



PATIENT PRESENTING CLINICAL SIGNS

Dexter Dinc History: recheck US, previous scan done on Aug 18 (report attached), has been doing well over the weekend, increased appetite, normal U & D, more energy. meds: lantus insulin, metro, clavaseptin, baytril

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: ALT 856, ALP 282, GGT 15, TBIL 105 please see attached labs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DLH

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.

SEX

MN

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. Minor bilateral pyelectasia was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.2 cm in length.

AGE

9yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

3.43kg

Adrenal Glands

The bilateral adrenal glands were normal to mildly prominent in size with no overt evidence of neoplastic criteria. The left adrenal gland measured 0.45 cm width. The right adrenal gland measured 0.55 cm width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kelly Reschny

Liver

The liver was subjectively enlarged in size with symmetrical rounded contour and overall subjective normal parenchyma echogenicity. The liver parenchyma exhibited a moderate coarse echotexture with potential areas of mild parenchymal remodeling noted. Possible emerging biliary tree dilation was noted in the caudate liver lobe. The hepatic and portal vasculature were normal in appearance without signs of congestion.

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

The gallbladder was distended in size. Moderate dilation of the cystic biliary duct extending caudally into a tortuous to dilated common bile duct appearing to extend into the area of the right pancreatic limb was present. Primarily anechoic luminal content was noted in the dilated gallbladder, cystic biliary duct and CBD with mildly echogenic mucus present. No overt evidence of ductal calculi or neoplastic criteria was observed. Minor wall edema was noted within the distended cystic biliary duct. Subtle evidence of inflammation was noted with small pockets of scant perihepatic to peritoneal free fluid.

INVOICE

11450ag

Gastrointestinal

DATE

08/22/2022

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.



PATIENT

Dexter Dinc

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.

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

SPECIES

Pancreas

Feline

The pancreas exhibited mild generalized enlargement, subtle areas of capsule asymmetry and mild hypoechoic to heterogeneous parenchyma compared to adjacent omentum.

BREED

Free Abdomen

DLH

No overt lymphadenopathy was present.

SEX

MN

- Hepatopathy exhibiting possible emerging to subtle lobar biliary tree dilation
- Persistent dilated gallbladder, CBD and cystic biliary duct with mild cystic duct mucus
- Mildly prominent to heterogeneous pancreas-potential low grade chronic to chronic active pancreatitis
- Mild peripheral inflammation around the CBD and cystic biliary duct with small pockets of scant free fluid

AGE

9yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

3.43kg

The hepatobiliary presentation may indicate cholangitis/cholangiohepatitis with potential for diabetic hepatopathy. Hepatobiliary neoplastic criteria is considered less likely. Previously mentioned concern for post hepatic obstruction is still warranted, although not definitive, as a definitive area of obstruction was not overtly evident.

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(Canine and Feline)

Since the patient appears to be improving, continued broad spectrum antibiotics to cover for cholangitis / cholangiohepatitis with as needed hepatogastrointestinal support and continued close monitoring would be reasonable. However, if progressive hepatic enzyme elevations or evidence of increasing cholestasis/icterus, sonographic reassessment or referral, which may be ideal, for possible advanced imaging and surgical planning for potential exploratory laparotomy may be indicated.

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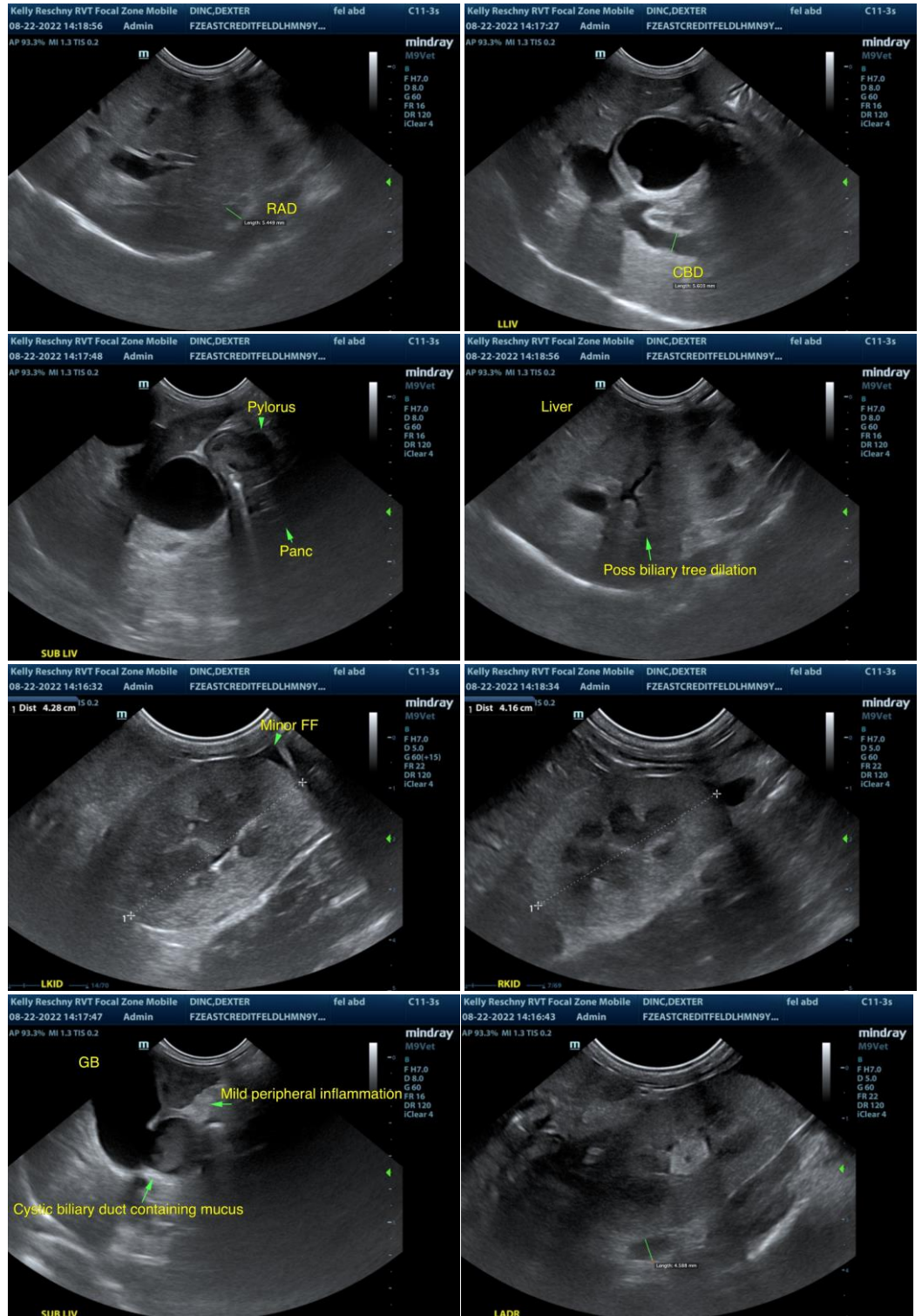
Dr. Webster

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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



PATIENT

can be of any further assistance please contact me.

Dexter Dinc

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