



PATIENT

Daisy Gohfried

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 yrs

WEIGHT

Not provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Companion AH
Parsippany

REFERRING VET

Dr. Tsai

INVOICE

14813

DATE

9/6/22

PRESENTING CLINICAL SIGNS

Losing wt, elevated liver enzymes, decreased appetite. Current meds: metronidazole
Abnormal PE/Chem/CBC/UA Results: AST 133, ALT 356, Alk Phos 107, Creat 2.6, CPK 727

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Right kidney small cortical cysts were present in the right kidney. The left kidney exhibited minor subnormal size measuring 2.9 cm in length. The right kidney measured 3.3 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 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen was normal in size measuring 0.8 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was normal to potentially borderline enlarged in size with a primarily maintained symmetrical capsule contour. Nonuniform mild increased hepatic parenchyma echogenicity exhibiting moderate coarse echotexture was present. Multiple discretely hypoechoic nondisruptive intraparenchymal nodules were noted with an example measuring 1.0 cm in diameter. The gallbladder appeared to be mildly distended in overall size and divided into two separate compartments, both containing primarily anechoic content with very mild echogenic luminal debris. Probable concurrent nonobstructive cystic biliary duct dilation was noted superimposing over the gallbladder. No obvious evidence of post hepatic obstructive criteria, inflammatory gallbladder changes or evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



PATIENT

Gastrointestinal

Daisy Gohfried

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, primarily nonshadowing ingesta/chyme. Possible mild nonobstructive hyperechoic to progressively shadowing hairball density in the stomach was noted. No evidence of mechanical pyloric outflow obstruction was present.

SPECIES

Feline

BREED

DSH

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. The small intestinal wall width measured 0.23 cm. The ileocolic wall width measured 0.32 cm. No evidence of pathology was noted in the area of the ileocolic junction.

SEX

FS

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

AGE

11 yrs

Pancreas

The left limb of the pancreas was normal in size with areas of mild capsule asymmetry exhibiting isoechoic to heterogeneous parenchyma with focal hyperechoic parenchyma present in the distal left pancreatic limb.

WEIGHT

Not provided

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with small right kidney cortical cysts
- Heterogeneous to focally hypoechoic left pancreas
- Heterogeneous to discretely nodular liver
- Bilobed gallbladder with probable concurrent nonobstructive cystic biliary duct dilation
- Mild gastric ingesta / chyme with possible nonobstructive hairball density, overtly normal small bowel

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Companion AH
Parsippany

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive with sampling required for further assessment, suspect chronic cholangitis / cholangiohepatitis, hepatic biliary pattern. Potential for infiltrative hepatic neoplasia or other hepatopathy cannot be definitively excluded.

REFERRING VET

Dr. Tsai

INVOICE

14813

Low-grade to focal pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Possible Triad disease may be a consideration in this patient.

DATE

9/6/22

Further assessment may include ultrasound-guided screening hepatic FNA using a 25-gauge needle, for cytology and potential identification of inflammatory cell type, as well as a GI panel to include PLI/TLI/Cobalamin/Folate. Hairball therapy may be considered if clinically applicable. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Three-view chest radiographs are suggested if not done to rule out occult thoracic pathology as a contributing factor to the patient's clinical signs and weight loss.



PATIENT

Daisy Gohfried

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 yrs

WEIGHT

Not provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Companion AH
Parsippany

REFERRING VET

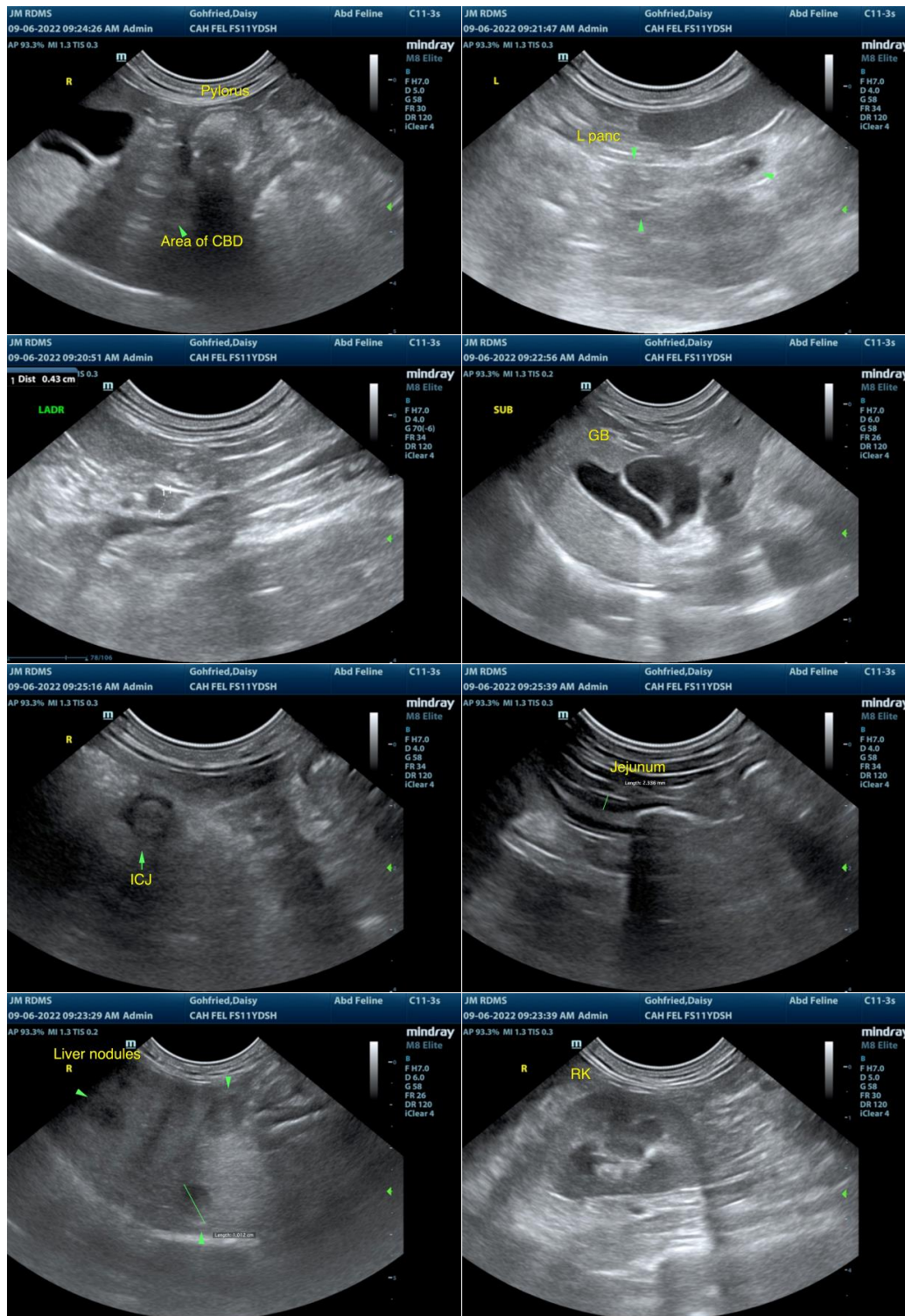
Dr. Tsai

INVOICE

14813

DATE

9/6/22





PATIENT

Daisy Gohfried

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 yrs

WEIGHT

Not provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Companion AH
Parsippany

REFERRING VET

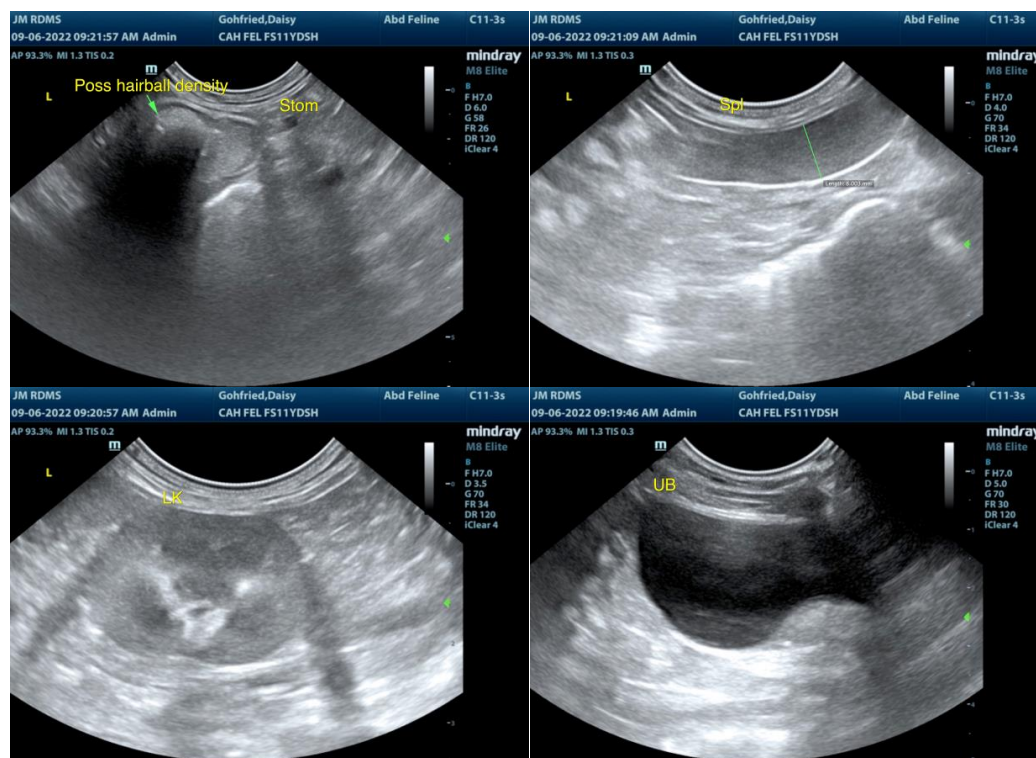
Dr. Tsai

INVOICE

14813

DATE

9/6/22



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com