



PATIENT

Tommy Hammond

PRESENTING CLINICAL SIGNS

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

7 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline AH

REFERRING VET

Dr. Vincent Fleming

elevated ALT

Abnormal PE/Chem/CBC/UA Results: Tommy Feline Domestic Medium Hair 5y 1m (21-Aug-2016) Flame Point Male / Neutered 7.07 lb (20-Sep-2021) Radiographic findings - Thorax: no indication cardiomegaly, no pleural fluid or pulmonary infiltrates, mild diffuse bronchointerstitial pattern throughout lung fields. Abdomen: adequate serosal detail, granular appearance to right stomach pylorus area with gas distended stomach, moderate amount fecal material without evidence of constipation, no apparent organomegaly or mass effect. In-house lab results CBC - Unremarkable; Chemistry profile - ALT 189 TP 9.1 else unremarkable ASSESSMENTS Elevated total protein, Elevated ALT, Hiding behavior, Anorexia No clear etiology clinical signs, mild elevation ALT r/o reactive hepatopathy vs. transient gastroenteritis vs. primary hepatic vs. other, elevated TP without ALB/Glob breakout r/o dehydration, inflammation, neoplastic, other.

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. Primarily anechoic urine was present in the lumen. Mild particulate, non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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 3.2 cm. The right kidney measured 3.3 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.

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.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. Minor retained pyloric fluid and ingesta present. Pylorus wall measured 0.23 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. Duodenum wall measured 0.25 cm.

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

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Pancreas

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The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

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LVT

ULTRASONOGRAPHIC FINDINGS

- Probable cholangitis/cholangiohepatitis
- Partially bilobed gallbladder – normal variant in a cat
- Suspect chronic active pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The overall appearance of the liver, gallbladder and common bile duct is suggestive of hepatobiliary inflammation given the ALT elevation. No overt evidence of post-hepatic obstruction as indicated by the minor common bile duct dilation. Concurrent mild chronic active pancreatitis is suspected although not definitive. Further clarification may include a spec fPL or GI panel to include PLI, TLI, cobalamin and folate (folate if previous history of gastrointestinal signs or weight loss). Assuming normal clotting status and using 25-gauge needle, hepatic FNA may be considered for screening cytology, primarily to assess for evidence of inflammatory cells. As-needed gastrointestinal supportive care and empirical therapy for cholangiohepatitis may be considered. Hepatosupportive medications may also prove beneficial.

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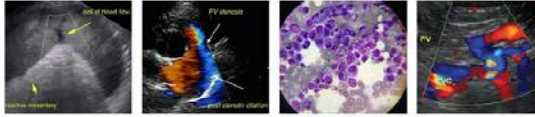
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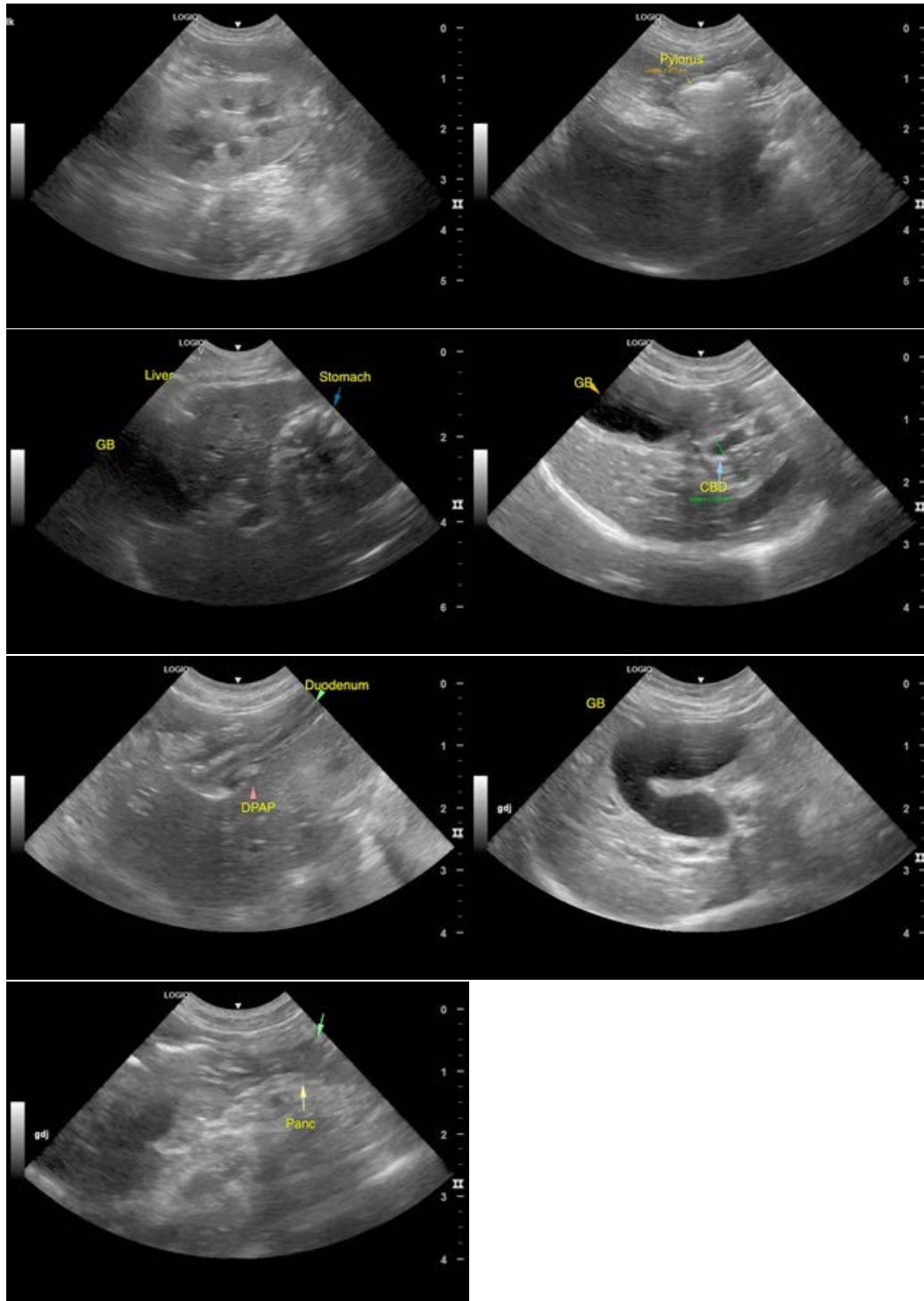
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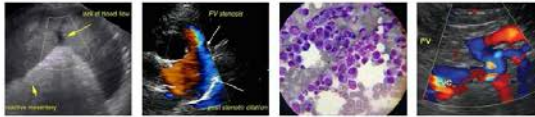
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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