



PATIENT

Jack Newcomb

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

14 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Hope Brossman

HOSPITAL NAME

Animal Mansion
Veterinary Hospital

REFERRING VET

Shelley Parker

INVOICE

14889

DATE

8/23/23

PRESENTING CLINICAL SIGNS

elevated liver enzymes, weight loss, anorexia

ALT 468, ALP 140

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. Primarily anechoic urine was present in the lumen. Minor, nondependent, 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.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral nonobstructive medullary renolithiasis noted. The left kidney measured 4.7 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

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. The spleen measured 0.73 cm width at the level of the mid spleen.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, echogenic gallbladder sediment. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of generalized mildly thickened muscularis layer. The small intestinal wall width measured up to 0.32 cm.



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

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Pancreas

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The left pancreatic limb exhibited subtle prominent size with minor capsule asymmetry and isoechoic, mildly nonhomogeneous parenchyma compared to adjacent omentum with left limb pancreatic duct dilation.

Feline

BREED

Free Abdomen

DSH

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

SEX

ULTRASONOGRAPHIC FINDINGS

MN

Primary Findings

AGE

- Chronic pancreatitis pattern
- Enteropathy exhibiting intact mildly thickened wall layering
- Hepatopathy with mild gallbladder sediment - suggestive of cholangitis / cholangiohepatitis

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Secondary Findings

14 lbs.

- Bilateral nonobstructive renolithiasis
- Minor urinary bladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited mild, likely chronic mural changes suggestive of inflammatory criteria. Potential for low-grade to early neoplastic infiltrative enteropathy is possible yet thought less likely.

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Based on gastrointestinal appearance, suspect cholangitis / cholangiohepatitis and chronic pancreatitis pattern. IBD, or other chronic inflammatory enteropathy and Triaditis are considered most likely. FNA cytology of the liver, assuming normal clotting status and using a 25-gauge needle, could be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three-view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor to the weight loss. A definitive diagnosis would require full-thickness intestinal biopsies +/- hepatopancreatic biopsies.

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Empirically, as-needed gastrointestinal and hepatic support +/- empirical Triaditis protocol with monitoring of clinical response and weight loss going forward would be reasonable.

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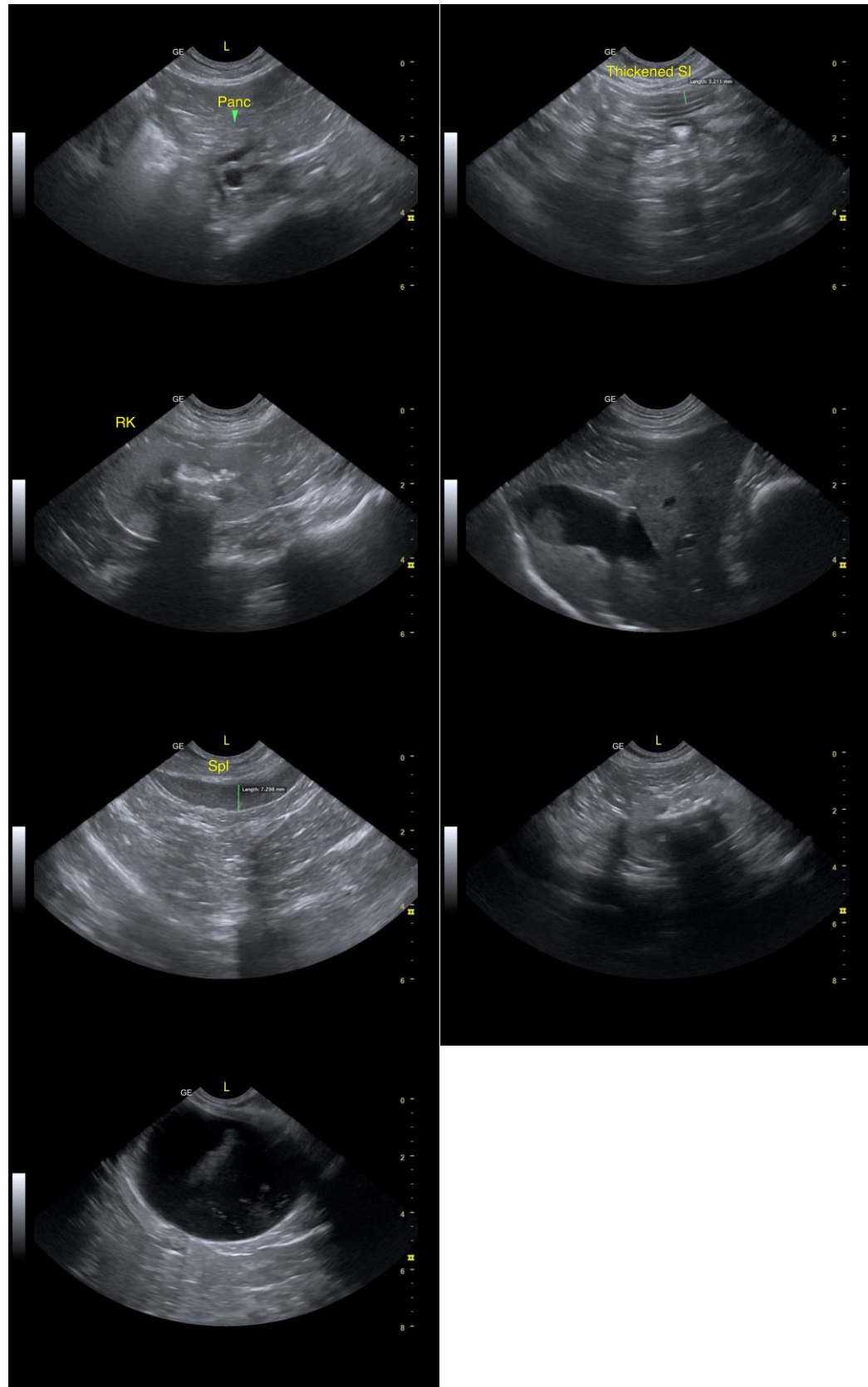
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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