

PATIENT PRESENTING CLINICAL SIGNS

BeaKay Geary Recheck for chronic issues (IBD, hepatobiliary disease, hyperthyroidism) P is drinking less and overall has lost weight and has an intermittent appetite. Also recent LF lameness.
SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 197, AST 150, nonregenerative anemia, wbc= 15,000

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

DSH The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 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. The left kidney measured 3.75 cm.

AGE

15 Years

WEIGHT

8.2 Pounds

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.24 cm in width. The right adrenal gland measured 0.26 cm in width.

INTERPRETED BY

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

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 0.7 cm in width.

IMAGING PERFORMED BY

Heidi Putnam

Liver

HOSPITAL NAME

West Hills AH

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. Generalized biliary tree mineralization was present. Multiple variably sized, thinly walled hepatic parenchymal cysts were present containing anechoic fluid. Example of cyst measured 2.9 cm diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended, containing mild non-obstructive calculi. The common bile duct exhibited generalized yet variable dilation to the approximate level of the duodenal papilla. Primarily anechoic content noted in the common bile duct with subtle mucus and without evidence of calculi. Common bile duct measured 0.45 cm at the level of the duodenal papilla and 0.54 cm at the level of the mid common bile duct.

REFERRING VET

Dr. Remcho

INVOICE

24886

DATE

8/24/21

Gastrointestinal

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.



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BeaKay Geary

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The small intestine presented intact yet prominent wall layering owing to subjective propensity for mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.28-0.30 cm. Subtle reactive peri intestinal mesentery was present. No evidence of concurrent lymphadenopathy.

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

Pancreas

The pancreas was normal in size with mild asymmetrical contour and hypoechoic to heterogeneous parenchyma compared to adjacent omentum and minor pancreatic duct dilation.

Free Abdomen

No effusion.

ULTRASONOGRAPHIC FINDINGS

- Chronic enteropathy – suspected chronic IBD in light of similar sonographic appearance compared to previous ultrasound. Potential for lymphoma considered unlikely at this time.
- Hepatic cysts – subjectively static.
- Static cholecystoliths and biliary tree mineralization
- Persistent common bile duct dilation to the level of the mildly prominent duodenal papilla
- Probable chronic active pancreatitis
- Moderate chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of cholestasis or icterus, no indication for immediate surgical intervention regarding the common bile duct dilation is indicated. However, consistent serial monitoring of hepatic enzymes or for evidence of increasing cholestasis/icterus is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If not recently done, 3-view chest radiographs may be considered to rule out occult thoracic pathology, which may result in weight loss in geriatric cats. Continued current supportive care is recommended.





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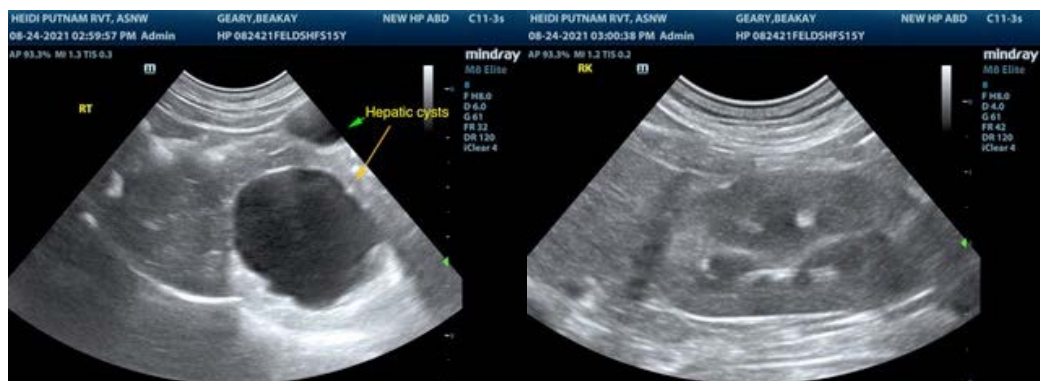
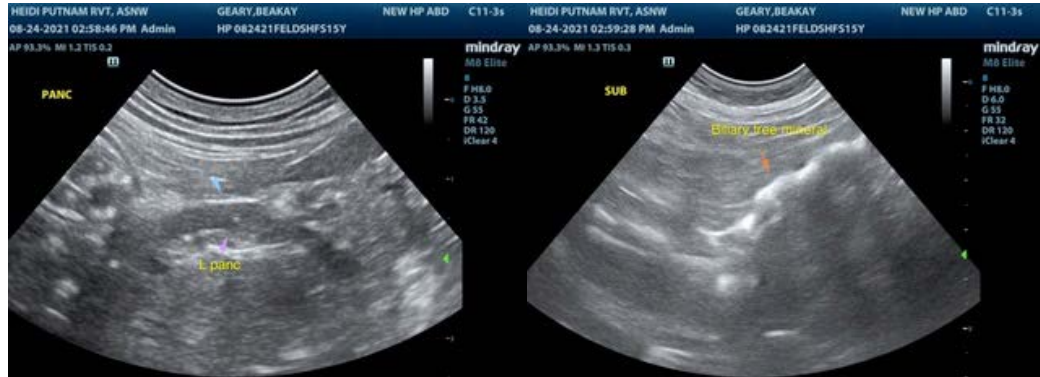
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PATIENT

BeaKay Geary

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

DSH

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info@SonoPath.com

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