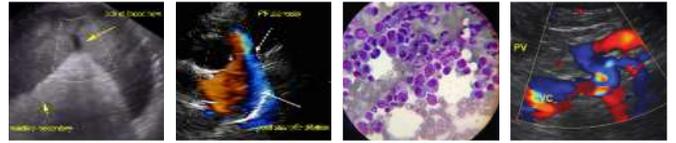


| | |
|--|--|
| PATIENT | PRESENTING CLINICAL SIGNS |
| Roxy Carrino | Jaundice, anorexic, elevated liver enzymes. |
| SPECIES | Abnormal PE/Chem/CBC/UA Results: Ast 310, alt 920, Alkp 1381, GGTP 25, T bili 18.1, Na/K ratio 44, Chol 222, Trig 240, Amyl 1431, CPK 1439, WBC 19.2, Hgb 8.4, Hct 26, Neuts 16320, Mono 768, Sample comment -Icterus 3+ |
| Feline | |
| BREED | |
| DSH | |
| SEX | |
| Spayed Female | |
| AGE | |
| 17 years | |
| WEIGHT | |
| 11.5 lbs. | |
| INTERPRETED BY | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | 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. |
| | 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Nonobstructive medullary mineral was present in both kidneys. Left kidney cortical infarctions were noted. The left kidney measured 3.0 cm in length. The right kidney measured 4.5 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 0.49 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 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 0.7 cm width. |
| HOSPITAL NAME | |
| Companion AH | |
| REFERRING VET | |
| Dr. wolf | |
| INVOICE | |
| 12092 | |
| DATE | |
| 8/10/21 | |
| | Liver/ Gallbladder |
| | The liver exhibited moderate generalized enlargement with lobar biliary tree dilation noted in the left, mid, and right liver. 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 exhibited generalized distended with mildly prominent yet isoechoic walls containing anechoic content with mild nondependent particulate to echogenic sediment extending into the mildly dilated cystic biliary duct. Nonhomogeneous intraluminal mass lesion was noted occupying the majority of the mid common bile duct lumen, measuring approximately 3.2 cm x 1.5 cm. Concurrent areas of mild ductal fluid accumulation and potential for mucus were also noted. |



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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Shari Reffi

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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. The gastric body wall width measured 0.25 cm.

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 duodenum wall width measured 0.2 cm. The jejunum wall width measured 0.20 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mild pancreatic duct dilation, measuring 0.32 cm width, was noted.

Free Abdomen

Regional omental inflammation was noted around the common bile duct with small pockets of scant regional free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

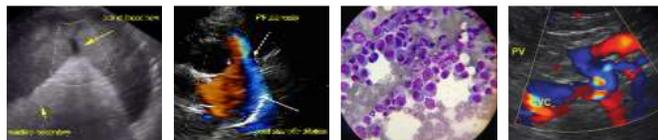
- Chronic hepatopathy with lobar biliary tree dilation
- Distended gallbladder and cystic biliary duct with mild lumina debris
- Intraluminal common bile duct mass lesion with associated moderate to severe common bile duct dilation and possible mucus

Secondary Findings

- Bilateral chronic renal changes with medullary mineral and left kidney cortical infarctions
- Chronic pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasound findings in this case are consistent with chronic extrahepatic bile duct obstruction secondary to Intraluminal mass lesion suggestive of probable neoplasia with evidence of chronic Inflammatory / infectious biliary disease and potential for minor regional peritonitis. Potential for impacted mucus within the common bile duct is also possible yet considered less likely. Overt evidence of ductal calculi given the lack of distal acoustic shadowing was not overtly evident. However, the lobar biliary tree dilation and degree of cholestasis suggest probable chronic extra-hepatic bile duct obstruction.



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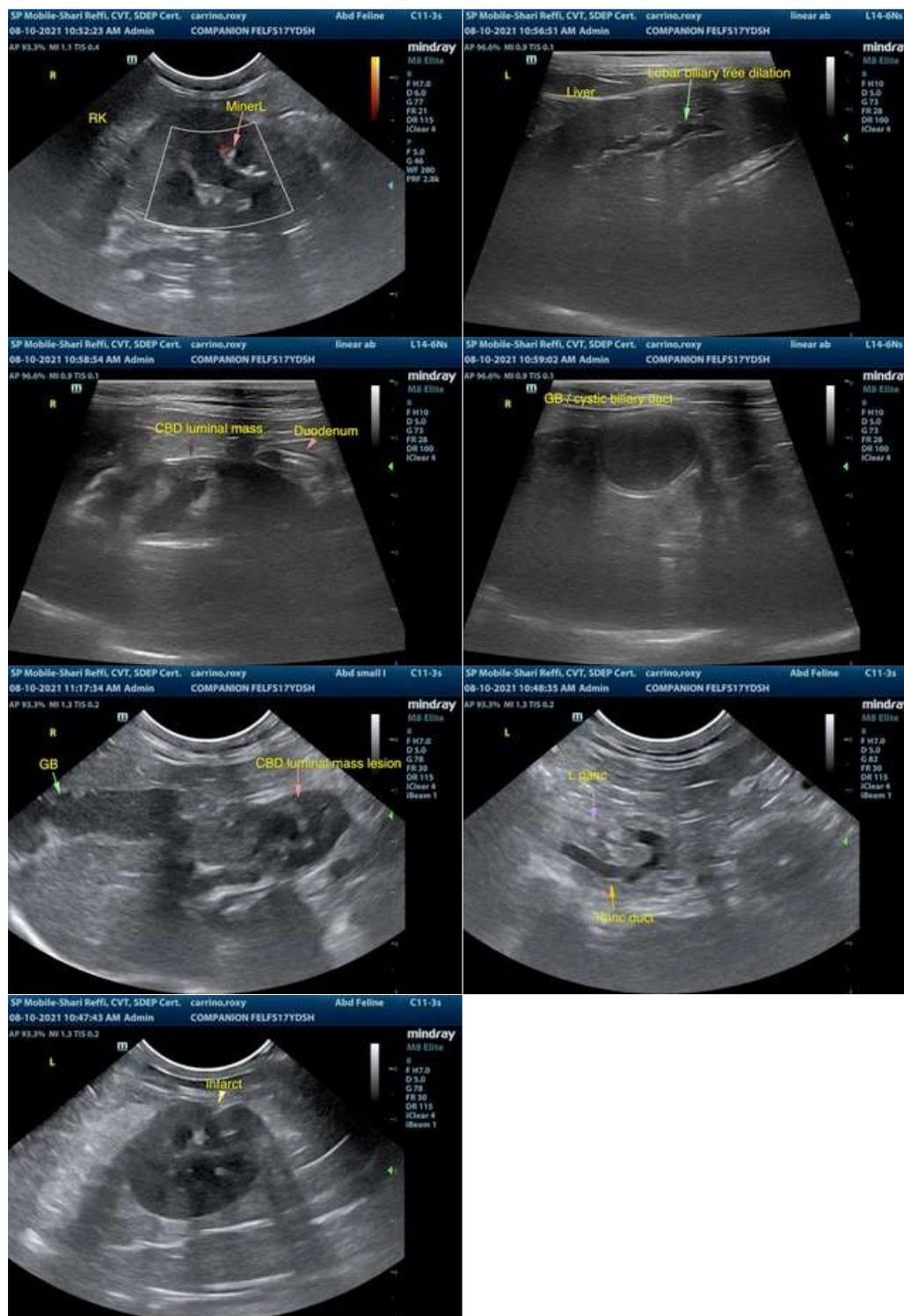
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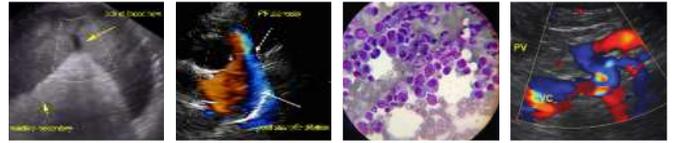
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Referral for potential surgical considerations is likely ideal in this case as medical therapy is suspected to likely be unrewarding. However, overall a very guarded to likely unfavorable long-term prognosis, given potential complications with surgical therapy, in this case, is likely indicated.





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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