



PATIENT PRESENTING CLINICAL SIGNS

Piper Zelonis History: Weight loss, decreased appetite, severe icterus

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

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.

SEX

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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 3.7 cm. The right kidney measured 3.9 cm.

AGE

2 years

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm in width. The right adrenal gland measured 0.37 cm in width.

WEIGHT

9#

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 0.66 cm in width.

INTERPRETED BY

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

Liver

The liver was moderately enlarged with mild uniform increased parenchyma echogenicity. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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Rush UC

Gastrointestinal

The stomach presented intact yet mild prominent wall layering with a normal wall layer ratio. Minor retained pyloric fluid was present, yet no evidence of retained ingesta or foreign material. Pylorus wall measured 0.23 cm.

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Dr. Milot

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. Duodenum wall measured 0.22 cm. Jejunum wall measured 0.20 cm.

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

Pancreas

DATE

9.4.2021

The pancreas presented normal size and contour with subtle hypoechoic to heterogeneous parenchyma compared to adjacent omentum.



PATIENT *Free Abdomen*

Piper Zelonis Moderate peritoneal free fluid was present, primarily in the cranial abdomen around the liver with generalized mid to cranial abdominal mild reactive mesentery. No overt lymphadenopathy.

SPECIES **ULTRASONOGRAPHIC FINDINGS**

Feline

- Hepatomegaly with generalized, mild uniform parenchyma hyperechogenicity – hepatitis/cholangiohepatitis (infectious, immune mediated or other), vacuolar hepatic changes, hepatic cholestasis, lipidosis, or occult hepatic neoplasia possible.

BREED

Domestic Shorthair

- Sonographically unremarkable gallbladder and common bile duct – no evidence of post-hepatic obstruction.
- Possible mild pancreatitis.
- Sonographically unremarkable gastrointestinal tract, potential for minor gastritis.
- Moderate, primarily perihepatic free fluid.

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

2 years

Assuming normal clotting status, hepatic FNA using 25-gauge needle is recommended for screening cytology, potentially to identify possible inflammatory cell type and to assess for occult neoplasia. Concurrent abdominal free fluid analysis, cytology +/- culture and sensitivity (if evidence of inflammatory cells) suggested. If evidence of lipidosis on cytology, screening cobalamin levels may be considered. Vitamin K administration prior to hepatic FNA recommended. Empirically, medical therapy for possible cholangiohepatitis/mild pancreatitis with as-needed gastrointestinal support is recommended.

WEIGHT

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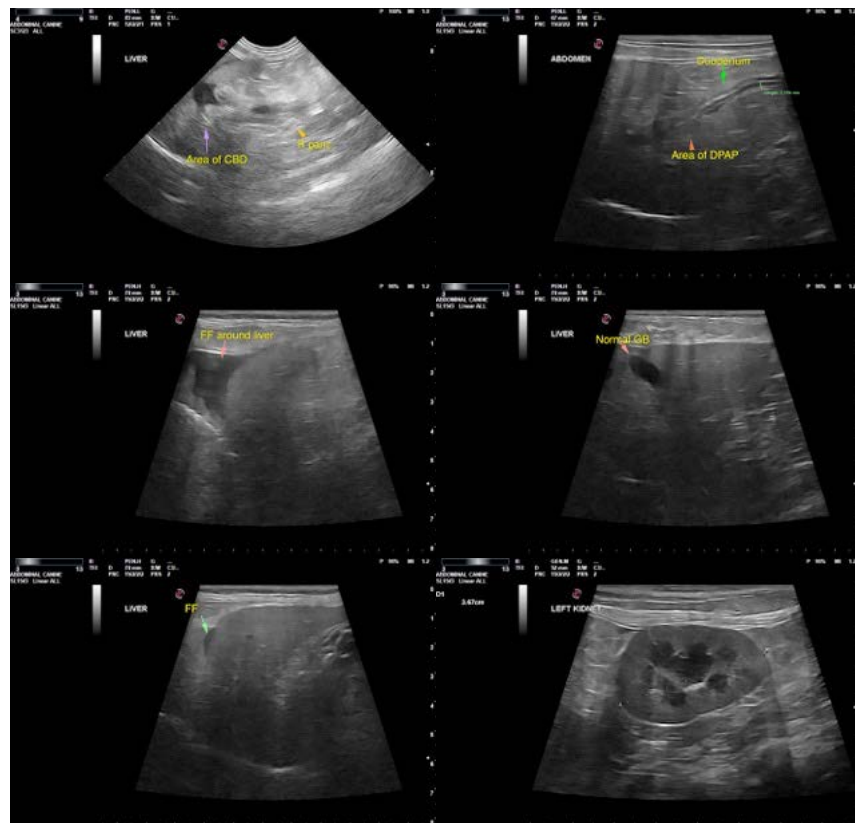
Dr. Milot

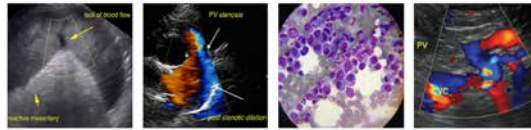
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PATIENT

Piper Zelonis

SPECIES

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AGE

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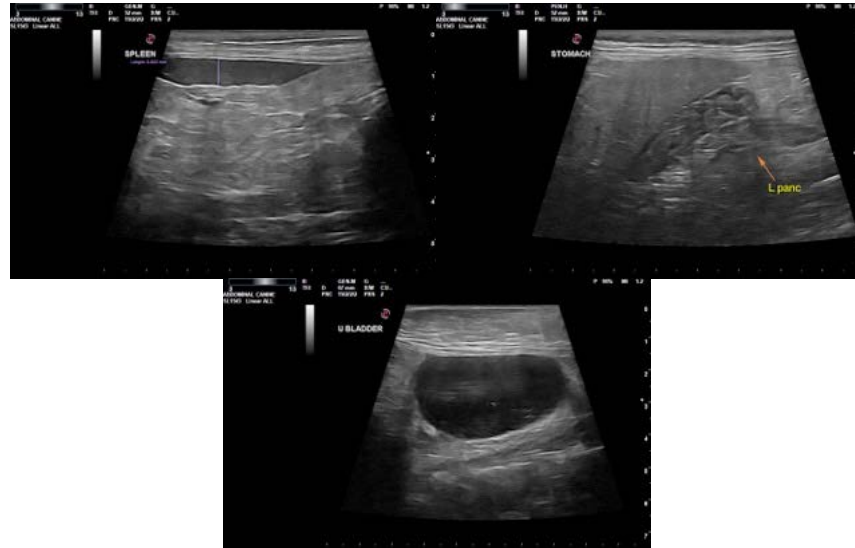
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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