



PATIENT PRESENTING CLINICAL SIGNS

Roosevelt Gunn
 Weight loss, elevated liver values
 Abnormal PE/Chem/CBC/UA Results: GLOB 5.6, AST 110, ALT 298, ALP 173, BILI 2.9, LYMPH 11520

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED 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.

DSH

SEX Normal size and margination were present in the kidneys. Generalized mild increased, primarily uniform cortex echogenicity was noted with mild to moderate loss of corticomedullary demarcation and mild increased medullary echogenicity. No evidence of pyelectasia or overt pyelonephritis. The left kidney measured 4.1 cm. The right kidney measured 4.4 cm.

Neutered Male

AGE The area of the aortic trifurcation was free of pathology.

10 Years

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

WEIGHT Spleen

14.4

The spleen exhibited mild generalized enlargement, measuring 1.1 cm in width at the level of the hilus. 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.

INTERPRETED BY

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

Liver

IMAGING PERFORMED BY

JK

The liver exhibited subjective mild enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary, uniformly echogenic nodule was noted adjacent to the liver, measuring 1.5 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

HOSPITAL NAME

Hamburg Vet

Gastrointestinal

REFERRING VET

Dr. DenHeyer

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 0.24 cm.

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 0.21 cm.

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

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Pancreas

The left limb of the pancreas was normal in size and contour with heterogeneous to mildly hypoechoic parenchyma compared to adjacent omentum.



PATIENT

Free Abdomen

Roosevelt Gunn

No overt lymphadenopathy or peritoneal effusion was present.

SPECIES

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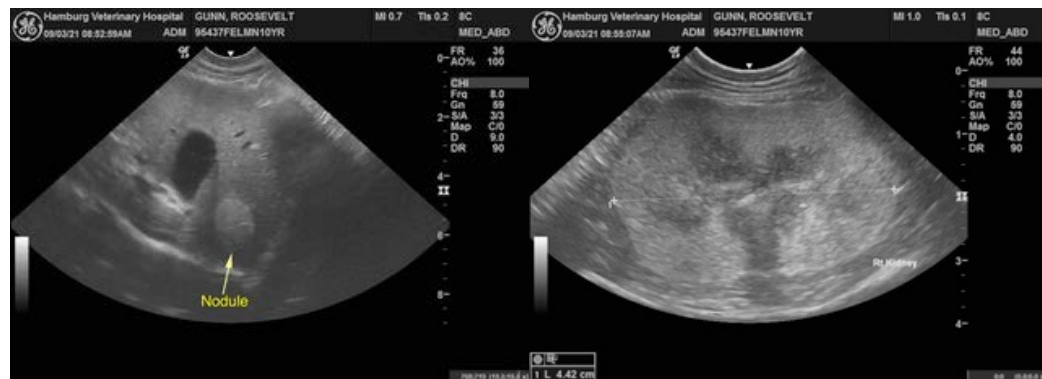
ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic interstitial nephrosis renal pattern
- Mild non-specific splenomegaly
- Hepatopathy – subjectively chronic with focal echogenic nodule
- Mild gallbladder debris
- Mildly hypoechoic left pancreas – non-specific, possible low-grade chronic active pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Inflammatory hepatic or hepatobiliary process considered most likely, given the primarily elevated ALT/AST combination with potential concurrent vacuolar hepatic changes and non-obstructive cholestasis, given the ALP/total bilirubin elevation. The echogenic nodule is suggestive of probable benign lipogranuloma, nodular hyperplasia, or biliary adenoma. The mild splenomegaly may indicate patient variant, hyperplasia, hematopoiesis or incidental splenitis, while the possibility of early splenic neoplasia (given the patient’s weight loss) cannot be definitively excluded.

Assuming normal clotting status, hepatosplenic FNA using 25-gauge needle may be considered for screening cytology. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Although no evidence of gastrointestinal pathology noted, potential for triad disease may be a consideration in this patient. Given the patient’s weight loss, a GI panel to include PLI, TLI, cobalamin and folate and 3-view chest radiographs to rule out occult thoracic pathology as a possible cause of weight loss is suggested.





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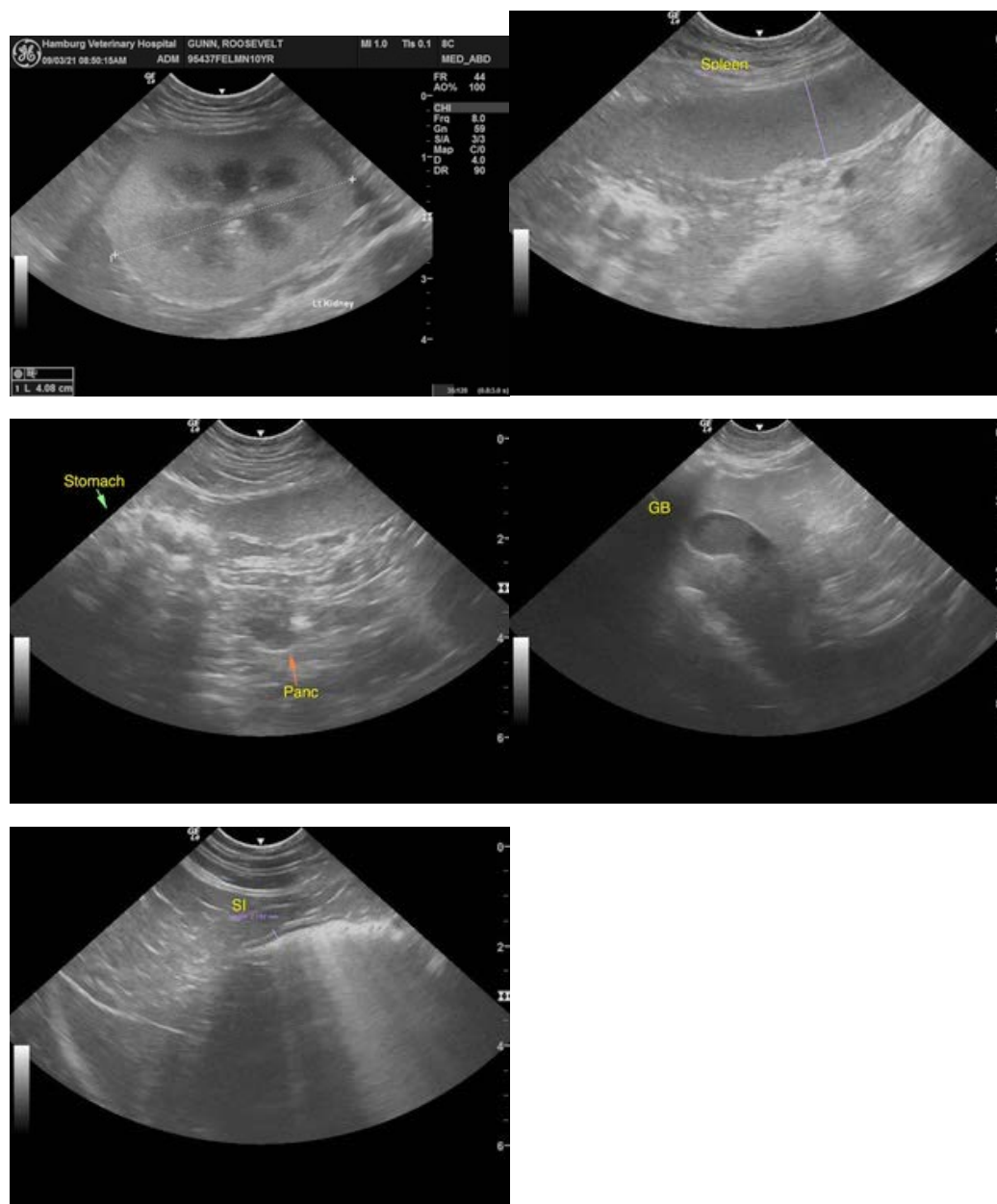
Dr. DenHeyer

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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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