



PATIENT

Sushi Ander

SPECIES

Fel

BREED

DSH

SEX

FS

AGE

12

WEIGHT

4.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Stan Gira

HOSPITAL NAME

Sabadilla Animal
Clinic

REFERRING VET

SAVE, Dr. Zoe
Williams

INVOICE

14786

DATE

8/2/23

PRESENTING CLINICAL SIGNS

Lethargy , anorexia (4 days) , vomiting/ weight loss , icterus

Abnormal PE/Chem/CBC/UA Results: Globulin 55 28-51 g/L ALT 667 12-130 U/L (down from 981 yesterday) ALP 104 14-111 U/L (down from 144 yesterday) GGT 18 0-4 U/L (up from yesterday - 5) Total Bilirubin 235 0-15 umol/L (down from 304 yesterday) PLT normal yesterday , 89 today (151-600)

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 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.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Minor bilateral pyelectasia, likely owing to IV fluid therapy, was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.3 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 0.36 cm width and the right adrenal gland measured 0.37cm 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 mildly enlarged yet maintained symmetrical capsule contour and normal overall hepatic parenchyma echogenicity exhibiting mild to moderate coarse echotexture. Overtly normal hepatic vascular volume was noted. The gallbladder was distended in size with thickened variably echogenic gallbladder wall. The gallbladder lumen contained anechoic content with moderate nonorganized variably hyperechoic sediment. The generalized common bile duct exhibited significant tortuous dilation with generalized thickened common bile duct wall. The dilated common bile duct measured 0.8 cm diameter at the mid-common bile duct and 0.6 cm at the distal common bile duct at the level of the duodenal papilla. The dilated common bile duct contained anechoic content with mild segmental nonshadowing mucus.



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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. Visualization of the duodenal papilla revealed no obvious obstructive criteria, i.e., duodenal papilla mass or calculus.

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

Pancreas

The left and right pancreatic limbs were normal in size with mild capsule asymmetry and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mild left and right limb pancreatic duct dilation was noted.

Free Abdomen

Regional peri hepatic and peri cholecystic inflammation and mild volume, free fluid were present. No evidence of significant or overt omental lymphadenopathy was noted. No omental masses were present.

ULTRASONOGRAPHIC FINDINGS

- Severe cholangitis / cholangiohepatitis pattern with marked tortuous common bile duct dilation to level of the duodenal papilla
- Regional peri hepatic / peri cholecystic inflammation and mild volume free fluid
- Suspect chronic pancreatitis
- Sonographically unremarkable gastrointestinal tract
- Mild chronic renal changes with minor pyelectasia

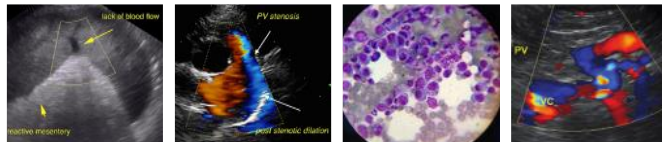
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no obvious evidence of post hepatic obstructive criteria within the common bile duct or at the level of the duodenal papilla, i.e., tumor, calculus, etc. However, the possibility of nonobvious post hepatic obstruction, given the degree of common bile duct dilation, i.e., nonobvious mucus plug, or similar, cannot be definitively excluded.

Assuming normal clotting status and using a 25-gauge needle, screening hepatic FNA cytology could be considered to rule out the less likely potential for occult neoplasia and possible identification of inflammatory cell type.

A GI panel to include PLI/TLI/Cobalamin/Folate to assess for nonstructural or occult intestinal disease, as well as correlation of suspected chronic pancreatitis, i.e., Triad Disease, may be considered.

If the patient is improving on current therapy, close monitoring going forward would be reasonable. However, if progressive cholestasis, hepatic enzyme elevations, or nonresponse to therapy, sonographic reassessment and/or potential exploratory laparotomy with gross inspection of the common bile duct, area of the duodenal papilla, and potential common bile duct flush may be indicated.



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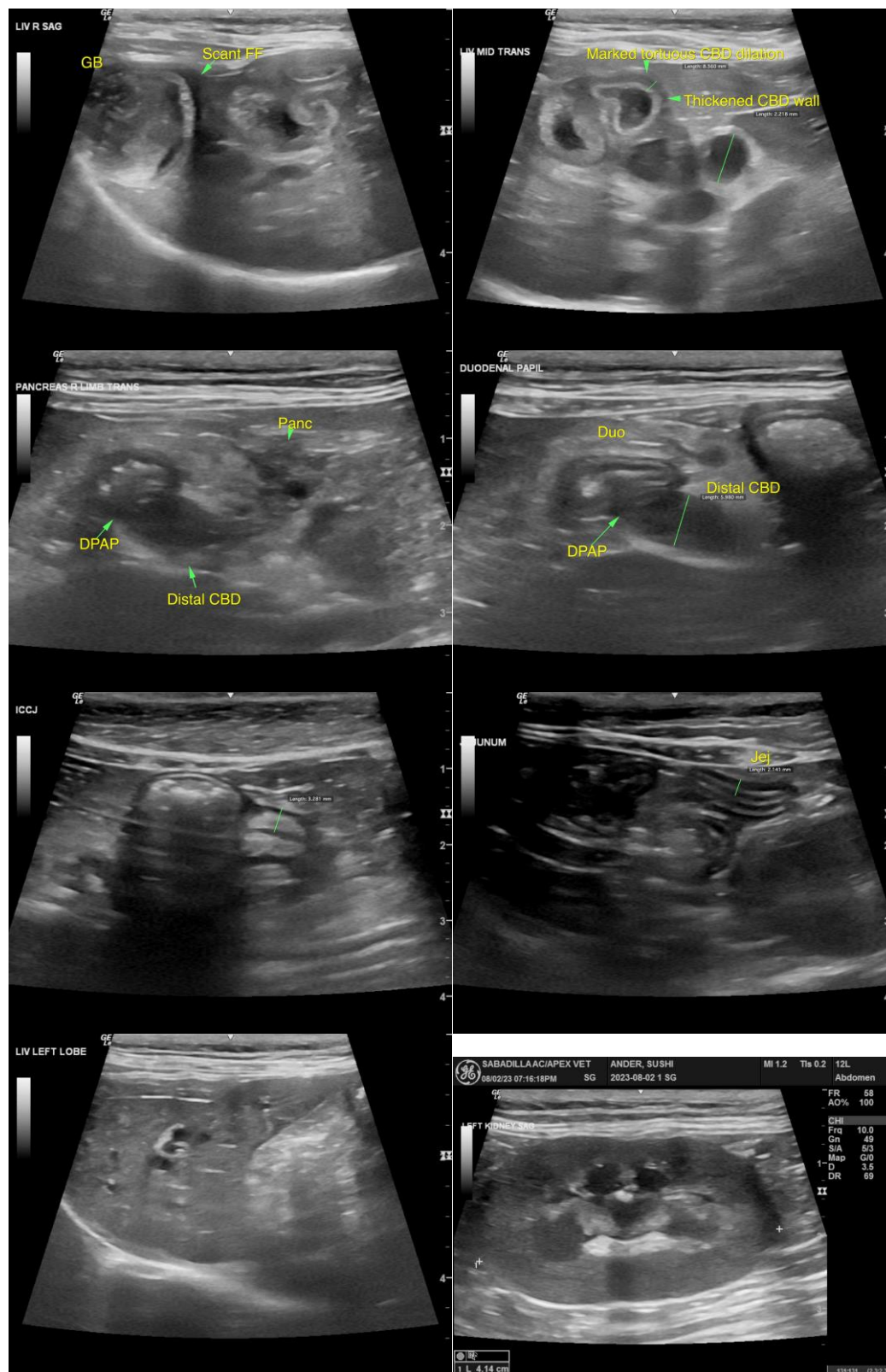
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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