



PATIENT

Tang Koontz

PRESENTING CLINICAL SIGNS

VOMITING/DIARRHEA THE BILIRUBIN KEEP ELEVATING OVERTIME FROM 0.6 TO 1, LASTLY 1.8
Abnormal PE/Chem/CBC/UA Results: FPLI SNAP TEST -POSITIVE CHEMISTRY-ELEVATED ALT-500,ALP-329,GGT-11, BILIRUBIN-1.8 CBC-ELEVATED WBCS, NEUTROPHILIA

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 2.0 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

Neutered Male

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The kidneys measured 3.8 cm each.

AGE

10 Years

Adrenal Glands

The adrenal glands were not definitively visualized.

WEIGHT

9.2 Pounds

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.

INTERPRETED BY

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

Liver

The liver exhibited generalized enlargement with symmetrical to rounded hepatic contour. Subtle generalized decreased hepatic parenchyma echogenicity was noted with moderate coarse echotexture and mild increased prominence of portal vasculature borders. The gallbladder exhibited mild distention and primarily anechoic content with mild echogenic non-organized luminal debris extending into the cystic biliary duct. The common bile duct exhibited mild to moderate generalized dilation with mildly prominent to hypoechoic common bile duct walls extending to the level of the duodenal papilla. Common bile duct dilation ranged from 0.26-0.36 cm. Overt evidence of ductal calculi or obstructive duodenal papilla pathology was not evidence. Potential for minor non-obstructive mucoduct possible.

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

Gastrointestinal

REFERRING VET

Dr. Sharkaway

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained pyloric fluid present. Gastric body wall 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. Jejunum wall measured 0.24 cm.

INVOICE

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Normal visible colon wall layers were present with subjective semiformal to soft feces.

DATE

8/18/21



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Pancreas

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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.

SPECIES

Free Abdomen

Feline

No overt lymphadenopathy. A small pocket of scant free fluid was noted between the caudal liver margins and common bile duct.

BREED

DSH

PRIMARY FINDINGS

- Subjective acute cholangitis/cholangiohepatitis pattern with mild to moderate generalized subjectively non-obstructive common bile duct dilation to the level of the duodenal papilla.
- Chronic active pancreatitis

SEX

Neutered Male

SECONDARY FINDINGS

- Mild chronic renal changes
- Small pocket of scant perihepatic free fluid
- Generalized mild inflammatory gastroenterocolic pattern with mild gastric stasis and semiformal to soft feces – gastroenterocolitis, potential for inflammatory bowel.

AGE

10 Years

WEIGHT

9.2 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic parenchymal FNA warranted for screening cytology, primarily to assess for and possibly identify inflammatory cells and rule out less likely potential for neoplasia. The total bilirubin level and degree of common bile duct dilation was not overtly consistent with post-hepatic obstruction. However, continued monitoring for evidence of increasing cholestasis and recheck sonogram is warranted. GI panel to include PLI, TLI, cobalamin and folate may be considered. Empirically, medical therapy for acute cholangiohepatitis, chronic active pancreatitis and gastroenterocolitis would be appropriate. Pending clinical response to therapy, recheck sonogram to assess for progressive inflammatory hepatic, pancreatic and gastrointestinal changes as well as reassessment of the common bile duct may be indicated.

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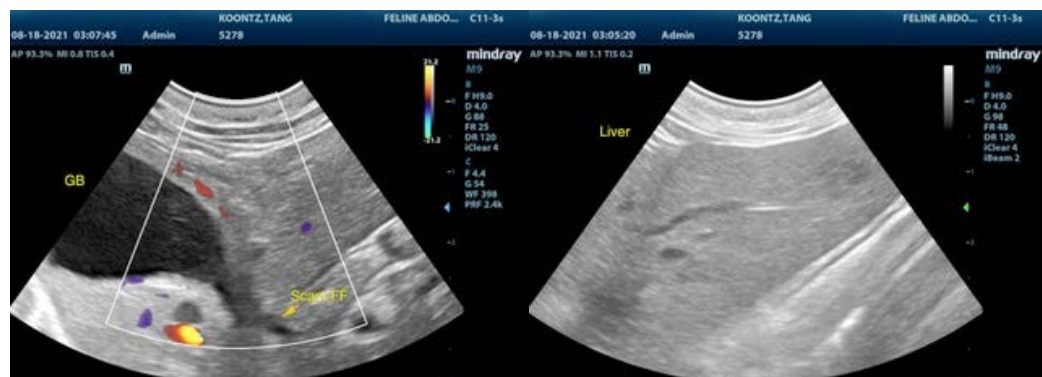
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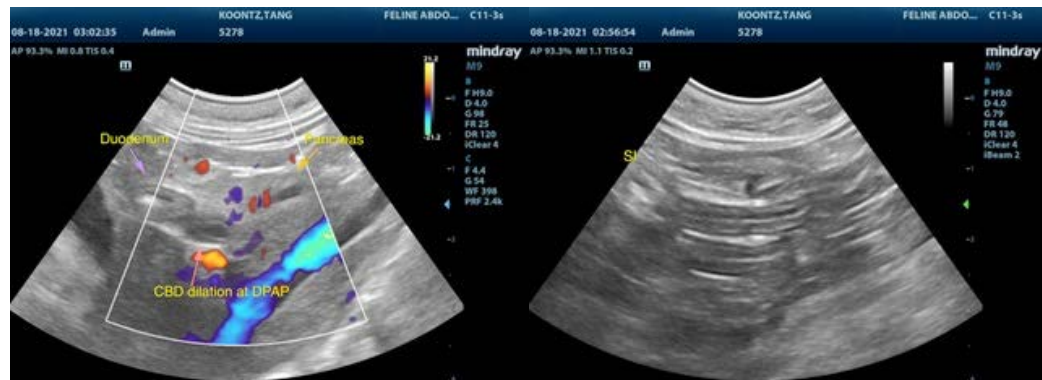
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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