



PATIENT	PRESENTING CLINICAL SIGNS
Phoebe Stone	History: History of chronic vomiting and diarrhea. Now is dehydrated, jaundiced with significant weight loss.
SPECIES	Abnormal PE/Chem/CBC/UA Results: BW (8/19/22): ALP 70, Bilirubin 0.4, Amylase 281. Na 158, Anion gap 31. T-4 normal. UA: Bilirubinuria. RADS: equivocally small liver
Feline	
	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DSH	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 moderate nondependent particulate hyperechoic sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
SEX	
FS	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 3.9 cm in length. The right kidney measured 4.2 cm in length.
AGE	
8yr	The area of the aortic trifurcation was free of pathology.
WEIGHT	Adrenal Glands
7.6lb	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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. The spleen measured 0.59 cm width at the level of the hilus.
IMAGING PERFORMED BY	Liver
Dr. Ebersole	The liver was subjectively normal in size and mildly rounded contour. The liver parenchyma exhibited uniform increased echogenicity. The hepatic and portal vasculature were normal in appearance without signs of congestion.
HOSPITAL NAME	
Scanvet	
REFERRING VET	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content extending into the cystic biliary duct and common bile duct. The common bile duct exhibited mild dilation that did not extend to the level of the duodenal papilla measuring 0.24 cm in width.
Dr. Berberich	
INVOICE	Gastrointestinal
11445ag	The stomach presented intact wall layering with a normal wall layer ratio. Moderate to marked distention was noted with variably echogenic ingesta. No signs of ileus, obstruction or foreign material.
DATE	The small intestine presented intact wall layering and 1:3 muscularis/mucosa ratio with subtle increased mucosa echogenicity. Generalize non-shadowing ingesta/chyme was present. No signs of ileus,
08/22/2022	



PATIENT	obstruction or foreign material. The duodenum measured 0.23 cm in width. The jejunum wall measured 0.21.
Phoebe Stone	Normal visible colon wall layers were present with apparent formed feces in lumen.
SPECIES	Pancreas
Feline	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	Free Abdomen
DSH	No overt lymphadenopathy was present.
SEX	Small pockets of scant peri-intestinal free fluid.
FS	ULTRASONOGRAPHIC FINDINGS
AGE	Primary
8yr	<ul style="list-style-type: none"> • Moderate to marked gastric distention with ingesta/chyme • Intact small bowel walls with generalized ingesta/chyme • Mild parenchyma hyperechogenicity • Mild proximal common bile duct dilation, non-obstructive
WEIGHT	Secondary
7.6lb	<ul style="list-style-type: none"> • Urinary sediment
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Chronic enteropathy such as IBD or infiltrative neoplasia may present in this matter. The ingesta present may indicate post prandial present although concern for inefficient peristalsis may be indicated. Potential for hairball densities within the GI tract cannot be definitively excluded if clinical history of hairballs.
IMAGING PERFORMED BY	The appearance of the liver was nonspecific but may indicate vacuolar hepatopathy, chronic hepatitis/cholangiohepatitis, lipidosis, or fibrosis while round cell hepatic neoplasia cannot be excluded. Assuming normal coagulation parameters, ultrasound guided FNA of the liver using a 25-gauge needle would be warranted for cytology, primarily to assess for evidence of inflammatory cells and to rule out round cell neoplasia. Vitamin K administration would be suggested prior to FNA if elected. Serum cobalamin levels may be considered if lipidosis is confirmed.
Dr. Ebersole	
HOSPITAL NAME	Triad disease could also be a consideration in this patient. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs suggested if not done to assess for thoracic pathology.
Scanvet	
REFERRING VET	
Dr. Berberich	
INVOICE	
11445ag	
DATE	
08/22/2022	



PATIENT

Phoebe Stone

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8yr

WEIGHT

7.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

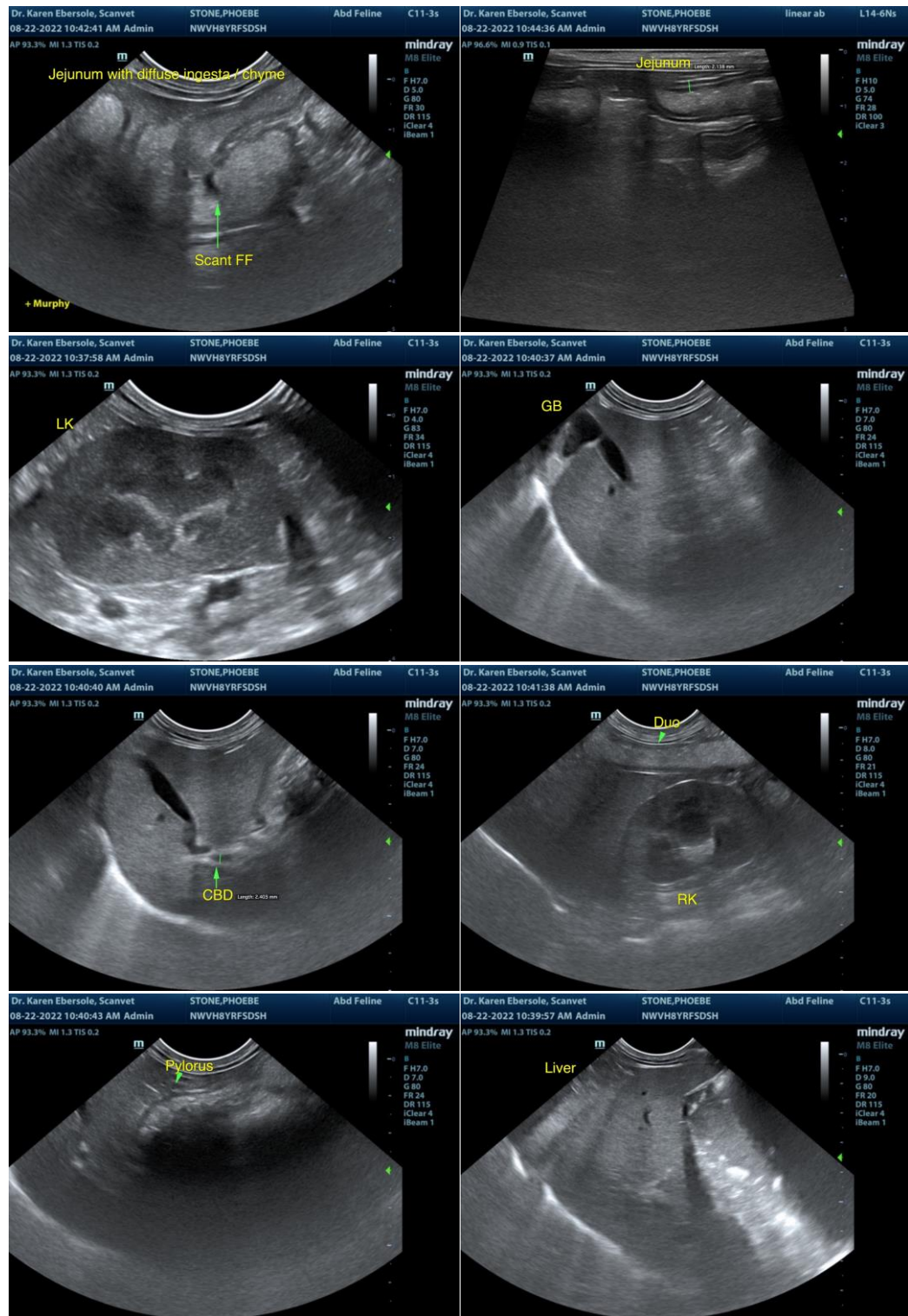
Dr. Berberich

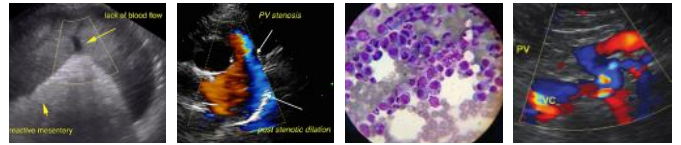
INVOICE

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PATIENT

Phoebe Stone

SPECIES

Feline

BREED

DSH

SEX

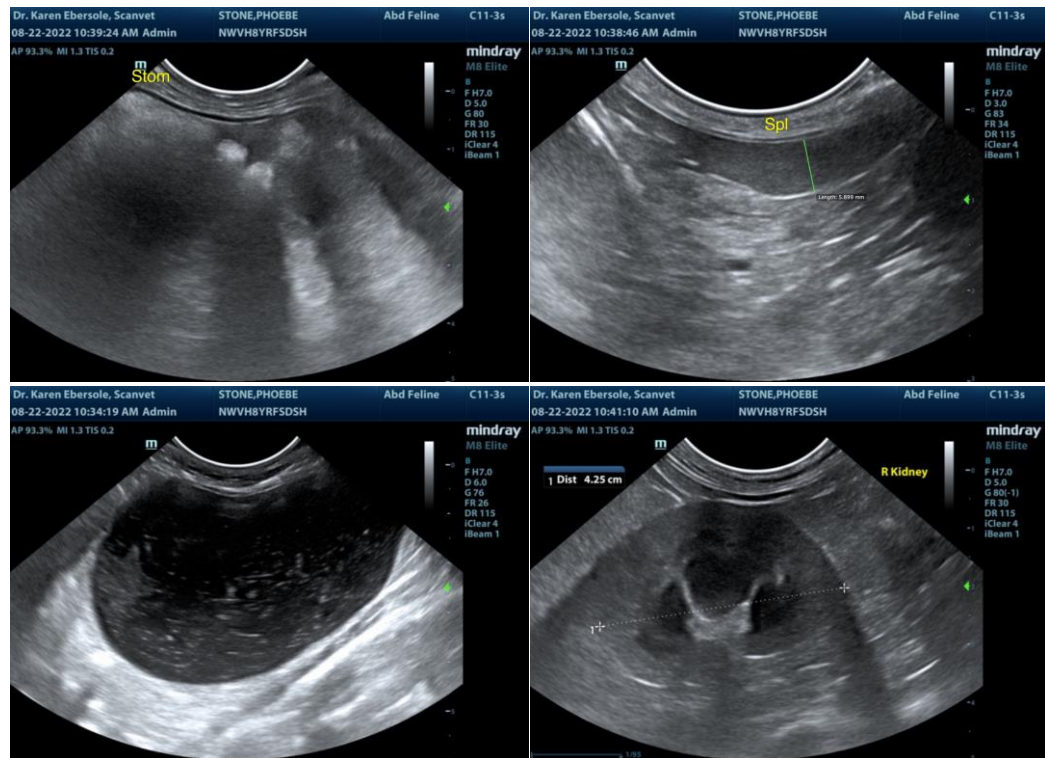
FS

AGE

8yr

WEIGHT

7.6lb



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

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

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