-16.0 RBC: 5.6 (L) 5.92-9.93 HEMOGLOBIN: 8.5 (L) 9.3-15.9 HCT: 28 (L) 29-48% NEUTROPHILS: 17894 (H) 2500-8500 MONOCYTES: 1115 (H) 0-600 EOSINOPHILS: 1561 (H) 0-1000 CHEM: TP: 9.8 (H) 5.2-8.8 AST: 107 (H) 10-100 ALT: 232 (H) 10-100 ALK P: 261 (H) 6-102 TB: 1.1 (H) 0.1-0.4 CHOLESTEROL: 228 (H) 75-220

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. 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A mild hyperechoic corticomedullary band, consistent with a mild medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

Spleen

The spleen was overall normal in size and contour with potential for mild medial folding of the cranial spleen present. No masses or nodules were noted. The spleen measured 0.9 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was enlarged with symmetrical to rounded hepatic contour. Subtle uniform increased hepatic parenchyma echogenicity exhibiting mild coarse echotexture was present. No masses or nodules were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content.



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The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.25 cm diameter.

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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 gastric body wall width measured 0.26 cm.

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The small intestine presented intact yet segmentally prominent wall layering with no evidence of loss of small intestinal wall layering or intestinal masses, as well as no evidence of mechanical / metabolic ileus. The small Intestinal wall width measured 0.27 cm.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Subjective mild pancreatic duct dilation was present.

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Free Abdomen

Intermittent mildly prominent isoechoic mesenteric lymph nodes were present. Small pockets of minor volume peritoneal free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Mild nonobstructive proximal common bile duct dilation
- Heterogeneous pancreas
- Intact yet segmentally prominent small bowel walls
- Bilateral nonspecific renal medullary rim sign
- Intermittent small pockets of minor volume peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver was nonspecific with potential considerations including cholangitis / cholangiohepatitis, given the elevated ALT/AST combination, non-obstructive cholestasis, vacuolar hepatic changes, and/or emerging lipidosis, given the ALP elevation. Potential for hepatic round cell neoplasia, which may present in a similar sonographic manner, could also be possible.

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Assuming normal clotting status, ultrasound-guided FNA of the liver using a 25-gauge needle is warranted for screening cytology. Potential for Triad Disease could be a consideration in this patient. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

An obvious intraabdominal mass was not visualized. The perceived mass on palpation may be owing to hepatomegaly.



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Continued cholangiohepatitis and or Triaditis therapy protocol would be reasonable. A guarded long-term prognosis is warranted.

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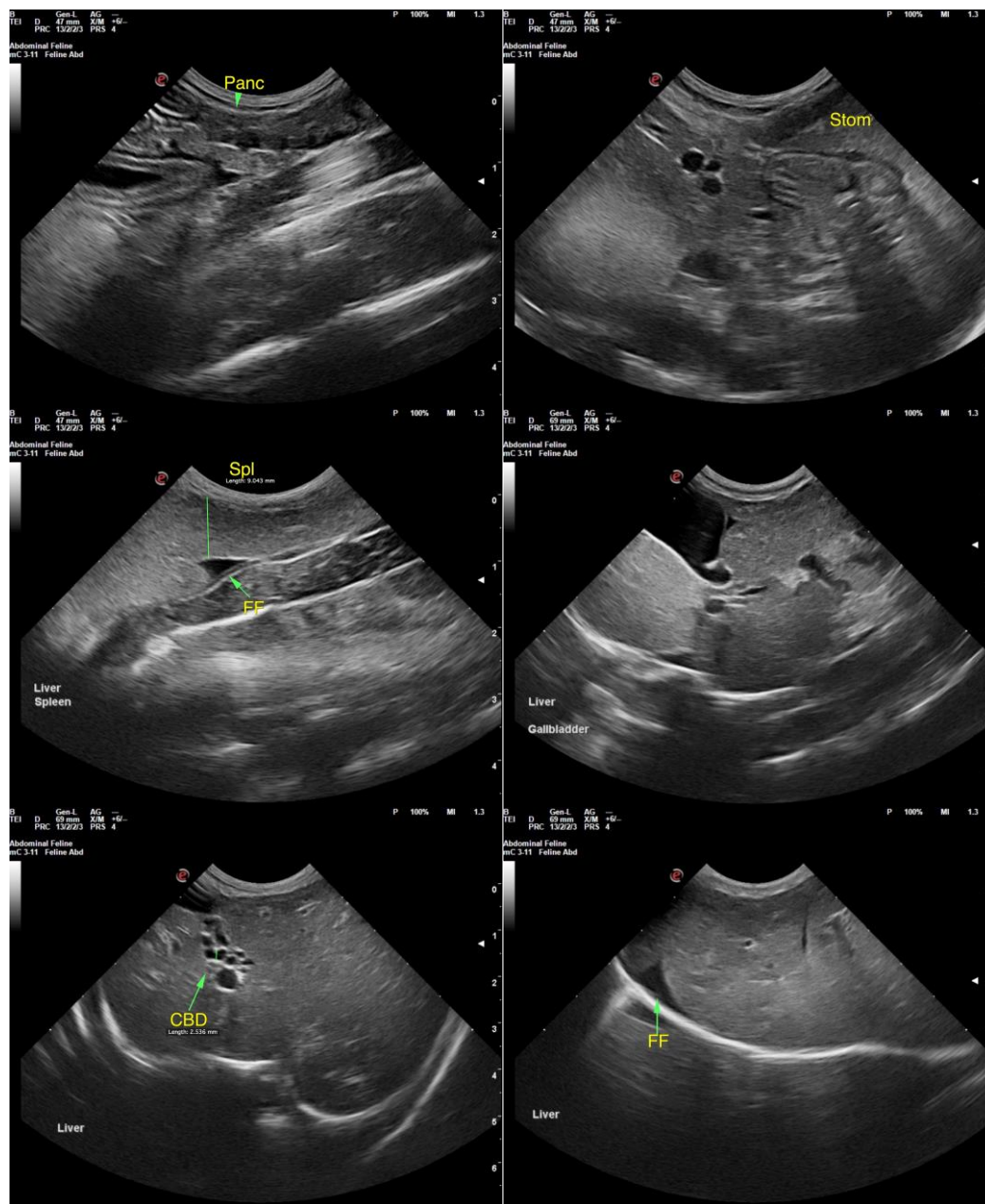
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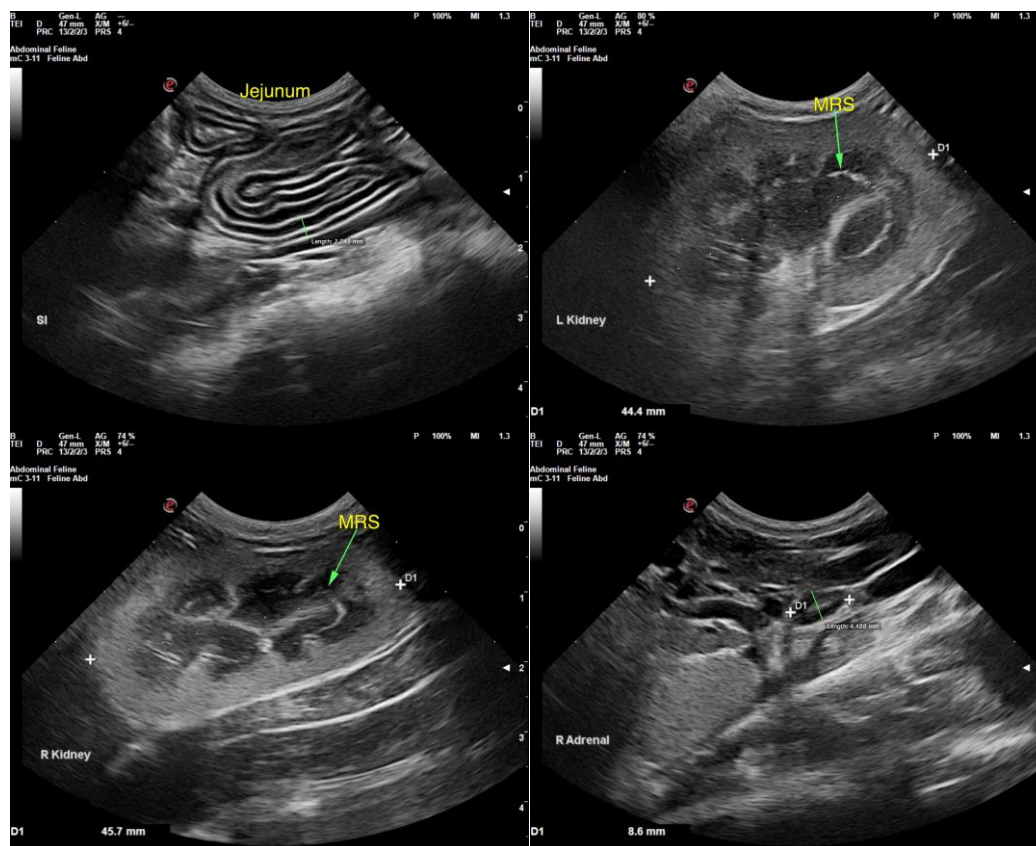
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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