



PATIENT

Tigger Aselta

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12 years

WEIGHT

11 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

ANimal Hospital of
Roxbury

REFERRING VET

Dr. Elia

INVOICE

14387

DATE

7/26/22

PRESENTING CLINICAL SIGNS

Elevated liver values. Current meds: Lantus

Abnormal PE/Chem/CBC/UA Results: AST 108, ALT 356, ALKP 108, BG 442, Fructosamine 523,
U/A-USG 1.037, Glucose 3+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

The kidneys were borderline prominent in size with maintained symmetrical margination. Mild cortical hypertrophy with moderate loss of corticomedullary border demarcation was present with increased medullary echogenicity and bilateral moderate pyelectasia. No evidence of left or right ureter dilation was noted. The left kidney measured 4.6 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width.

Spleen

The spleen was normal in size measuring 0.60 cm at the level of the hilus. Subtle asymmetrical medial capsule margination was present. Mild splenic parenchymal heterogeneity with intermittent small subtle hypoechoic parenchymal nodules were present.

Liver/ Gallbladder

The liver was enlarged in size yet maintained symmetrical capsule contour with generalized mild increased hepatic parenchyma echogenicity exhibiting moderate coarse echotexture. No masses or nodules were noted. The gallbladder was subtly distended in size containing anechoic content. Moderate dilation of the cystic biliary duct was noted measuring 0.7 cm in diameter. Moderate dilation of the proximal common bile duct measured 0.30 cm in diameter. The common bile duct dilation did not appear to extend to the level of the duodenum.

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 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.



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Pancreas

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The pancreas base and left pancreatic limb exhibited subtle prominent size yet maintained normal capsule symmetry with mildly hypoechoic parenchyma compared to adjacent omentum.

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Free Abdomen

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Intermittent, mildly prominent, 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). An example lymph node measured 0.46 cm diameter. No free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

AGE

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- Hepatopathy - metabolic, reactive, or vacuolar (diabetic) hepatopathy, inflammatory hepatopathy i.e., cholangitis/ cholangiohepatitis, or other hepatopathy possible, hepatic neoplastic criteria is considered a less likely differential diagnosis
- Mild nonobstructive cystic biliary and common bile duct dilation
- Bilateral nonspecific chronic renal changes with moderate pyelectasia
- Possible low-grade to chronic active pancreatitis

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Secondary Findings

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- Subtle, likely benign splenic nodules - suggestive of minor benign myelolipomas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, screening hepatic FNA using a 25-gauge needle for cytology could be considered in this patient. Spec fPL is recommended to correlate with the pancreatic presentation. Urine C/S is suggested, given the glucose urea.

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Therapy for diabetes, given the blood glucose and Fructosamine levels with hepatosupportive medications and monitoring of hepatic enzymes would be reasonable.

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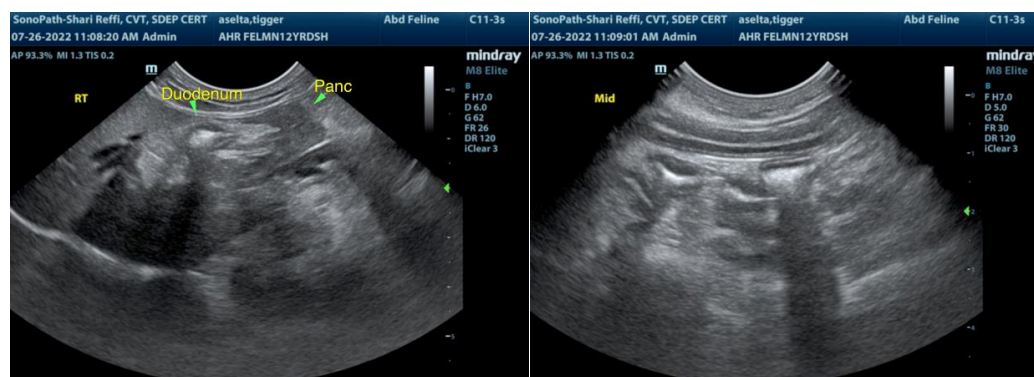
Dr. Elia

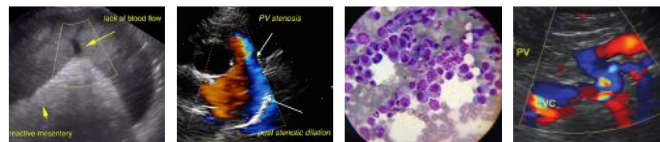
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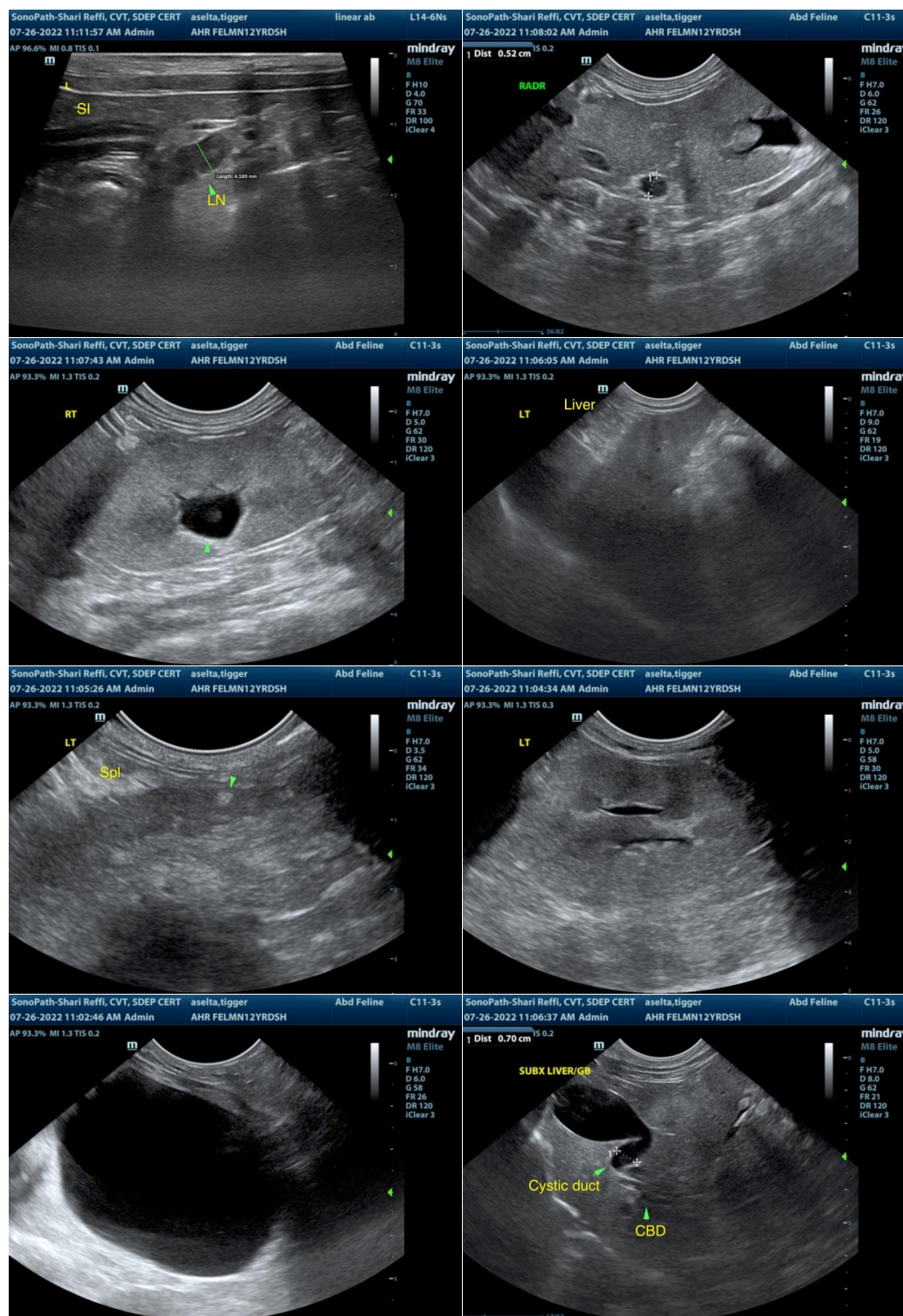
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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