



PATIENT PRESENTING CLINICAL SIGNS

Junior Mattox

History: Junior was originally seen for a mass on the left side of his nose on 8/5/22. An FNA was done at this time and submitted to a pathologist. Since this time, Junior has not been eating or drinking. His exam today was fairly unremarkable. He has mildly prolonged skin tent and doughy, non-painful abdomen. Current Medications Mirtazapine Primary Question/Differential to Be Answered in This Exam Concerned about elevated liver values and total bilirubin. Interested in assessment of liver, gallbladder and pancreas.

SPECIES

Feline

BREED

ALH

SEX

MN

AGE

12yr

WEIGHT

12lb

Abnormal PE/Chem/CBC/UA Results: **ABNORMAL** Laboratory Findings His cytology results for his facial mass came back with differentials of reactive fibroplasia, hemangioma, or a spindle cell tumor. Biochemistry- elevated ALP (141), ALT (221), elevated total bilirubin (1.1). CBC- mild lymphopenia (1.28), elevated hemoglobin (15.4), elevated RBC (11.53).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly subnormal in size owing to lack of urine distention. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

INTERPRETED BY

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

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.6 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

IMAGING PERFORMED BY

Jenna Walsh CVT

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.28 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

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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.

REFERRING VET

Dr. Supan

INVOICE

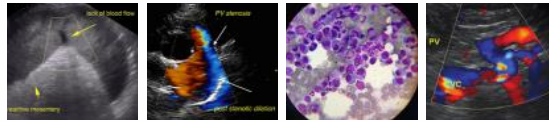
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Liver

The liver presented increased in size. The parenchyma of the liver was subjectively mildly increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a moderate coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The

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gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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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 measured 0.24 cm in width.

BREED

ALH

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 measured 0.21 cm in width. The jejunum wall measured 0.20 cm in width.

SEX

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

MN

Pancreas

AGE

12yr

The pancreas was normal to mildly prominent in size exhibiting mild hypoechoic to non-homogeneous parenchyma compared to adjacent non-reactive omental fat and mild pancreatic duct dilation.

Free Abdomen

WEIGHT

12lb

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Bilateral nonspecific chronic renal changes exhibiting cortical hyperechogenicity
- Hepatopathy with mild parenchyma hyperechogenicity
- Unremarkable gallbladder and CBD
- Mild chronic active pancreatitis pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was non-specific with considerations including inflammatory hepatopathy or hepatobiliary disease given the ALT elevation, vacuolar hepatopathy, emerging lipidosis or other hepatopathy. Potential for hepatic neoplasia cannot be definitively excluded. Assuming normal clotting status and using a 25g needle a hepatic FNA is recommended for screening cytology. Vit K pretreatment is suggested prior to FNA.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically hepatosupportive medications including Denamarin and Ursodiol may prove beneficial with cholangiohepatitis/pancreatitis protocol and as needed GI support. Three view chest radiographs suggested if not done to assess for thoracic pathology.

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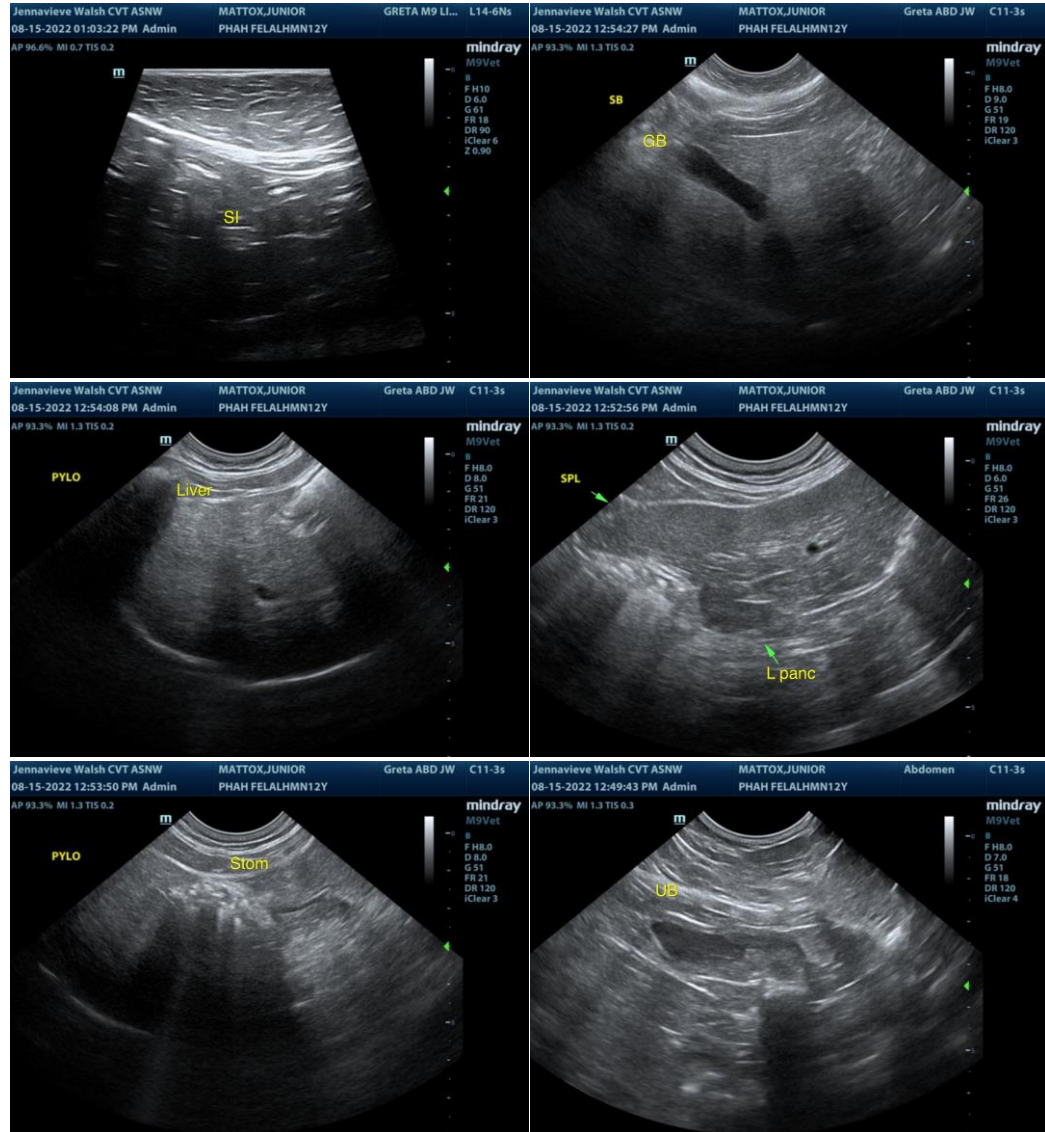
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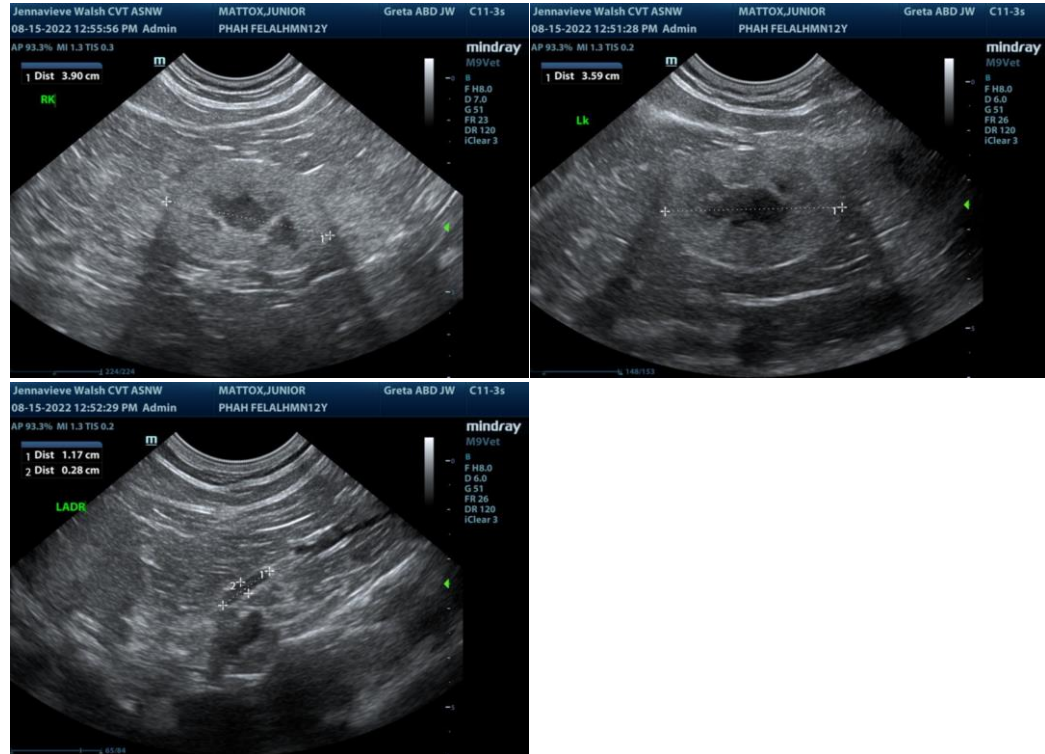
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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