



PATIENT	PRESENTING CLINICAL SIGNS
Martenot (Marty) Poirier	New patient, owner is a newly hired vet assistant. Last vet clinic noted he had elevated ALT, put him on Denamarin WE rechecked and still quite elevated he is losing weight, but eating well, no vomiting or diarrhea
SPECIES	Abnormal PE/Chem/CBC/UA Results: cbc: Neutropenia 1.8 K/uL CHEM: ALT 612 U/L ALT 669 U/L rest normal TT4 3.1 ug/dL normal Free T4 by ED USG: 1.044
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	The urinary bladder, 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 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.
MN	
AGE	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 left kidney measured 4.0 cm in length. The right kidney measured 4.4 cm in length.
14yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
11.5	Adrenal Glands
INTERPRETED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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.
Brita Kiffney	
HOSPITAL NAME	Liver/Gallbladder
Northshore Veterinary Hospital	The liver was subjectively mildly enlarged. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. No visualized masses/ nodules. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with minor echogenic lumen sediment. The common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.23 cm diameter.
REFERRING VET	
Brita Kiffney	
INVOICE	Gastrointestinal
14654ag	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.
DATE	
08/18/2023	



PATIENT

Martenot (Marty)
Poirier

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 ileocolic wall measured 0.25 cm in width.

SPECIES

Feline

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

Pancreas

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 was evident.

BREED

DSH

Free Abdomen

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

SEX

MN

ULTRASONOGRAPHIC FINDINGS

AGE

14yr

- Hepatopathy.
- Non-distended gallbladder with mild lumen sediment.
- Mild non-obstructive proximal common bile duct dilation.
- Mild chronic renal changes.

WEIGHT

11.5

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending liver sampling and C/S is recommended. The hepatobiliary presentation is suggestive of inflammatory criteria i.e., cholangitis/cholangiohepatitis. No overt hepatobiliary neoplastic criteria or evidence of post hepatic obstruction.

INTERPRETED BY

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

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for occult disease as a contributing factor i.e., triad disease. Empirical GI support, monitoring of body weight and cholangitis/cholangiohepatitis protocol pending sampling would be reasonable.

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore
Veterinary Hospital

REFERRING VET

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SPECIES

Feline

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SEX

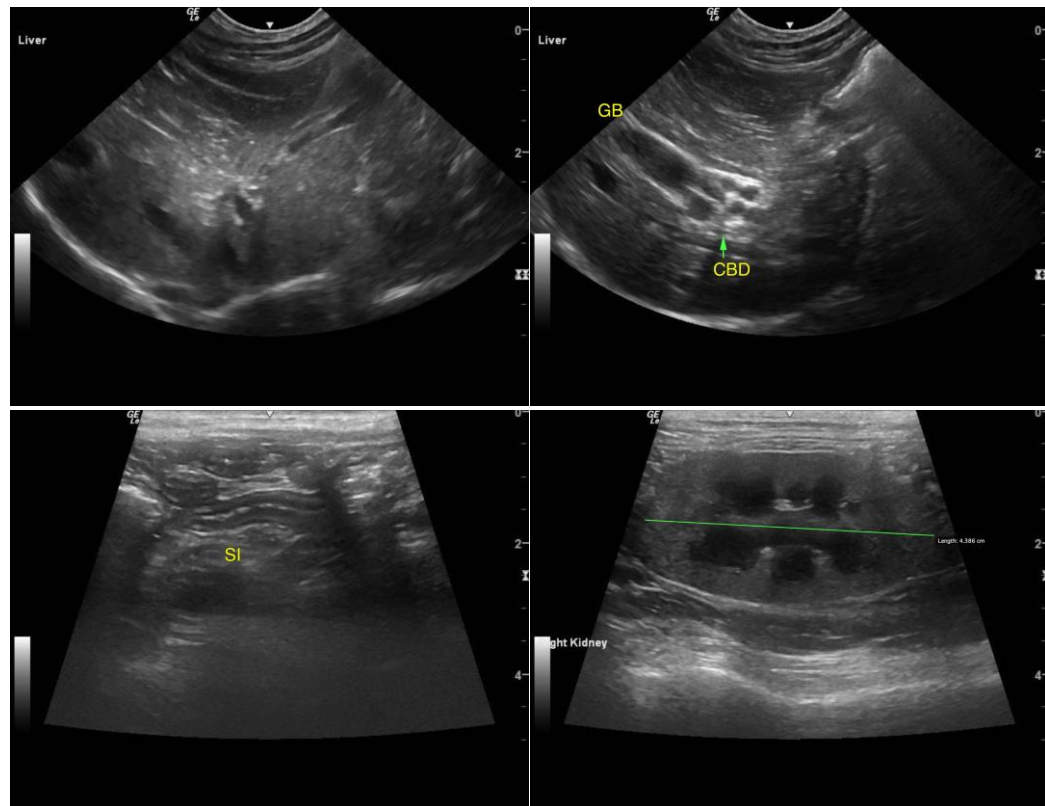
MN

AGE

14yr

WEIGHT

11.5



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SPECIES

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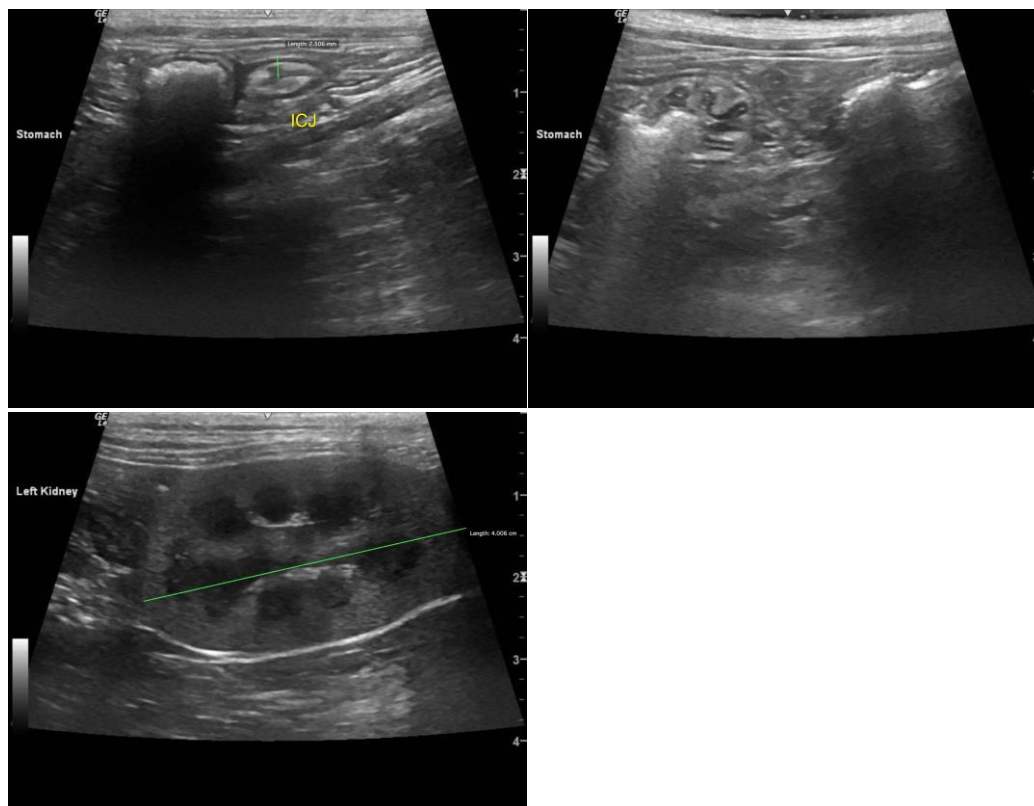
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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