



PATIENT	PRESENTING CLINICAL SIGNS
Willie Thompson	Not eating well, weight loss and lethargy over the past two weeks. At the original appointment two weeks ago owner chose to try broad spectrum antibiotics but he is not improving and now appears jaundiced. Has been on Cerenia and Mirtazapine.
SPECIES	
Feline	Unremarkable CBC, ALT 345, ALP 537, GGT 5, TBIL 52
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor echogenic to particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
MN	
AGE	The area of the aortic trifurcation was free of pathology.
3 years	
WEIGHT	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. The left kidney measured 3.6 cm in length. The right kidney measured 3.9 cm in length.
4.2 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland subjectively measured 0.34 cm width and the right adrenal gland subjectively measured 0.40 cm width.
IMAGING PERFORMED BY	Spleen
Crystal Hill	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.
HOSPITAL NAME	Liver/ Gallbladder
Downtown AH	The liver was mildly to possibly moderately enlarged yet maintained a symmetrical capsule contour with uniform, mild increased hepatic parenchyma echogenicity compared to falciform fat and spleen exhibiting mild coarse parenchyma echotexture. Normal vascular volume was present.
REFERRING VET	
Dr. Ahn	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct exhibited minor tortuous dilation without overt post hepatic obstruction.
INVOICE	
14763	
DATE	
8/2/23	



PATIENT

Gastrointestinal

Willie Thompson

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, retained ingesta, fluid, or foreign material.

SPECIES

Feline

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 mechanical/metabolic intestinal ileus, obstruction, or foreign material.

BREED

DSH

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

SEX

MN

Pancreas

The left and right pancreatic limbs exhibited mild prominent size with capsule asymmetry and heterogeneous, variably echogenic parenchyma compared to adjacent omentum.

AGE

3 years

Free Abdomen

No evidence of significant omental lymphadenopathy was present. Mild increased perihepatic to cranial abdominal omental echogenicity was noted. Very scant pockets of perihepatic, free fluid were present.

WEIGHT

4.2 kg

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy - nonspecific, inflammatory hepatopathy i.e., cholangiohepatitis, vacuolar hepatic changes, lipidosis, infiltrative neoplasia, or other hepatopathy possible
- Nondistended gallbladder with minor nonobstructive proximal common bile duct dilation - suspect mild cholangitis, no evidence of post hepatic obstruction
- Sonographically unremarkable gastrointestinal tract
- Prominent heterogeneous pancreas - low-grade to chronic active pancreatitis suspected

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, using a 25-gauge needle, and with vitamin K pretreatment, hepatic FNA cytology is recommended for further clarification. A GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult intestinal disease, and correlation with the pancreas, as well as three view chest radiographs to rule out intrathoracic pathology as a contributing factor, are recommended.

IMAGING

PERFORMED BY

Crystal Hill

HOSPITAL NAME

Downtown AH

REFERRING VET

Dr. Ahn

Empirically and pending additional diagnostics, hepato-gastrointestinal support and therapy for pancreatitis with an assessment of clinical response and monitoring of hepatic enzymes going forward would be reasonable. Sonographic reassessment may be considered if evidence of progressive hepatic enzyme elevations.

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DSH

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**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

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REFERRING VET

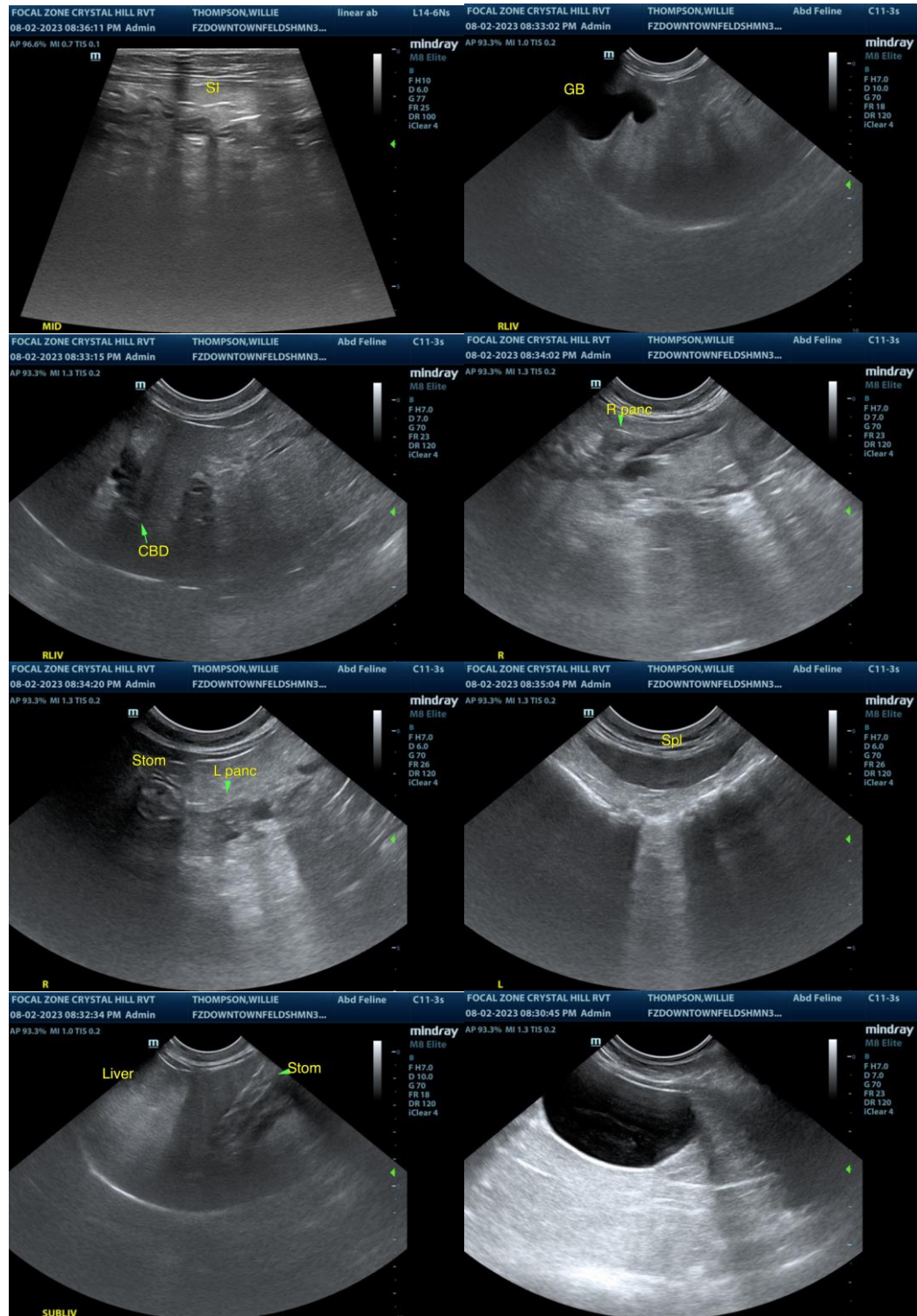
Dr. Ahn

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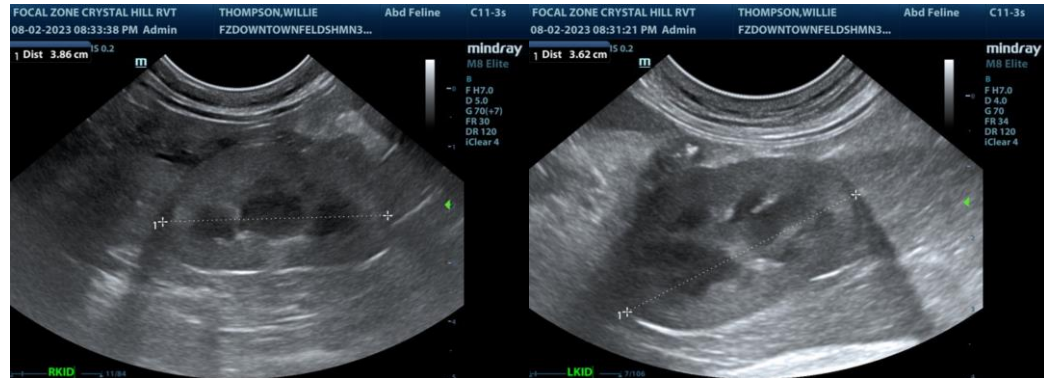
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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