



**PATIENT**

Jazz Alfonso

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

3 years

**WEIGHT**

6.68 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dave Stasiuk RDMS,  
RDCS

**HOSPITAL NAME**

Fish Creek Pet  
Hospital

**REFERRING VET**

Dr. E. Johnson

**INVOICE**

14849

**DATE**

8/17/23

**PRESENTING CLINICAL SIGNS**

Please see previous on Sonopath from June 2023. Follow up. Hx of cholangitis / choangiohepatitis. Persisting very high liver values. Now poor appetite and vomiting. Reassess biliary tract.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was nondistended exhibiting normal size and tone. Anechoic urine was present with mild dependent lumen mineral and non-dependent particulate to hyperechoic sediment. There was no evidence of cystitis criteria or tumors. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

No evidence of pathology in the area of the aortic trifurcation.

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 minor bilateral pyelectasia. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 cm in length.

**Adrenal Glands**

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width and the right adrenal gland measured 0.33 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 normal in size and contour with normal overall hepatic parenchyma echogenicity exhibiting normal hepatic vascular volume. There was no obvious evidence of lobar biliary tree dilation. The gallbladder was non-distended with overtly normal gallbladder wall containing anechoic content with moderate, mildly hyperechoic lumen sediment. The cystic biliary duct was dilated progressing into generalized moderate torturous dilated common bile duct to the level of the duodenal papilla. Segmental mucoduct was present without overt evidence of ductal calculi or definitive obstructive criteria at the level of the duodenal papilla.

**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 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.



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

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***Pancreas***

**SPECIES**

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.

Feline

**BREED**

***Free Abdomen***

DSH

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

FS

- Hepatopathy

**AGE**

- Nondistended gallbladder containing moderate lumen sediment

3 years

- Generalized moderate cystic / common bile duct dilation to the level of the duodenal papilla with segmental mucoduct

**WEIGHT**

- Sonographically unremarkable gastrointestinal tract / pancreas

6.68 kg

- Minor bilateral pyelectasia

**INTERPRETED BY**

- Static mild urinary bladder lumen mineral / sediment

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(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, the hepatobiliary presentation appeared similar to the previous study without overt evidence of progressive gallbladder or common bile duct dilation. The hepatobiliary presentation continued to suggest cholangitis / cholangiohepatitis criteria. However, the possibility of partial obstruction to bile flow such as a nonobvious mucus plug or similar at the level of the duodenal papilla, given evidence of mucoduct, cannot be excluded.

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RDCS

Screening hepatic FNA cytology, as well as ideally bile C/S would be ideal. Laparotomy with gross inspection of the common bile duct and area of the duodenal papilla with hepatic biopsies as well as bile C/S should be a strong consideration in this patient if persistent / progressive clinical signs consistent with inflammatory hepatobiliary disease or post hepatic obstruction.

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Empirically, continued therapy for cholangiohepatitis with as-needed gastrointestinal support and close clinical monitoring is recommended.

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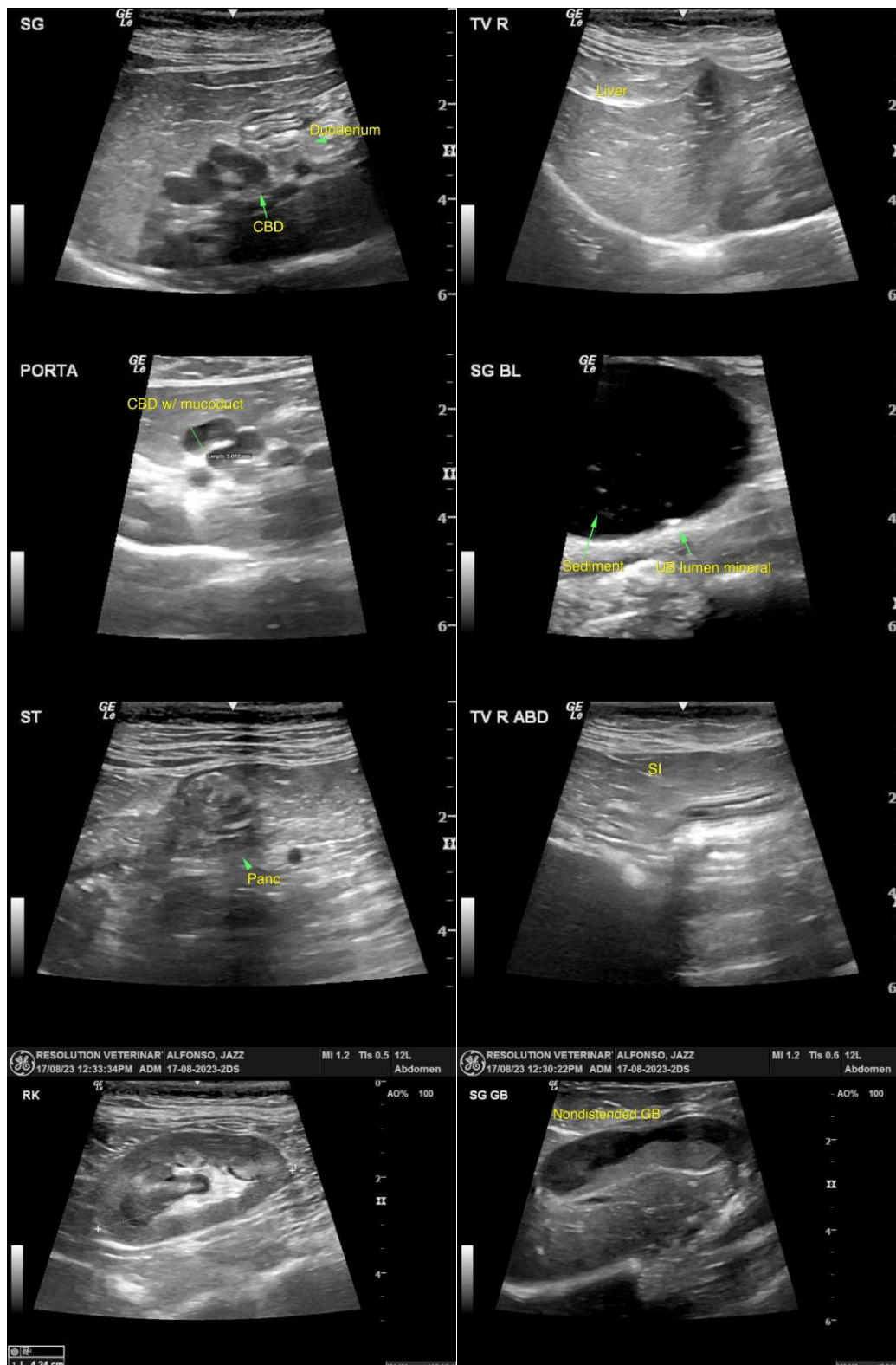
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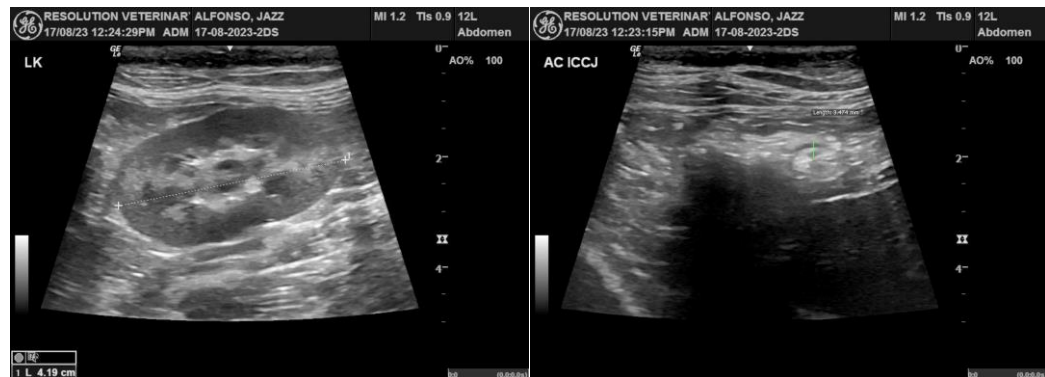
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**  
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