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Clinical Sonography & Telecytology
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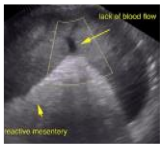

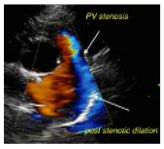

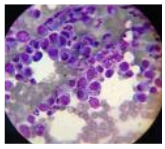
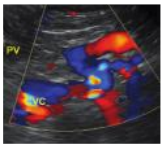

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Meow Meow Swindells

SPECIES
Feline

BREED
DSH

SEX
Male Neuter

AGE
7

WEIGHT
4.4 kg

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

IMAGING PERFORMED BY
Dr. Belan

HOSPITAL NAME
Crowchild Trail AH

REFERRING VET
Dr. Rondot

INVOICE
14642

DATE
8/17/22

PRESENTING CLINICAL SIGNS

Vomiting, anorexic and lethargic for 4 days
Abnormal PE/Chem/CBC/UA Results: Mild to moderate

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.

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. The left kidney measured 4.0 cm in length. The right kidney measured 3.7 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 0.29 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 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.

Liver/ Gallbladder

The liver was subjectively normal to potential mild generalized enlargement with a maintained symmetrical capsule contour. Subtle generalized nonhomogeneous parenchyma echogenicity was present with no masses or nodules noted. The gallbladder was mildly distended. The gallbladder walls exhibited generalized isoechoic thickening with the gallbladder wall measuring 0.29 cm width. No overt evidence of gallbladder wall edema was noted.

The gallbladder contained anechoic content primarily with minor nondependent mildly hyperechoic luminal gallbladder debris. The common bile duct appeared to be segmentally distended with mildly prominent walls containing anechoic content without overt evidence of ductal calculi or mucus. The common bile duct dilation measured up to 0.41 cm in the mid-common bile duct. The area of the duodenal papilla was not definitively visualized. No obvious evidence of post hepatic obstructive criteria was evident.

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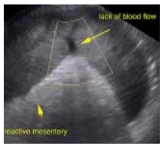

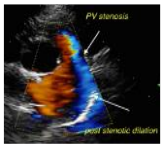

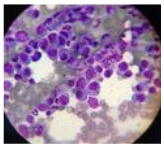
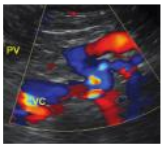

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited a mild amount of retained anechoic pyloric fluid. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.29 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 measured 0.38 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.26 cm width.

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

Pancreas

The left pancreatic limb exhibited minor prominent size with areas of minor capsule asymmetry and subtle hypoechoic parenchyma compared to adjacent nonreactive peripancreatic omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Cholangitis / cholangiohepatitis hepatobiliary pattern
- Overtly normal gastrointestinal tract with minor retained pyloric fluid - potential for minor gastric stasis
- Suspect mild chronic active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic FNA cytology using a 25-gauge needle could be considered for further assessment and potential identification of inflammatory cell type if present. Occult hepatic neoplasia is considered a less likely differential diagnosis. No overt evidence of post hepatic obstruction, yet continued monitoring for progressive liver enzyme elevation and evidence of increasing cholestasis or icterus is advised.

Although no overt gastrointestinal mural changes which may suggest inflammatory enteropathy, Triad Disease may be a consideration in this patient. Further assessment may Include a GI panel to include PLI/TLI/Cobalamin/Folate.

Empirically and pending additional diagnostics, therapy for cholangitis / cholangiohepatitis and mild pancreatitis with as-needed gastrointestinal support would be reasonable. Sonographic reassessment of the gallbladder and common bile duct is recommended if progressive hepatic enzyme elevations and/or cholestasis are noted.

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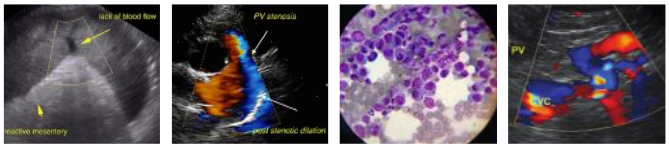

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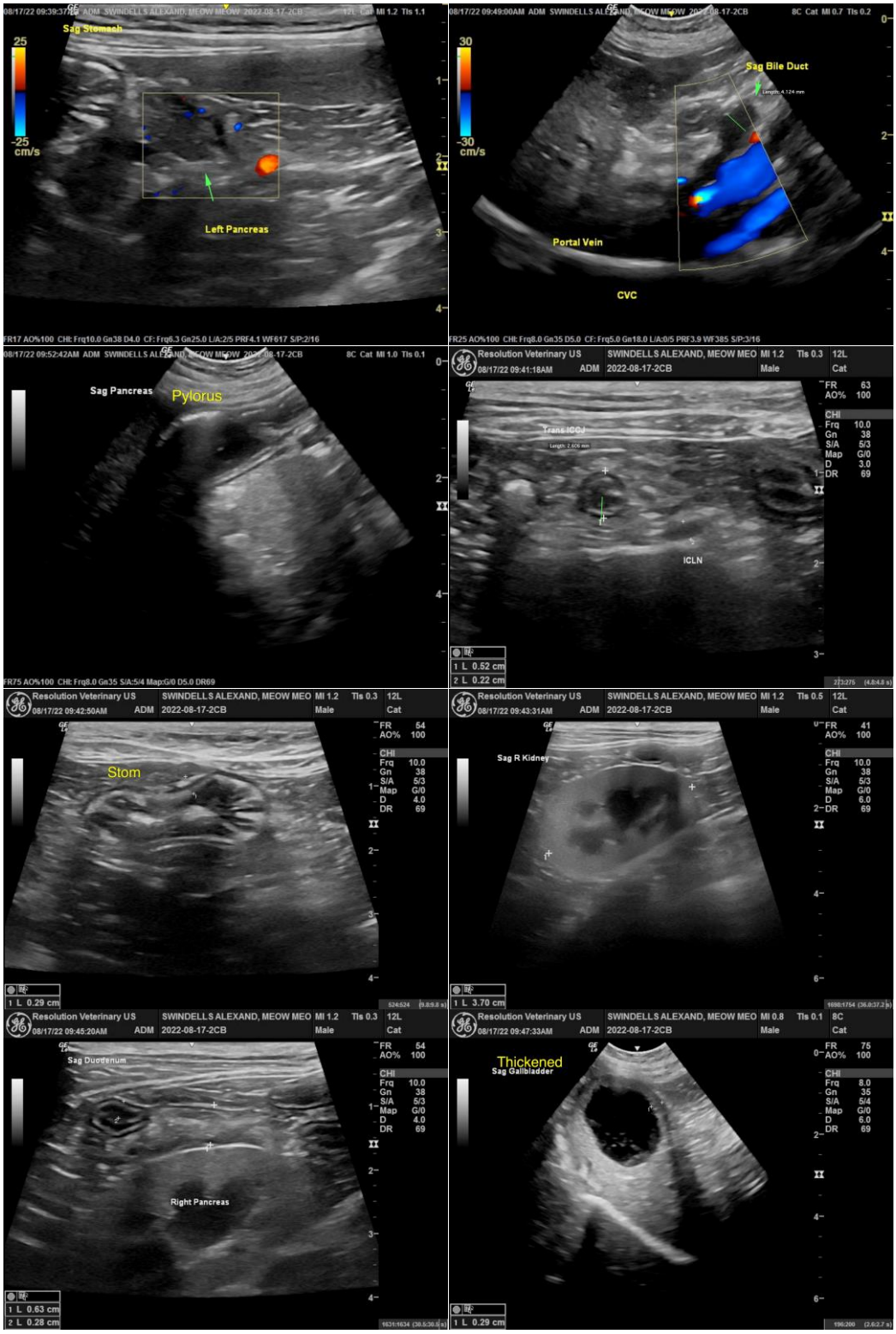

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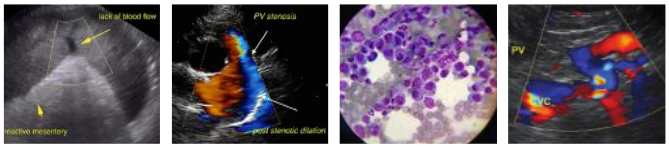

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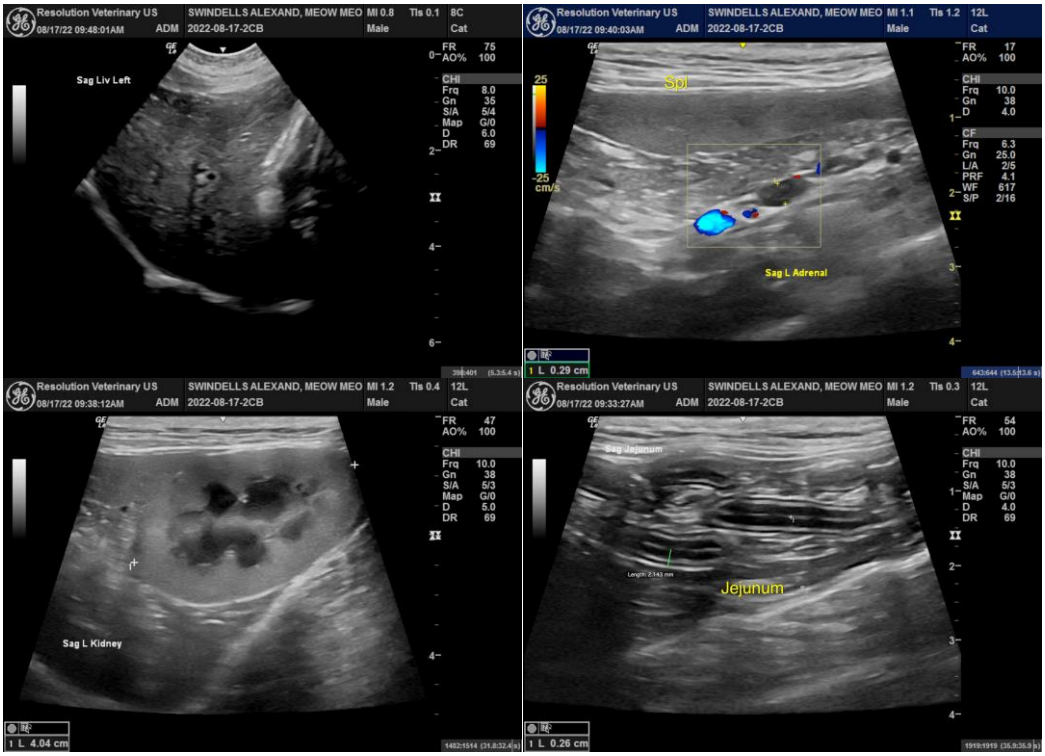

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com