



PATIENT

Oreo Herrera

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

11.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Barron

INVOICE

DATE

7/21/22

PRESENTING CLINICAL SIGNS

not eating, R/O hepatic lipidosis; icteric. not on any meds. Last dose of cerenia 9:30 pm on 7/20
Abnormal PE/Chem/CBC/UA Results: elevated AST, ALT, ALKP, T bili, cholesterol

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 was noted 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Several cortical infarcts were present in the left kidney resulting in areas of asymmetrical renal and cortex margination. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.2 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 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 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 0.85 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was normal to mildly enlarged in size with normal 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. The gallbladder was non-distended in size containing anechoic content. The gallbladder walls were sonographically normal without evidence of inflammatory changes. No evidence of peripheral gallbladder inflammatory criteria was noted. The proximal common bile duct was dilated and tortuous without overt post-hepatic obstruction. The common bile duct measured 0.32 cm diameter.

Transdiaphragmatic view revealed mild comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung



PATIENT	disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.
Oreo Herrera	
SPECIES	<i>Gastrointestinal</i>
Feline	The stomach presented intact yet prominent wall layering owing to propensity for prominent gastric muscularis layer. The gastric body wall width measured 0.32 cm.
BREED	The duodenum exhibited intact yet mildly prominent wall layering. The duodenum wall measured 0.27 cm width. The jejunum and ileum to the level of the colon were sonographically unremarkable. Generalized empty small intestinal lumen was noted without evidence of mechanical / metabolic ileus.
DSH	
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
MN	<i>Pancreas</i>
AGE	The area of the proximal left pancreatic limb, pancreas base, and proximal right pancreatic limb exhibited generalized mild enlargement, areas of capsule asymmetry, hypoechoic to mildly nonhomogeneous parenchyma compared to adjacent hyperechoic peripancreatic and perihepatic omentum.
15 years	
WEIGHT	<i>Free Abdomen</i>
11.2 lbs.	Associated intermittent mildly prominent to hypoechoic pancreaticoduodenal lymph nodes were present. An example of a pancreaticoduodenal lymph node measured 0.58 cm in diameter. Small pockets of intermittent mild volume peritoneal free fluid were noted.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Hepatopathy • Overtly normal gallbladder with mild nonobstructive proximal common bile duct dilation • Nonspecific mild transdiaphragmatic comet tail artifact • Pancreatitis • Associated minor pancreaticoduodenal lymphadenopathy • Gastritis / gastroduodenitis • Peripancreatic to perihepatic hyperechoic mesentery with intermittent pockets of mild volume peritoneal free fluid
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Diane McFadden	
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Newton VH	Considerations for the liver may include cholangitis / cholangiohepatitis, metabolic, reactive, or vacuolar hepatopathy, nonobstructive cholestasis, and emerging lipidosis while the possibility of occult hepatic round cell neoplasia cannot be excluded.
REFERRING VET	
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DATE	Sonographically, the appearance of the pancreas is consistent with pancreatitis. Minor potential for pancreatic neoplastic criteria is possible yet thought less likely. Spec fPL and assuming normal clotting status while using a 25-gauge needle, ultrasound-guided FNA of the liver for cytology is warranted. Three view chest radiographs are recommended to assess for
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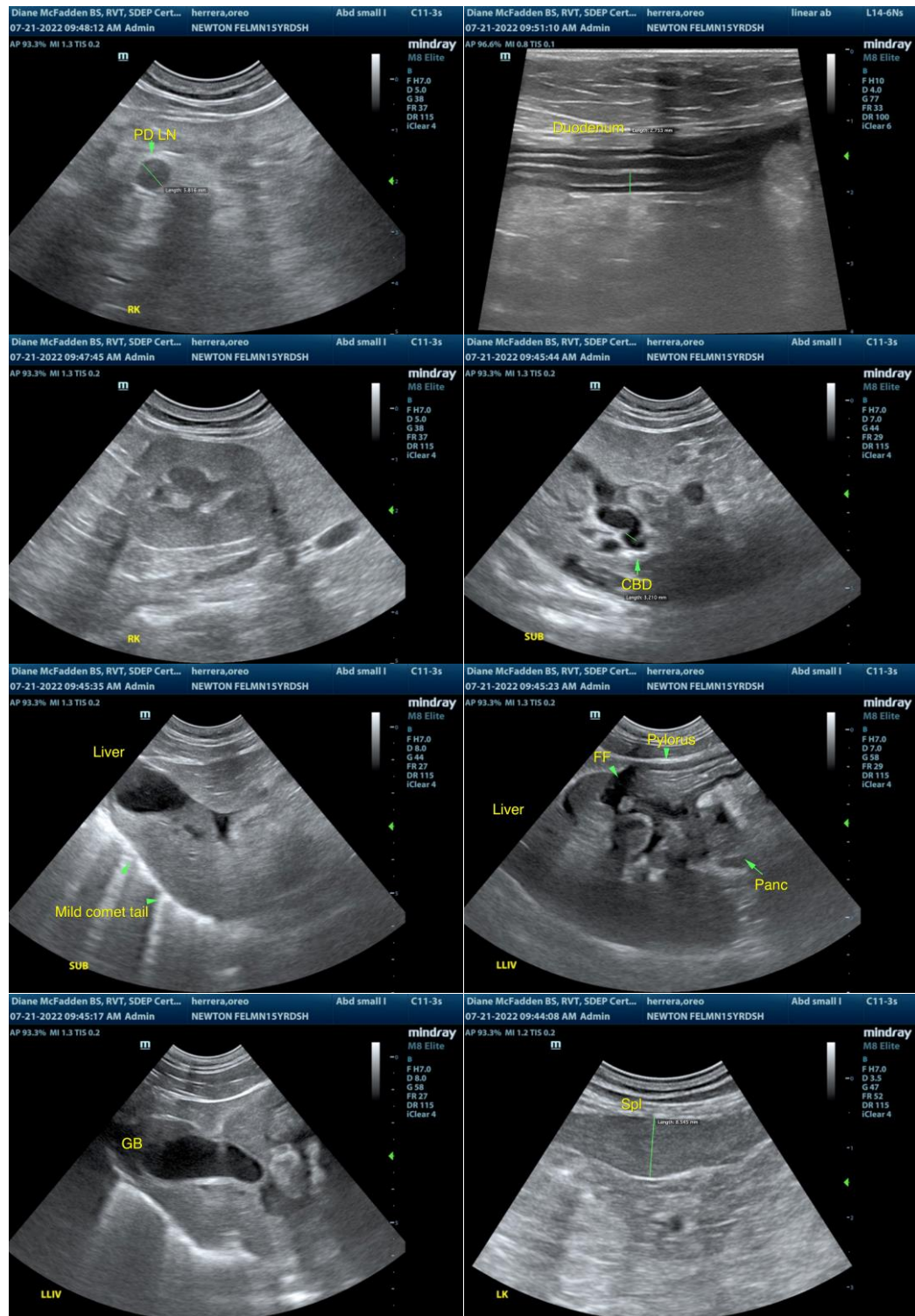
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evidence of thoracic pathology. Pending additional diagnostics, aggressive therapy for cholangitis / cholangiohepatitis / pancreatitis with as-needed gastrointestinal support would be reasonable with assessment of clinical response and monitoring of liver enzymes. A guarded prognosis is warranted.





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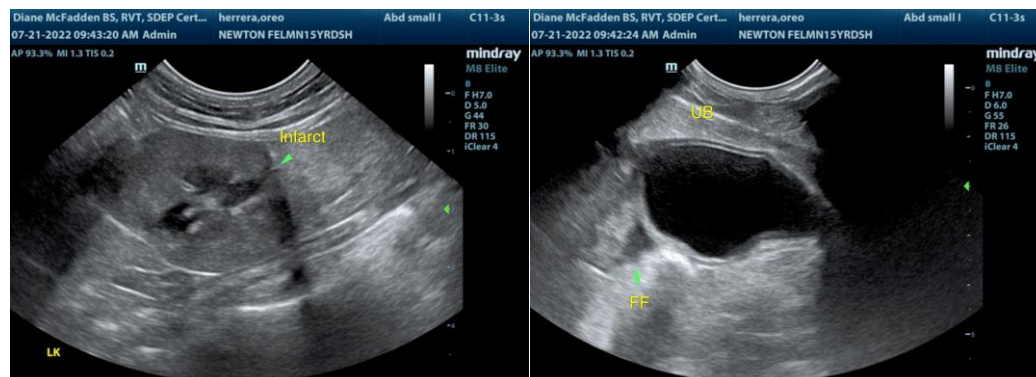
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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