



**PATIENT PRESENTING CLINICAL SIGNS**

Tambi Radio no concerns, senior panel showed elevated liver enzymes currently on felimazole  
Abnormal PE/Chem/CBC/UA Results: TT4 82 HIGH 10-60 nmol/L ALKP 301 HIGH 14-111 U/L ALT 716 HIGH 12-130 U/L GGT 6 HIGH 0-4 U/L

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm 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 were noted.

**SEX**

Spayed Female

The left kidney was subnormal in size, measuring 2.1 cm length. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present.

**AGE**

15 Years

Normal renal size with asymmetrical margination were present in the right kidney. 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 right kidney was contained in a small anechoic cyst-like cavity, containing subjective non-cellular fluid. Pyelectasia noted.

**WEIGHT**

3.7 kg

**Adrenal Glands**

No overt pathology in the area of the left and right adrenal gland.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.66 cm in width.

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

BPH Burlington

**Liver**

The liver was subjectively normal in size, structure, and contour. 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. Mild biliary tree mineralization was present. The gallbladder was mildly distended in size with primarily anechoic content and mineralized sediment/cholelithiasis. The common bile duct exhibited moderate tortuous dilation containing concurrent calculi. Example of common bile duct calculus measured 0.87 cm in diameter. The cystic duct measured approximately 0.59 cm. The common bile duct measured 0.50 cm. Concurrent minor ductal mucus also present.

**REFERRING VET**

Dr. Williams

**INVOICE**

24738

**Gastrointestinal**

**DATE**

8/16/21

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. Gastric body wall measured 0.26 cm.



**PATIENT**

Tambi Radio

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. Jejunum wall measured 0.27 cm.

**SPECIES**

Feline

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

**Pancreas**

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Chronic hepatopathy with non-obstructive biliary tree mineralization
- Gallbladder and common bile duct calculi with moderate gallbladder dilation
- Mild chronic active pancreatitis pattern
- Left kidney advanced chronic degenerative changes with subnormal size
- Right kidney moderate chronic renal changes with pyelectasia and mild perinephric pseudocyst

**AGE**

15 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

3.7 kg

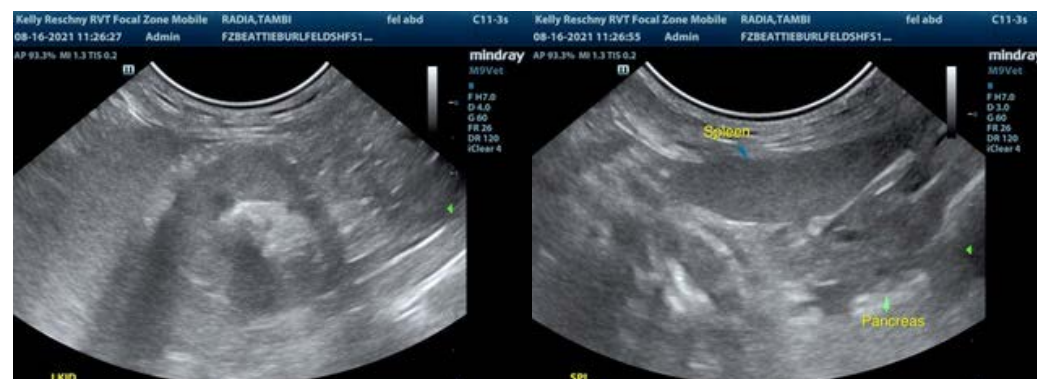
The overall liver in combination with gallbladder and common bile duct calculi may suggest chronic inflammatory hepatic parenchymal or hepatobiliary disease (i.e., cholangiohepatitis). The degree of common bile duct dilation was not overtly consistent with post-hepatic obstruction. However, potential for emerging post-hepatic obstruction may be possible, and further monitoring for evidence of increasing cholestasis or icterus is suggested. Empirically, hepatosupportive medications including Ursodiol are suggested. Potential for chronic triad disease may be considered in this patient if previous history of gastrointestinal signs or weight loss. Further renal staging to include urine C/S and protein:creatinine ratio on sterile urine sample may be considered. Screening blood pressure recommended.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny



**HOSPITAL NAME**

BPH Burlington

**REFERRING VET**

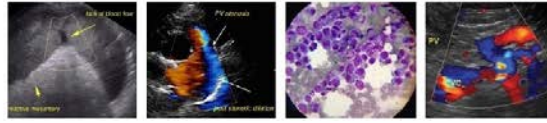
Dr. Williams

**INVOICE**

24738

**DATE**

8/16/21



**PATIENT**

Tambi Radio

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

15 Years

**WEIGHT**

3.7 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

BPH Burlington

**REFERRING VET**

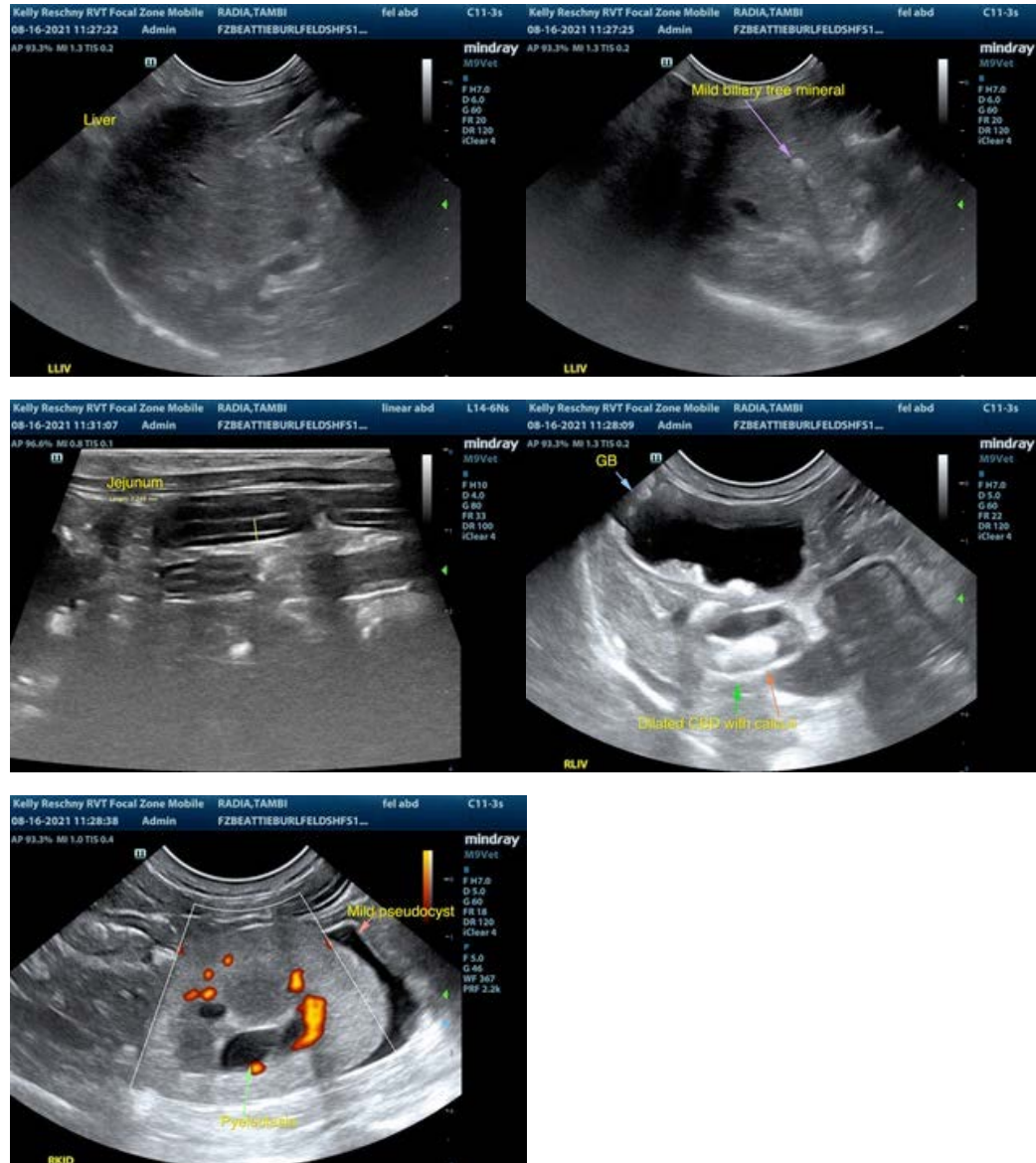
Dr. Williams

**INVOICE**

24738

**DATE**

8/16/21



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