



PATIENT PRESENTING CLINICAL SIGNS

Mushkin Dohmen Elevated ALT, drops food out of mouth, Bartonella +.
 Medication: Denamarin

SPECIES
 ALT 432, Calcium 10.9

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH 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 to moderate, non-dependent, 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.

SEX

MN

The area of the aortic trifurcation was free of pathology.

AGE

2015

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 or pyelectasia. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

WEIGHT

11.5

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

INTERPRETED BY

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

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 1.0 cm width.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

White Haven VH

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size exhibiting normal gallbladder wall containing anechoic content. The proximal common bile duct exhibited minor nonobstructive to tortuous common bile duct dilation without overt post hepatic obstruction.

REFERRING VET

Dr. Gallagher

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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.

DATE

8/1/23



PATIENT

Mushkin Dohmen

The small intestine presented generalized intact wall layering with segmental propensity for mildly prominent wall width secondary to mildly prominent muscularis layer. The duodenum wall width measured 0.27 cm. The jejunum wall width measured 0.28 cm.

SPECIES

Feline

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

Pancreas

BREED

DSH

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

SEX

MN

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

2015

- Mild to moderate urinary bladder sediment
- Sonographically unremarkable liver - consistent with benign hepatopathy
- Nondistended gallbladder with minor nonobstructive proximal common bile duct dilation
- Segmentally intact borderline to mild prominent small bowel wall - nonspecific

WEIGHT

11.5

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The overall liver was nonspecific yet consistent with benign hepatopathy. Given the ALT elevation and minor nonobstructive proximal common bile duct dilation, inflammatory hepatopathy, i.e., cholangitis / cholangiohepatitis is suspected. Further assessment may include, assuming normal clotting status and using a 25-gauge needle, screening hepatic parenchyma FNA cytology, primarily to assess for or possibly identify inflammatory cell type.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Although potential for a patient variant is possible, the small intestine exhibited minor subjective mural changes which may suggest low-grade inflammatory enteropathy criteria. However, given the lack of reported gastrointestinal signs, the small intestinal presentation is considered nonspecific.

HOSPITAL NAME

White Haven VH

Monitoring for evidence of gastrointestinal signs or weight loss going forward and potential gastrointestinal sonographic reassessment is suggested.

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**IMAGING
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HOSPITAL NAME

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REFERRING VET

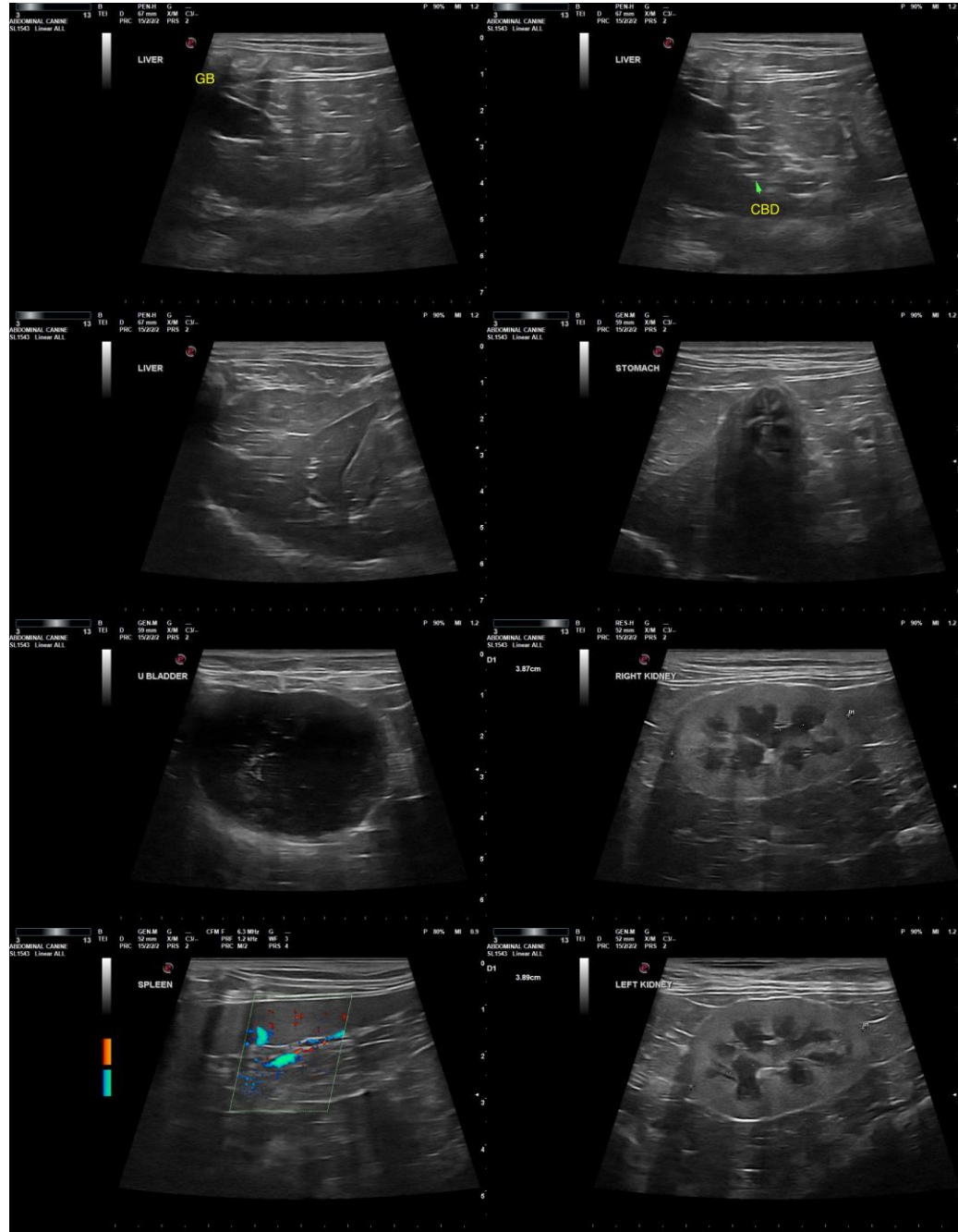
Dr. Gallagher

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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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