



PATIENT

Anabelle Scott

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

9.4

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

A. Rodriguez

INVOICE

17313

DATE

7/20/23

PRESENTING CLINICAL SIGNS

Elevated ALT

Abnormal PE/Chem/CBC/UA Results: ALT: 825, ALK: 202, T4: 1.2

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.

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

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 3.5 cm in length. The right kidney measured 3.7 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 0.30 cm width and the right adrenal gland measured 0.35 cm width.

Spleen

The spleen exhibited overall normal size with minor capsule asymmetry and parenchyma heterogeneity. A solitary, subtly hypoechoic, non-disruptive nodule was present in the mid-lateral spleen measuring 0.59 cm diameter. The spleen measured 0.60 cm width at the level of the mid spleen.

Liver/ Gallbladder

The liver was subjectively mildly enlarged exhibiting primarily homogeneous parenchyma with mild coarse echotexture. A solitary, mildly expansive, mixed echogenic intraparenchymal nodule was present in the deep mid-ventral liver measuring 2.4 cm diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 measured 0.24 cm width.

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 jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.38 cm width.

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



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Pancreas

The pancreas base and left pancreatic limb were normal in size with minor capsule asymmetry exhibiting mild nonhomogeneous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). There were no omental masses or peritoneal effusion noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with mixed echogenic, mildly expansive intraparenchymal nodule- nonspecific, inflammatory hepatopathy i.e., cholangiohepatitis, given primarily elevated ALT, vacuolar hepatopathy, nonobstructive cholestasis, hyperplasia, hematopoiesis, granuloma, emerging hepatic neoplasia, all potentials
- Sonographically unremarkable gallbladder
- Mildly heterogeneous, focally nodular spleen - hyperplasia, hematopoiesis, or similar suspected with emerging splenic nodular neoplasia thought less likely
- Mild chronic renal changes
- Sonographically unremarkable gastrointestinal tract
- Mildly heterogeneous / hypoechoic pancreas - patient / age-related variant, potential for mild chronic active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma, and if accessible intraparenchymal nodule FNA cytology is warranted for further clarification.

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to chronic active pancreatitis, may be considered if previous or current clinical signs suggestive of pancreatitis are present.

Empirical hepatosupportive medications and cholangiohepatitis protocol may prove beneficial. Sonographic reassessment of the liver and spleen in 4 weeks to assess for evidence of progressive hepatopathy or splenic nodular changes would be a more conservative approach.



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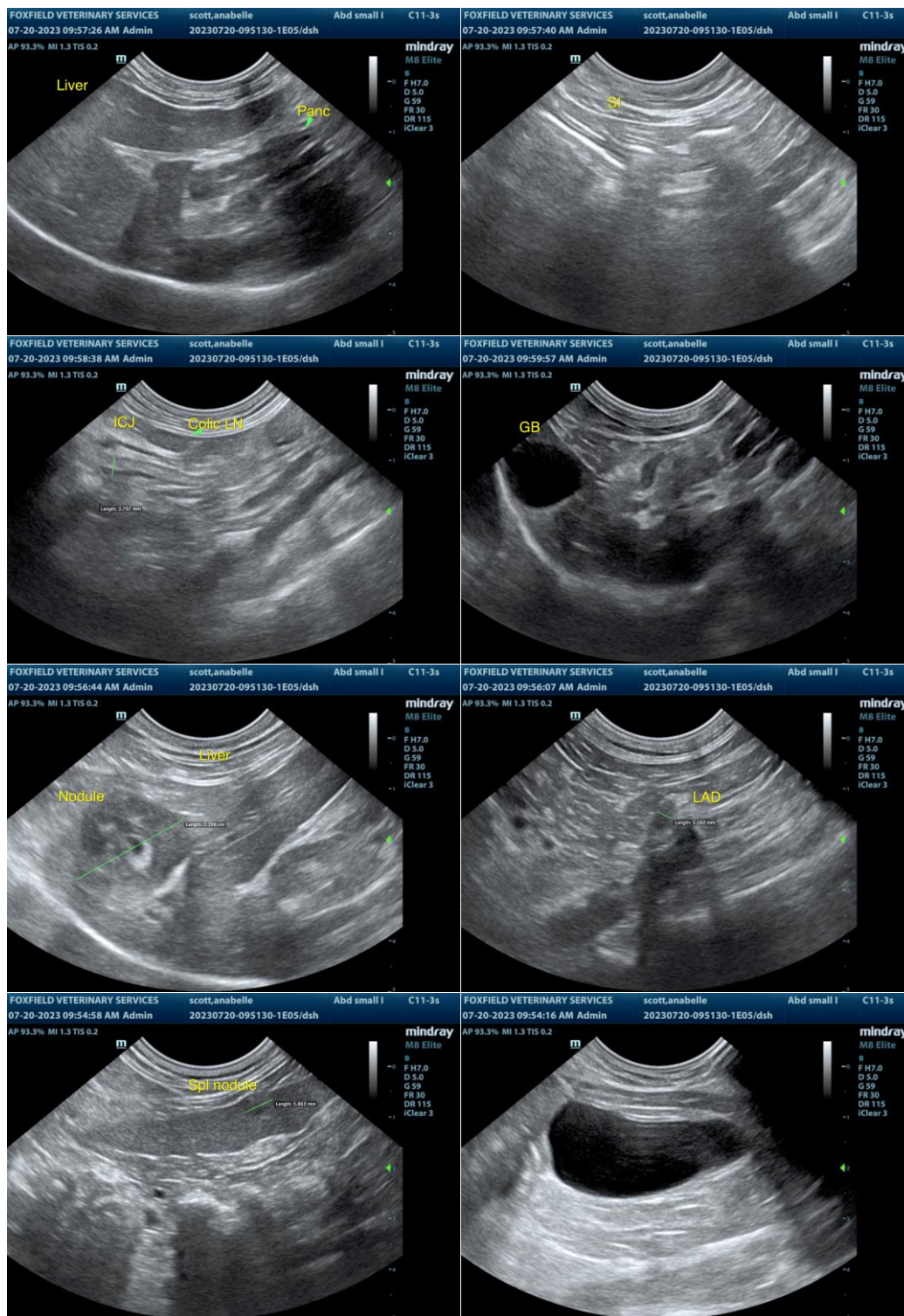
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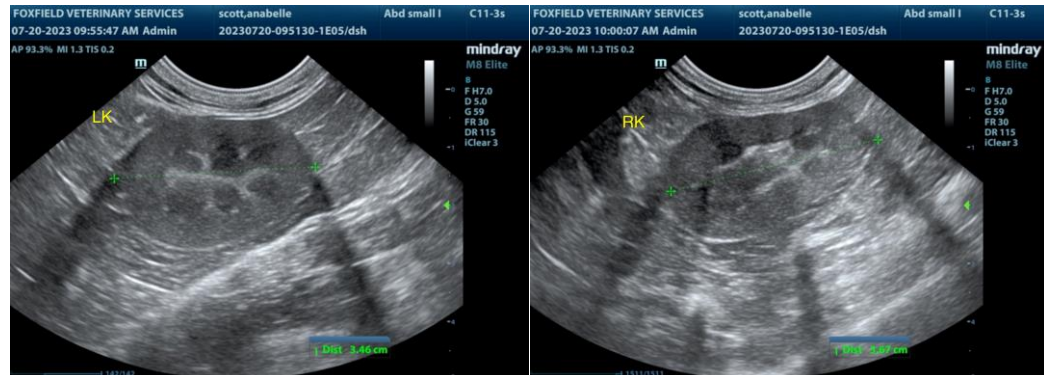
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com