



PATIENT	PRESENTING CLINICAL SIGNS
Zoey Daniels	not eating, no BM, yellow mm meds: Ampicillin IV, Famotidine IV, Mirtazipine TD Abnormal PE/Chem/CBC/UA Results: T.Bil ,ALT and ALKP high K low Platelets low jaundiced
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	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. Mild nondependent particulate 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.
DSH	
SEX	
FS	The area of the aortic trifurcation was free of pathology.
AGE	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 4.1 cm in length.
11 years	
WEIGHT	Adrenal Glands
3.8 kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP	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	Liver/ Gallbladder
Kelly Reschny	The liver exhibited mild to moderate enlargement with symmetrical contour maintained. Normal to mildly hypoechoic hepatic parenchyma echogenicity exhibiting moderate coarse echotexture. No masses or nodules were noted. The gallbladder was mildly distended in size with mildly prominent yet isoechoic gallbladder walls. The gallbladder wall measured 0.26 cm. The gallbladder contained primarily anechoic content with very minor, mildly hyperechoic luminal debris. No evidence of gallbladder luminal mineral was noted. The common bile duct extending to the approximate level of the duodenum was dilated and tortuous without overt extension to the level of the duodenal papilla. No obvious pathology was noted in the area of the duodenal papilla. The common bile duct dilation measured 0.33 cm diameter. Anechoic content was present in the visualized common bile duct without evidence of mucus or calculi.
HOSPITAL NAME	
Erin Folk AH	
REFERRING VET	
Dr. Soliman	
INVOICE	
14362	
DATE	
7/22/22	



PATIENT

Gastrointestinal

Zoey Daniels

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.

SPECIES

Feline

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.

BREED

DSH

Pancreas

The pancreas was normal in size and contour with subtle hypochoic parenchyma with minor pancreatic duct dilation.

SEX

FS

Free Abdomen

Intermittent gastric lymph nodes were noted cranial to the stomach and caudal the liver. These lymph nodes were homogenous, mildly hypochoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.77 cm in diameter. No effusion was noted.

AGE

11 years

WEIGHT

3.8 kg

ULTRASONOGRAPHIC FINDINGS

- Cholangitis / cholangiohepatitis liver pattern
- Possible concurrent low-grade pancreatitis
- Overtly normal gastrointestinal tract

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the appearance of the liver was nonspecific yet suggestive of cholangitis / cholangiohepatitis with potential for vacuolar hepatic changes, nonobstructive cholestasis, or less likely occult hepatic round cell neoplasia. No evidence of post hepatic obstruction was noted.

IMAGING PERFORMED BY

Kelly Reschny

Further assessment may include, assuming normal clotting status, hepatic FNA, using a 25-gauge needle, for screening cytology primarily to assess for or possibly identify inflammatory cell type. This consideration may be limited owing to low platelets.

HOSPITAL NAME

Erin Folk AH

Low-grade pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL could be considered. A minor potential for Triaditis is possible, although sonographically, the gastrointestinal tract appeared to be normal. A GI panel could be considered if clinically indicated. Medical therapy for cholangiohepatitis would be reasonable with assessment of clinical response and monitoring of hepatic enzymes. Recheck ultrasound is recommended if persistent / progressive evidence of cholestasis or hepatic enzyme elevation is noted despite therapy.

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Zoey Daniels

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 years

WEIGHT

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INTERPRETED BY

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**IMAGING
PERFORMED BY**

Kelly Reschny

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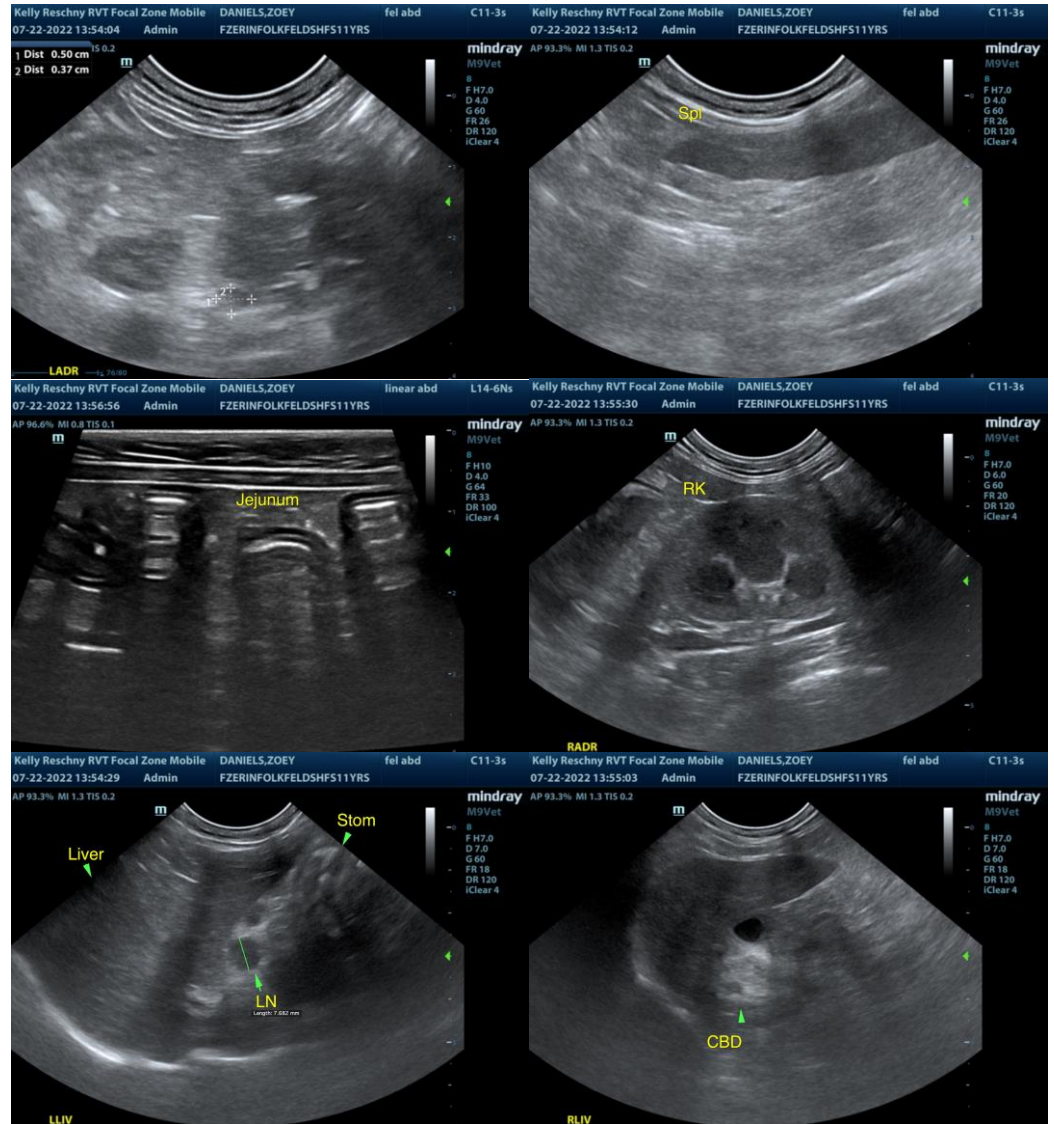
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PATIENT

Zoey Daniels

SPECIES

Feline

BREED

DSH

SEX

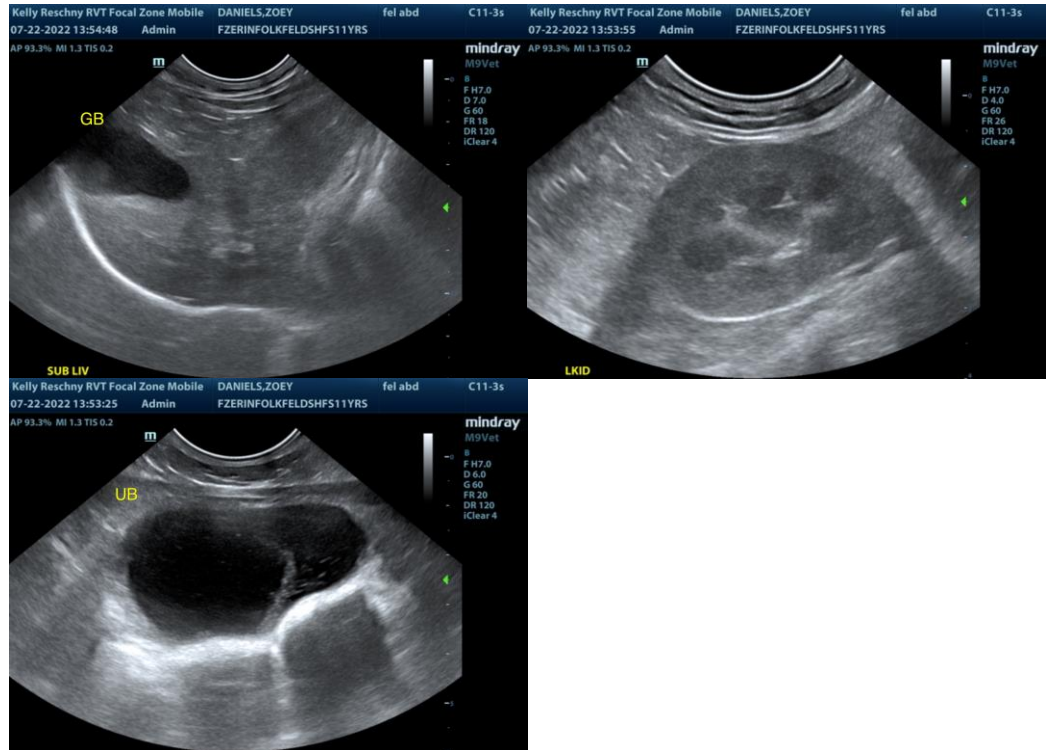
FS

AGE

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WEIGHT

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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