



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Maeby Ramaglia	-WEIGHT LOSS -ANOREXIA -HISTORY OF STRING CONSUMPTION 4 WEEKS AGO AND REMOVED BY ANOTHER VETERINARIAN
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: ICTERUS, ELEVATED ALPK, GGT, ALT, BILIRUBIN CBC-WNL
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<i>Urinary System</i>
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.
<b>SEX</b>	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. The right kidney measured 3.8 cm.
Spayed Female	<i>Adrenal Glands</i>
<b>AGE</b>	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma.
6 Years	<i>Spleen</i>
<b>WEIGHT</b>	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.
9.8	<i>Liver</i>
<b>INTERPRETED BY</b>	The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended without evidence of inflammatory gallbladder wall criteria. Primarily anechoic content with mild echogenic luminal debris. The cystic duct and common bile duct were sonographically unremarkable without evidence of post-hepatic stasis or obstruction. A small pocket of scant free fluid was noted around the caudal liver margins.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Gastrointestinal</i>
<b>IMAGING PERFORMED BY</b>	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. Gastric body wall measured 0.34 cm.
Dr. Sharkaway	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 0.20 cm. Jejunum wall measured 0.20 cm.
<b>HOSPITAL NAME</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Kew Gardens AH	<i>Pancreas</i>
<b>REFERRING VET</b>	
Dr. Sharkaway	
<b>INVOICE</b>	
25138	
<b>DATE</b>	
9/1/21	



## PATIENT

Maebly Ramaglia

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.

## SPECIES

Feline

### Free Abdomen

No overt lymphadenopathy. The mesentery was of uniform normal echogenicity.

### ULTRASONOGRAPHIC FINDINGS

## BREED

DSH

- Hepatomegaly with generalized uniform parenchyma hyperechogenicity

## SEX

Spayed Female

- Non-distended gallbladder with mild luminal debris
- Sonographically unremarkable visualized common bile duct
- Sonographically unremarkable gastrointestinal tract

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## AGE

6 Years

The appearance of the liver was nonspecific but may indicate vacuolar hepatic changes, suspected hepatitis/cholangiohepatitis, lipidosis, less likely fibrosis or other hepatopathy, while the potential for round cell hepatic neoplasia (which may present in similar sonographic manner) cannot be excluded. Assuming normal coagulation parameters, ultrasound guided FNA of the liver using a 25-gauge needle

## WEIGHT

9.8

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. No evidence of post-hepatic obstruction noted in this study given the non-distended gallbladder.

## INTERPRETED BY

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

Pending hepatic cytology, or if hepatic cytology is not possible, empirical therapy for cholangiohepatitis with as-needed gastrointestinal support would be appropriate. Recheck sonogram may be considered to assess for progressive inflammatory hepatic and/or pancreatic/gastrointestinal changes if clinical signs and persistent hepatic enzymes elevations are noted despite conservative therapy.

## IMAGING PERFORMED BY

Dr. Sharkaway

## HOSPITAL NAME

Kew Gardens AH

## REFERRING VET

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**PATIENT**

Maebly Ramaglia

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

9.8

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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.

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.

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