



**PATIENT**

Mambo Desenberg

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

8 years

**WEIGHT**

6 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Patti Mayfield DVM

**HOSPITAL NAME**

East Bend Animal  
Hospital

**REFERRING VET**

Jamie Thurk DVM

**INVOICE**

14870

**DATE**

9/14/22

**PRESENTING CLINICAL SIGNS**

suspect hepatic lipidosis not responding to treatment ALT, AST, total bili up and icteric Primary Problem(s): anorexic, icteric Pertinent Medical History: hx hepatic lipidosis responded well to treatment in past currently not responding Patient received E-tube on 9/7 and has been tolerating E-tube feeding without complication. CURRENT MEDS: - Cerenia - Orbax - Convenia - Mirtazapine - Ciasapride - Denamarin - E-tube feeding - 1 dose Onsior at time of E tube placement (9/7/22) PPH: Previous constipation that responded to Cisapride and enemas Owner was out of town for 1 week and pet sitter didn't realize he stopped eating for an undisclosed amount of time. WOULD PREDNISOLONE BE OF BENEFIT? Abnormal PE/Chem/CBC/UA Results: PE: - evidence of significant weight loss, but remains obese. Moderate to severe icterus. Unkempt. Current blood work (9/12/22): CHEM: - BUN: 11 mg/dL (16-35) - ALT: 439 U/L (12-130) - ALP: 251 U/L (14-111) - GGT: 5 U/L (0-4) - T BIL: 9.2 mg/dL (0-0.9) - CHOL: 248 mg/dL (65-245) No Anemia reported Radiographs have remained unremarkable, including thoracic and abdominal imaging.

**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 was noted.

The area of the aortic trifurcation was free of pathology.

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 4.4 cm in length. The right kidney measured 4.1 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm 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 0.59 cm width at the level of the hilus.



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***Liver/ Gallbladder***

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The liver presented subjective mild enlargement. Normal to mild increased generalized parenchyma echogenicity exhibiting moderate coarse echotexture was present. 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 was mildly contracted in size likely owing to the presence of gastrointestinal ingesta. Mild nondependent, mildly echogenic luminal gallbladder debris was present. The cystic and common bile ducts were normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted.

***Gastrointestinal***

The stomach exhibited moderate distention with retained primarily nonshadowing ingesta / chyme along with pockets of luminal gas. No overt evidence of mechanical pyloric outflow obstruction or overt gastric foreign material was noted. The ventral gastric body wall width measured 0.28 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The small intestine contained variable segmental to generalized nonshadowing ingesta / chyme. The duodenum wall measured 0.23 cm width. The jejunum wall measured 0.25 cm width. No overt pathology was noted in the area of the ileocolic junction. The ileocolic wall width measured 0.30 cm. No overt evidence of obstructive criteria i.e., foreign material, Intestinal masses or other obstructive pathology was noted.

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

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***Pancreas***

The pancreas was normal to mildly prominent in size with areas of minor capsule asymmetry and nonhomogeneous mildly hypoechoic parenchyma compared to adjacent nonreactive peripancreatic omentum.

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***Free Abdomen***

A small pocket of scant free fluid was noted in the left lateral abdomen adjacent to the spleen. No evidence of omental masses was noted. Intermittent small hypoechoic to anechoic omental cyst vs. minor omental lymphadenopathy was present. No evidence of significant intraabdominal lymphadenopathy was noted.

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**ULTRASONOGRAPHIC FINDINGS**

**REFERRING VET**

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- Hepatopathy
- Contracted gallbladder containing mild luminal debris, sonographically unremarkable common bile duct
- Hypomotile stomach with concurrent segmental to generalized variable intestinal ingesta / chyme - potential inefficient peristalsis
- Possible low-grade chronic to chronic active pancreatitis



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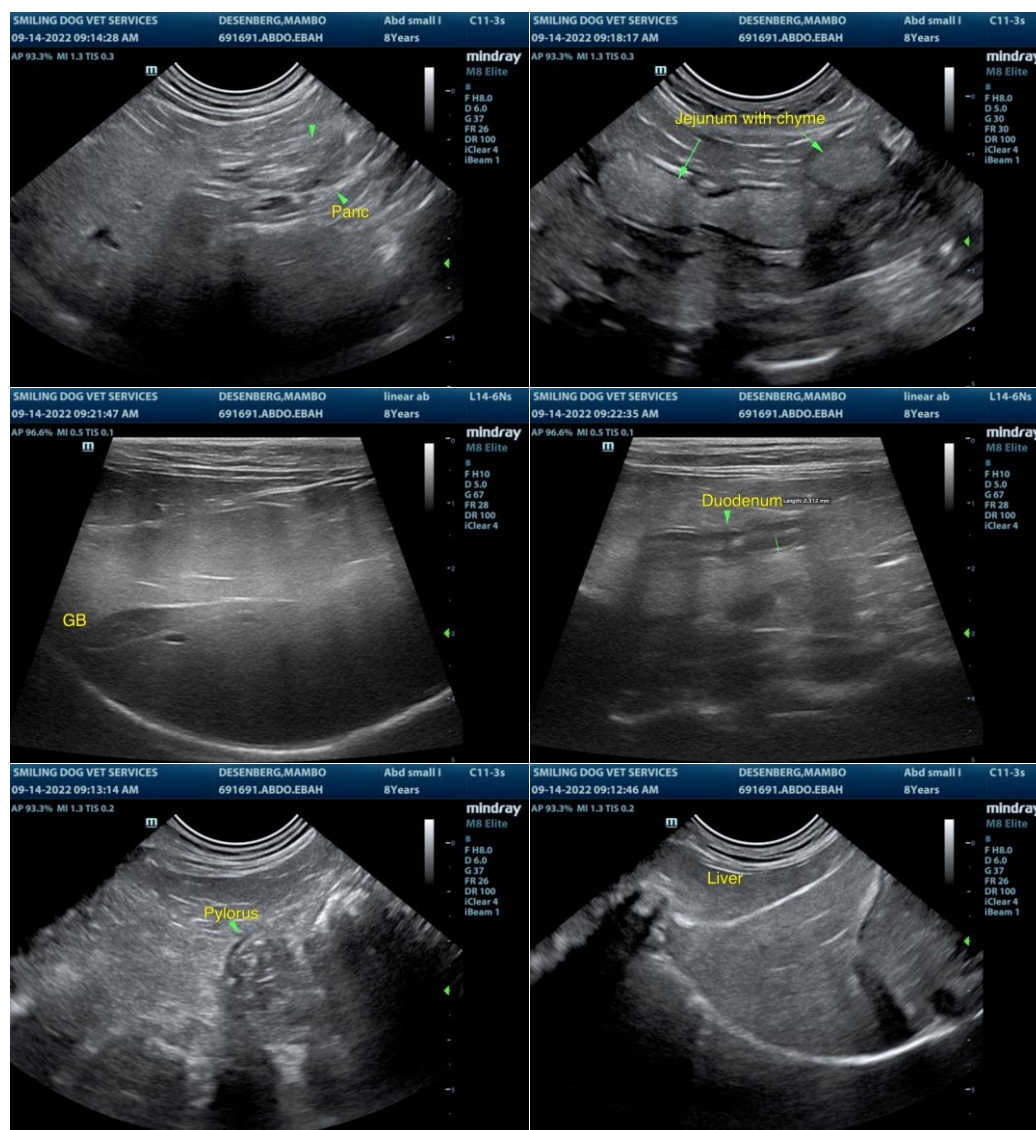
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall liver was nonspecific with considerations including cholangitis / cholangiohepatitis, vacuolar hepatopathy, lipidosis, and infiltrative round cell neoplasia, which may present in a similar sonographic manner, without overt evidence of post hepatic obstructive criteria.

Further assessment of the liver may include screening hepatic FNA cytology using a 25-gauge needle, assuming normal clotting status and with vitamin K pretreatment. If evidence of inflammatory cells, increased antibiotic spectrum to cover cholangitis / cholangiohepatitis +/- Prednisolone trial with an assessment of clinical response may prove beneficial. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.





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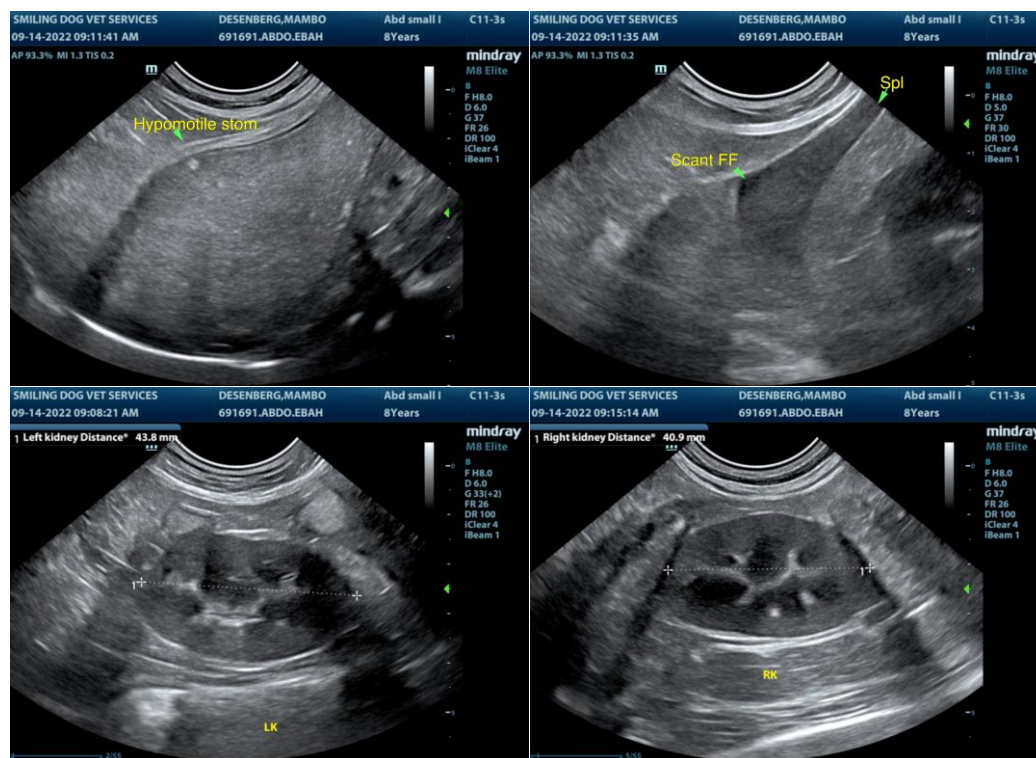
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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