



**PATIENT PRESENTING CLINICAL SIGNS**

TriPad McDonald P seen on 7/27/21 for loss of vision and loss of smell. On exam P is missing left front leg, has dilated eyes, oral resorptive lesions. Sr panel blood works was performed and all liver values were found to be elevated.

**SPECIES**

Feline

ALT 382, AST 164, TBili 0.8, unremarkable CBC, T4 0.9, USG 1.025

**BREED**

DLH

**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 were noted.

**SEX**

Spayed Female

**AGE**

14 Years

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor dystrophic non-obstructive medullary mineralization was present in both kidneys. The left kidney measured 3.2 cm. The right kidney measured 3.6 cm.

**WEIGHT**

6.1

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

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

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm in width. The right adrenal gland measured 0.35 cm in width. No evidence of adrenal tumors.

**IMAGING PERFORMED BY**

Jenna Walsh

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.64 cm in width.

**HOSPITAL NAME**

Four Corners Vet Clinic

**Liver**

**REFERRING VET**

Dr. Jessie Williams

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size, containing primarily anechoic content and mild mineralized yet non-obstructive debris. The common bile duct was normal.

**INVOICE**

24863

**DATE**

8/23/21

**Gastrointestinal**

The stomach exhibited intact yet mild subjective prominent wall layering, primarily in the area of the gastric antrum and pylorus with minor retained pyloric fluid. Pylorus wall measured 0.32 cm.



**PATIENT**

TriPad McDonald

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. Duodenum wall measured 0.22 cm. Jejunum wall measured 0.22 cm.

**SPECIES**

Feline

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

***Pancreas***

The pancreas exhibited subtle prominent size and asymmetrical contour with mild hypoechoic to heterogeneous parenchyma compared to mildly reactive peripancreatic omentum.

**BREED**

DLH

***Free Abdomen***

**SEX**

Spayed Female

No evidence of intraabdominal lymphadenopathy, masses or effusion.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

14 Years

- Bilateral mild chronic renal changes with minor dystrophic medullary mineral
- Hepatopathy – subjectively benign
- Mild mineralized yet non-obstructive gallbladder sediment
- Mild retained pyloric fluid – possible mild gastritis/gastric stasis
- Possible mild chronic active pancreatitis

**WEIGHT**

6.1

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DVM, DABVP  
(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. If not done, systemic blood pressure is recommended to assess for evidence of hypertension.

**IMAGING PERFORMED BY**

Jenna Walsh

The overall appearance of the liver was non-specific, yet suggestive of benign hepatopathy. Considerations may include primary inflammatory parenchymal or hepatobiliary process (i.e., cholangiohepatitis/feline cholangitis syndrome) given the ALT/AST elevation and presence of minor mineralized gallbladder sediment. Secondary hepatopathy possibly owing to gastritis or pancreatitis possible. Hepatic neoplasia is considered an unlikely differential diagnosis. Spec fPL or full GI panel to include PLI, TLI, cobalamin and folate for further clarification of the pancreas may be considered. If possible, hepatosupportive medications may prove beneficial.

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Note: A soft tissue opacity was noted cranial to the heart within the thorax or potential cranial mediastinum. Possible mass, fluid-filled lesion or regional pleural effusion may be possible. Thorough or recheck sonographic assessment with potential for ultrasound guided FNA or centesis for cytology and/or fluid analysis cytology +/- culture and sensitivity (if evidence of inflammatory cells) recommended.

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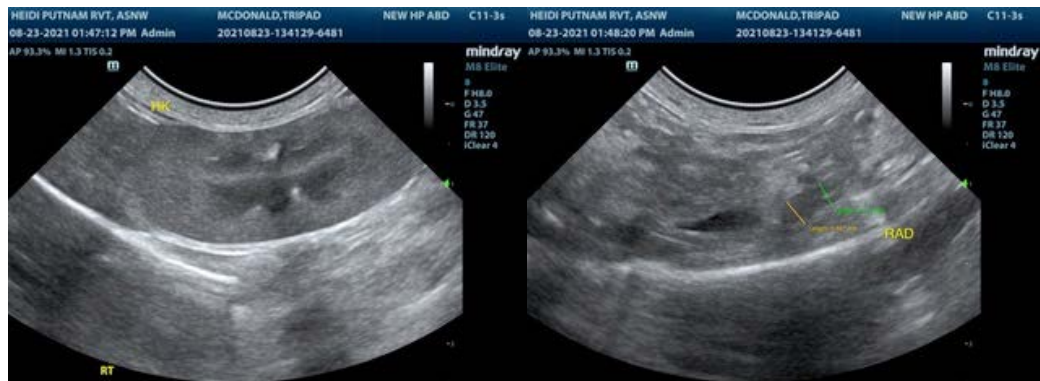
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**PATIENT**

TriPad McDonald

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

**SPECIES**

Feline

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.

**BREED**

DLH

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
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