



**PATIENT PRESENTING CLINICAL SIGNS**

Comet Cardona Vomiting, weight loss, elevated liver enzymes, icteric  
 Lab work 3/25/22: ALT 343, AST 131, ALP 123, TBILI 1.4, Recheck bloodwork pending

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **Urinary System**

**BREED** 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 was noted.

DSH

**SEX** The area of the aortic trifurcation was free of pathology.

FS

**AGE** Normal size and margination were present in the kidneys. Both kidneys exhibited a maintained 1:3 cortex / medulla ratio with increased corticomedullary echogenicity including indistinct hyperechoic medullary striations. No evidence of pyelectasia was noted in either kidney. The left kidney measured 4.3 cm in length. The right kidney measured 3.9 cm in length.

2010

**Adrenal Glands**

**WEIGHT**

8.8

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width. The area of the right adrenal gland was free of overt pathology.

**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. The spleen measured 1.0 cm width at the level of the hilus.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**Liver/ Gallbladder**

**HOSPITAL NAME**

Lehigh Valley AH  
 (Bath)

The liver exhibited generalized enlargement with symmetrical to rounded hepatic contour and generalized nonuniform mildly hyperechoic hepatic parenchyma. No hepatic masses or nodules were noted. The gallbladder was non-distended in size. The gallbladder walls were sonographically normal. Anechoic content was present in the gallbladder with mild to moderate nondependent mildly hyperechoic nonorganized luminal debris. No evidence of peripheral gallbladder inflammation was noted. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.26 cm diameter. A solitary cystic-appearing lesion was noted in the caudal aspect of the mid to right liver dorsal to the duodenum and in the area of the mid to distal common bile duct. This cystic area measured approximately 2.4 cm x 1.7 cm containing anechoic content. No overt evidence of regional inflammation was noted.

**REFERRING VET**

Dr. Tan

**INVOICE**

14484

**DATE**

8/3/22



**PATIENT**

***Gastrointestinal***

Comet Cardona

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.

**SPECIES**

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.

Feline

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

**BREED**

***Pancreas***

DSH

The left pancreatic limb was normal in size with minor areas of capsule asymmetry and mild hypoechoic to nonhomogeneous parenchyma.

**SEX**

***Free Abdomen***

FS

A small pocket of scant free fluid was noted between the duodenum and caudal aspect of the adjacent liver. No omental masses or overt intraabdominal lymphadenopathy.

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

2010

- Chronic cholangitis / cholangiohepatitis, hepatobiliary pattern
- Hepatic cystic lesion vs. segmental moderate common bile duct dilation
- Nonspecific chronic renal changes exhibiting increased corticomedullary echogenicity
- Possible low-grade to chronic active pancreatitis
- Overtly normal gastrointestinal tract

**WEIGHT**

8.8

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Minor potential for hepatobiliary neoplasia is possible yet considered a less likely differential diagnosis. Assuming normal clotting status and using a 25-gauge needle, hepatic FNA for screening cytology is warranted with potential identification of inflammatory cell type. A Spec fPL or ideally full GI panel to include PLI/TLI/Cobalamin/Folate is suggested to assess for concurrent structurally insignificant gastrointestinal disease or Triaditis. Correlation with pending lab work is recommended. Empirical therapy for chronic cholangiohepatitis +/- Triad Disease may prove beneficial pending additional diagnostics.

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 ARDMS/RVT

The common bile duct dilation was not overt consistent with post hepatic obstruction yet recheck sonogram is suggested if progressive evidence of cholestasis / icterus. The common bile duct dilation may potentially result in lethargy and anorexia.

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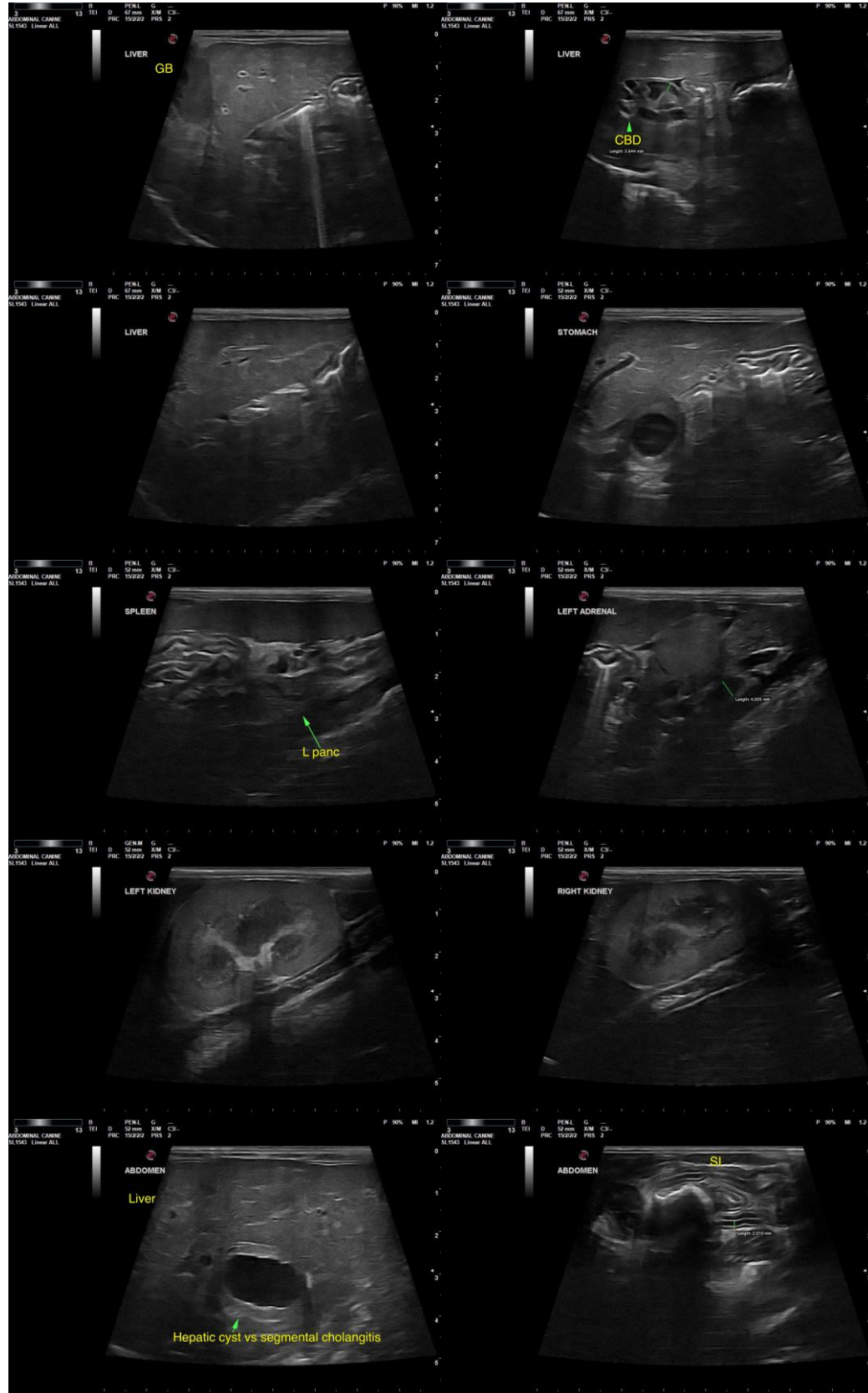
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**PATIENT**

Comet Cardona

**SPECIES**

Feline

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.

**BREED**

DSH

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.

**SEX**

FS

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