



PATIENT

The submitted study contained 9 videos and 28 still images for review.

Pick Schuller

PRESENTING CLINICAL SIGNS

SPECIES

O mentioned there has been weight loss in the last year. In the last week patient has had a decrease in appetite, has had constant diarrhea and vomited twice. Upon examination Dr. notice yellow tint to the ears, gums and skin.

Feline

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Neutered Male

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.

AGE

11 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

8.8 lbs.

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 4.0 cm in length. The right kidney measured 4.0 cm in length.

INTERPRETED BY

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

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 0.30 cm width.

IMAGING PERFORMED BY

Dr. Kim

Spleen

HOSPITAL NAME

Ridgefield Park AH

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.

REFERRING VET

Dr. Kim

Liver/ Gallbladder

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The liver exhibited subjective mild generalized enlargement yet maintained symmetrical capsule contour with overall mildly reduced hepatic parenchyma echogenicity and moderate coarse echotexture.

DATE

9/16/21

The gallbladder was non-distended in size with mildly prominent normoechoic walls. Anechoic content was present in the gallbladder extending into the common bile duct. The common bile duct exhibited generalized variable dilation extending caudally to the approximate level of the duodenal papilla. Overt evidence of obstructive duodenal papilla pathology, calculi, or mucus was not definitively evident yet cannot be definitively excluded. Common bile duct dilation subjectively approached 0.5 cm in diameter.



PATIENT	<i>Gastrointestinal</i>
Pick Schuller	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	
Feline	The small intestine exhibited intact wall layering with subjective propensity for mildly prominent segmental to generalized muscularis layer. No overt evidence of intestinal masses or loss of intestinal wall layering.
BREED	
Domestic Shorthair	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
Neutered Male	The right pancreatic limb was normal in size and contour with subtle hypoechoic parenchyma compared to adjacent omentum.
AGE	<i>Free Abdomen</i>
11 years	No overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
8.8 lbs.	<i>Primary Findings</i>
INTERPRETED BY	<ul style="list-style-type: none"> • Mild hepatomegaly - possible acute hepatopathy • Mild cholecystitis • Nonspecific generalized yet variable common bile duct dilation to the approximate level of the duodenal papilla • Suspect inflammatory enteropathy • Subtle hypoechoic right pancreas
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Kim	The overall appearance of the hepatobiliary system may indicate acute or acute on chronic cholangiohepatitis / cholangitis. However, the possibility of emerging post hepatic common bile duct obstruction cannot be excluded.
HOSPITAL NAME	
Ridgefield Park AH	
REFERRING VET	
Dr. Kim	The potential for concurrent low-grade to chronic active right pancreatic inflammation, as well as subtle changes exhibited by the small intestinal tract which may indicate concurrent inflammatory enteropathy, is possible.
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12256	Given these findings, Triad Disease may be a consideration in this patient. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as full CBC/Chemistry panel, T4, and Urinalysis if not done. Close monitoring for evidence of increasing cholestasis is recommended.
DATE	
9/16/21	If surgery is deemed necessary, pending response to supportive care, gross inspection of the common bile duct, as well as intestinal +/- hepatopancreatic biopsies, are suggested. Empirically, Triad Disease therapy or acute cholangitis / cholangitis therapy would be appropriate.



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SEX

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IMAGING PERFORMED BY

Dr. Kim

HOSPITAL NAME

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REFERRING VET

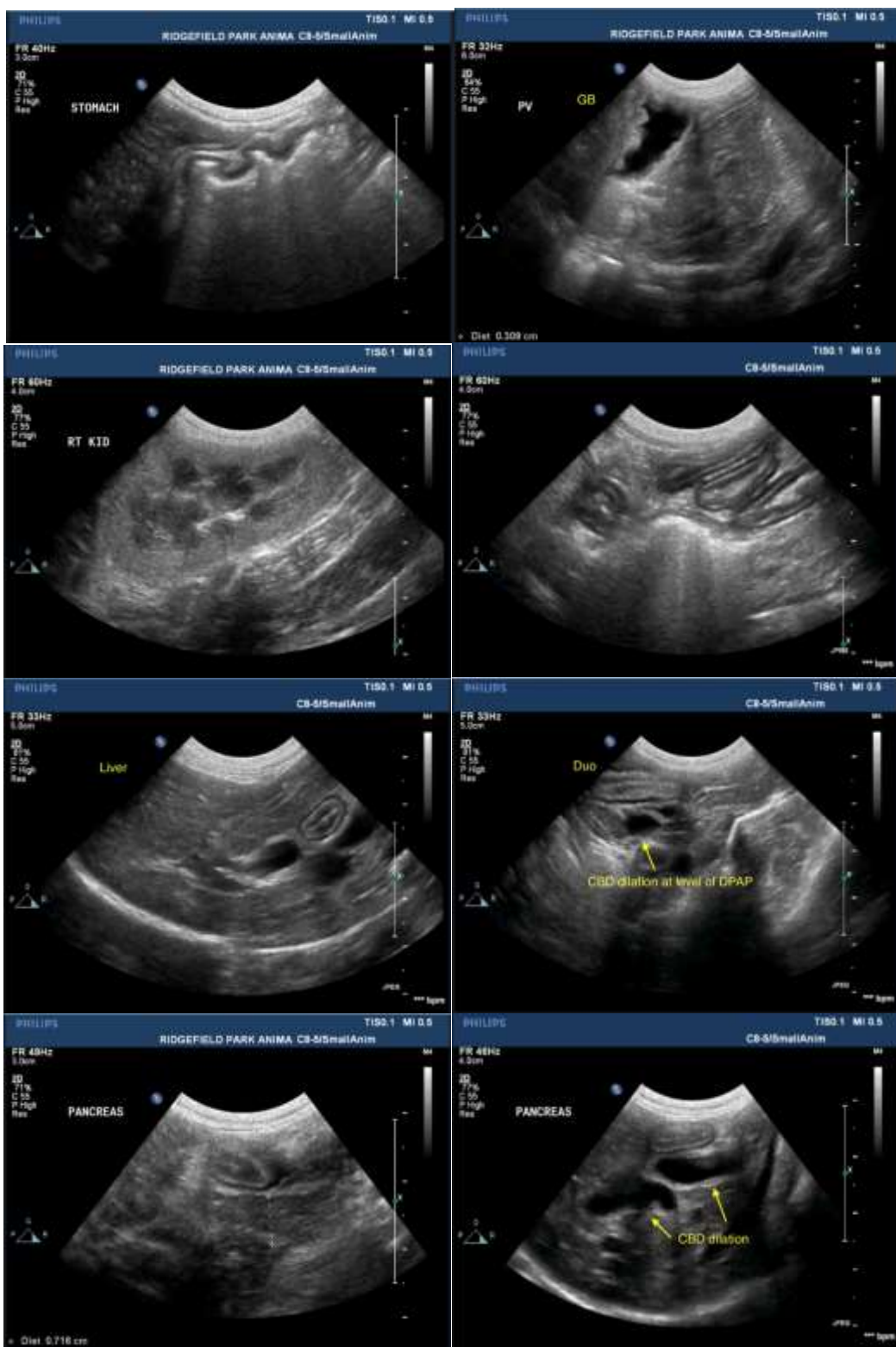
Dr. Kim

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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



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**IMAGING
PERFORMED BY**

Dr. Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Kim

INVOICE

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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