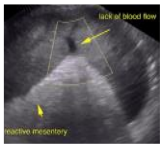
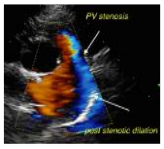
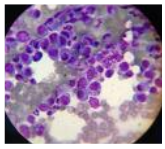
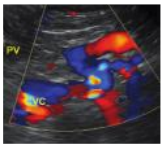
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Niunia Harasiuk

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 YO

WEIGHT

15.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr. Kwasnik

INVOICE

14464

DATE

8/2/22

PRESENTING CLINICAL SIGNS

Hx of lameness for 2-3 days, vomited food, decreased appetite, increased water consumption. Abnormal PE/Chem/CBC/UA Results: BCS 7/9 Mild icterus. Mild pain on cranial abdomen. DDZ 1-2 /4 BW 7/30/22 CHEM: AST: 132 (H) 10-100 ALT: 398 (H) 10-100 ALK: 603 (H) 6-102 TB: 7.9 (H) 0.1-0.4 BUN: 12 (L) 14-36 CHOLESTEROL: 318 (H) 75-220 CBC: RBC: 10.4 (H) 5.92-8.93 NRBC: 2 (H) 0-1 MONOCYTES: 856 (H) 0-600 BASOPHILS: 214 (H) 0-150

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 small dependent calculus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory urinary bladder 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. Pinpoint areas of medullary mineral were present. The left kidney measured 4.3 cm in length. The right kidney measured 4.7 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 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

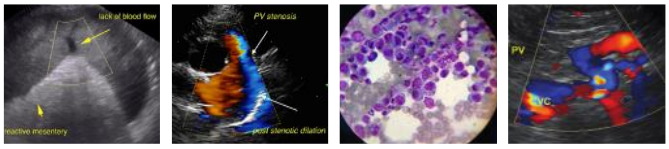
Spleen

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 in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with anechoic content. The gallbladder walls were sonographically normal without overt evidence of inflammatory criteria. No evidence of peripheral gallbladder inflammation was noted. Subtle dilation of the cystic biliary duct was present with no evidence of common bile duct dilation.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Niunia Harasiuk

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
13 YO

WEIGHT
15.5 lbs.

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

IMAGING PERFORMED BY
Jose

HOSPITAL NAME
Animal Clinic of Queens

REFERRING VET
Dr. Kwasnik

INVOICE
14464

DATE
8/2/22

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The gastric body wall width measured 0.25 cm.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio primarily with subjective propensity for subtly prominent segmental muscularis layer, yet without evidence of intestinal wall thickening. The jejunum wall measured 0.24 cm width. The ileocolic wall measured 0.30 cm width.

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

Pancreas

The pancreas base and potential right proximal pancreatic limb exhibited mild prominent size with areas of capsule asymmetry with mildly hypoechoic parenchyma compared to mild hyperechoic peri pancreatic omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.7 cm x 0.54 cm. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

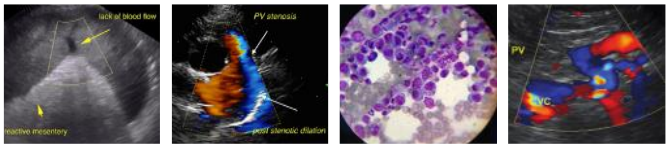
- Md-small urinary bladder calculus
- Hepatopathy
- Suspect mild active to chronic active pancreatitis
- Overtly normal gastrointestinal tract with mild gastric ingesta / chyme
- Intermittent mild mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the hepatic presentation, although nonspecific, is consistent with benign hepatopathy. Cholangiohepatitis and pancreatitis with potential for Triad Disease and associated mild mesenteric lymphadenitis may be considered a primary differential diagnosis in this case. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate as well as, assuming normal clotting status and using a 25-gauge needle, hepatic FNA for screening cytology primarily to assess for or possibly identify inflammatory cell type. Biopsies are likely required for a definitive diagnosis.

Pending additional diagnostics, empirical therapy for cholangiohepatitis, pancreatitis, +/- Triad Disease would be reasonable. Sonographic monitoring to assess for evidence of progressive inflammatory hepatic, pancreatic, Intestinal and lymphatic changes if persistent clinical signs or evidence of weight loss.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Niunia Harasiuk

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 YO

WEIGHT

15.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

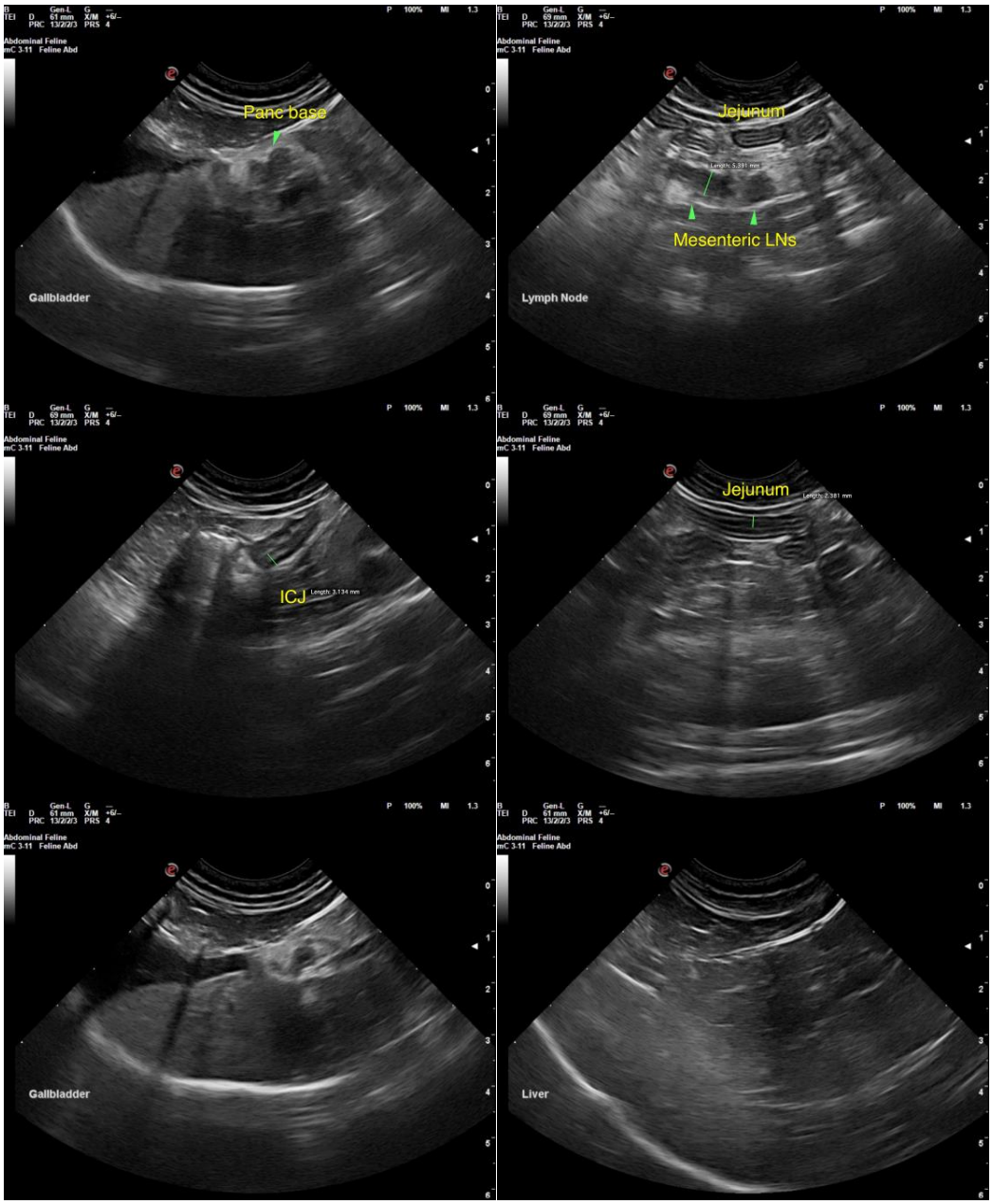
Dr. Kwasnik

INVOICE

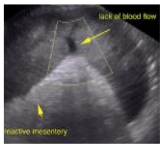
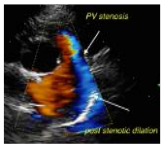
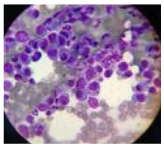
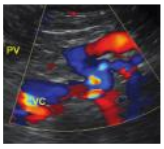
14464

DATE

8/2/22



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Niunia Harasiuk

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13 YO

WEIGHT

15.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

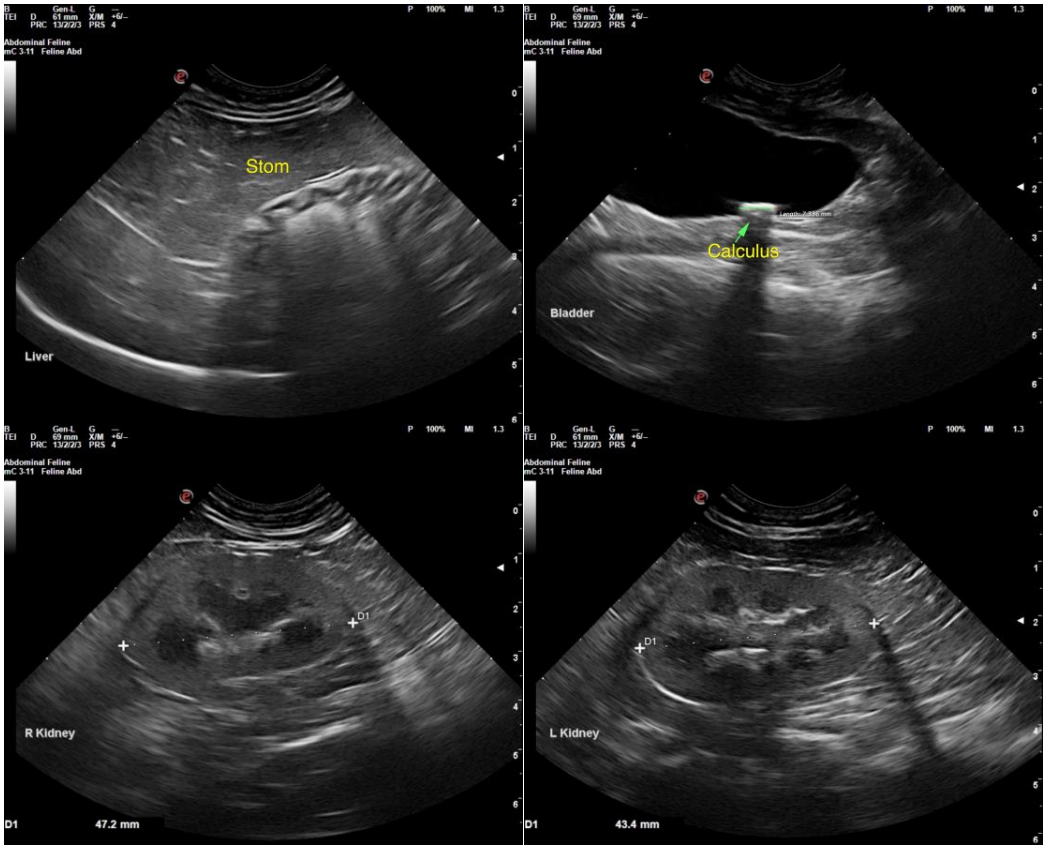
Dr. Kwasnik

INVOICE

14464

DATE

8/2/22



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