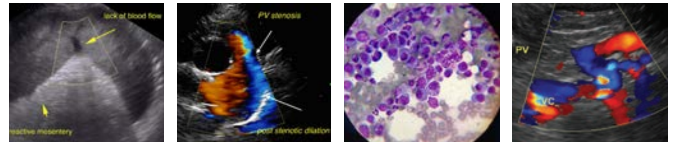
SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Kasey Burke

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

N/A

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

N/A

INVOICE

25275

DATE

9/10/21

PRESENTING CLINICAL SIGNS

progressive increase of tbili; R/O biliary obstruction. On enrofloxacin, metronidazole, cerenia, mirtazapine., prednisolone, Vit B, Entyce.
Abnormal PE/Chem/CBC/UA Results: tbili was 4.1 on admit, incr to 4.7 to 5.1 to 6.1. ALT 266 to 159 to 200

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.

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 3.7 cm. The right kidney measured 3.8 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm in width. The right adrenal gland measured 0.23 cm in width.

Spleen

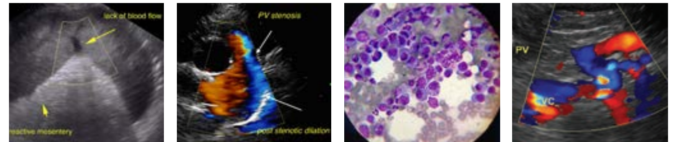
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.74 cm in width.

Liver

The liver was subjectively mildly enlarged. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder exhibited persistent yet subjectively static dilation with mildly prominent to echogenic gallbladder and cystic bile duct walls. The cystic bile duct walls also exhibited subjective static dilation measuring approximately 1.5 cm in diameter. Static, non-dependent yet non-organized, echogenic to pinpoint mineralized lumen debris was present in the gallbladder and cystic bile duct. The common bile duct exhibited generalized persistent, variable to prominent dilation to the level of the duodenal papilla. Potential for non-shadowing mucus in the distal common bile duct at the level of the duodenal papilla is possible. Common bile duct dilation measured 0.5 cm at the level of the duodenal papilla.

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. Gastric body wall measured 0.25 cm.



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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. Jejunum wall measured 0.20 cm.

Normal visible colon wall layers were present with subjective semiformed feces.

Pancreas

The pancreas exhibited mild progressive hypoechoic to heterogeneous parenchyma compared to previous ultrasound with overall normal pancreatic size and contour. Mild pancreatic duct dilation was noted.

Free Abdomen

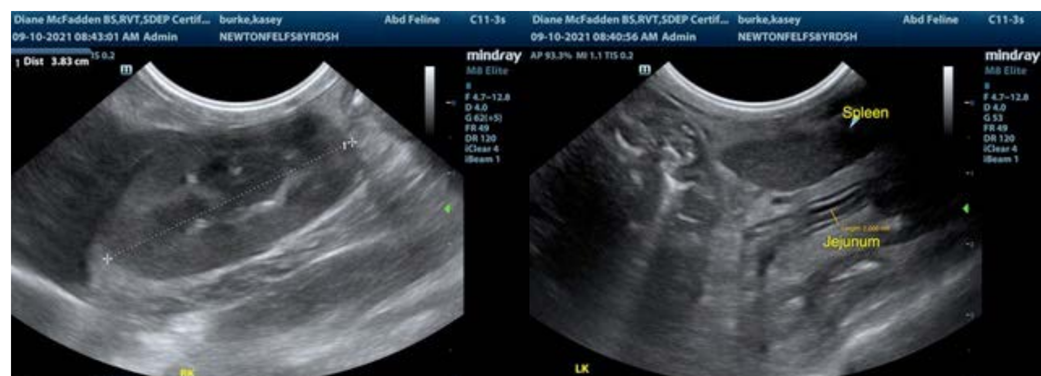
Cranial abdominal, primarily peripancreatic to perihepatic reactive mesentery along with small pockets of static, primarily perihepatic free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy – static in appearance, subjectively acute on chronic.
- Persistent distended gallbladder and cystic bile duct with non-dependent pinpoint mineralized luminal debris.
- Persistent variable yet prominent common bile duct dilation to the level of the duodenal papilla, possible distal common bile duct mucus at the level of the duodenal papilla.
- Chronic active pancreatitis pattern
- Cranial abdominal, primarily peripancreatic to perihepatic reactive mesentery and small pockets of static peritoneal free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the progressive total bilirubin increases as well as potential positive murphy sign in the area of the common bile duct and pancreas despite conservative therapy, exploratory laparotomy with gross inspection of the common bile duct and gallbladder with potential for common bile duct flush +/- stent placement, bile culture and sensitivity as well as hepatic/hepatopancreatic biopsies are warranted at this time. Concern for post-hepatic obstruction possibly owing to mucus plug in the area of the distal common bile duct at the level of the duodenal papilla. However, potential for non-obvious duodenal papilla pathology (no overt calculi) cannot be definitively excluded. Coagulation panel is recommended prior to surgical considerations. Continued broad-spectrum perioperative or prophylactic antibiotic therapy with as-needed gastrointestinal support indicated.



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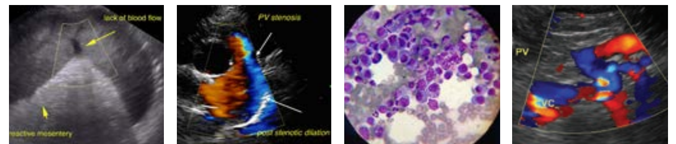

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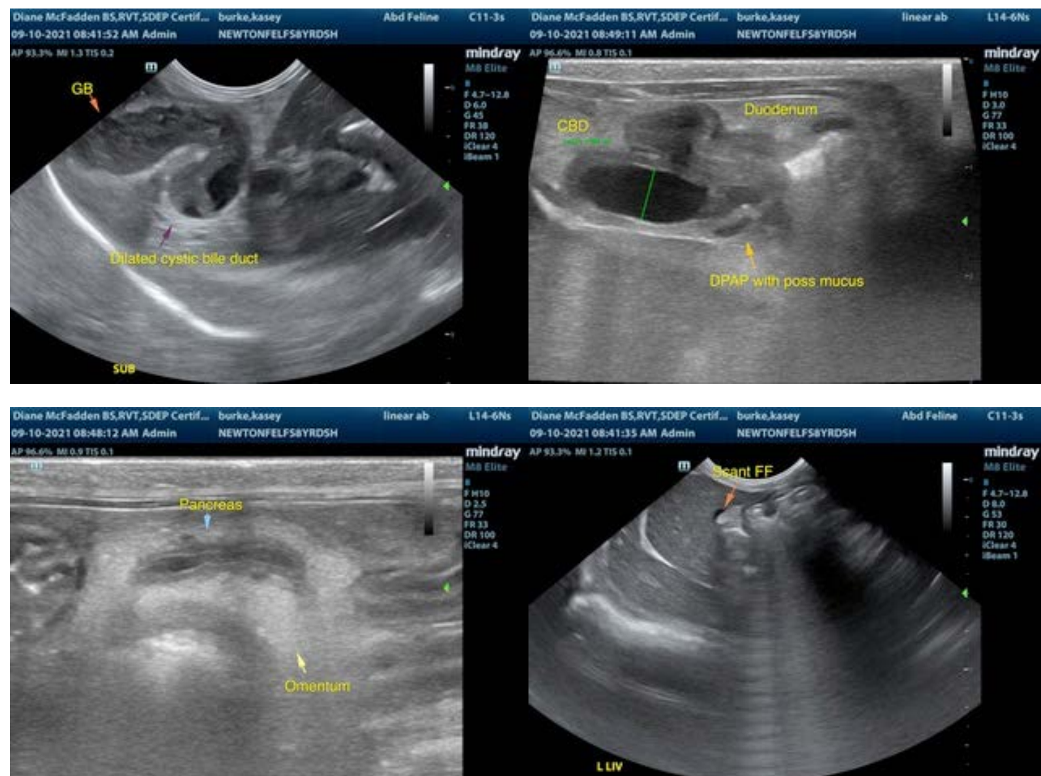

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com