



PATIENT

Lucky Cerka

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Verhalen

INVOICE

12180

DATE

9/7/21

PRESENTING CLINICAL SIGNS

Increasing TBili, Anorexia, Jaundice

Abnormal PE/Chem/CBC/UA Results: ALT 522->179, TBili 0.9->8.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

No overt pathology was noted In the area of the left or right adrenal glands.

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 0.92 cm width.

Liver/ Gallbladder

The liver exhibited potential for mild generalized enlargement and maintained a symmetrical yet mildly swollen hepatic contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Lobar biliary tree mineralization was present in the liver. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder exhibited generalized subjective mild to moderate distention containing anechoic content with mineralized debris to small cholecystoliths. The common bile duct exhibited moderate to marked distention, measuring up to 1.6 cm in diameter in the mid common bile duct. Intermittent common bile duct calculi were present within the mid to likely distal common bile duct. Probable mild mucus was also noted.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic pyloric fluid was present along with minor, nonspecific ingesta / chyme. The pylorus wall width measured 0.30 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. The jejunum wall width measured 0.22 cm.

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

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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 reactivity / inflammation. No overt evidence of neoplasia.

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Free Abdomen

Peripancreatic, perihepatic, and pericholecystic echogenic mesentery with primarily cranial abdominal mild free fluid were present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy with lobar biliary tree mineralization
- Distended gallbladder with mild mineralized sediment / cholecystoliths
- Moderate to marked common bile duct dilation with ductal calculi / choledocholiths
- Pancreatitis
- Cranial abdominal peritonitis exhibited by perihepatic, pericholecystic, and peripancreatic echogenic mesentery and concurrent free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Verhalen

Free fluid analysis, cytology, +/- culture and sensitivity are recommended. Given the degree of common bile duct dilation with concurrent presence of ductal calculi, post hepatic obstruction is highly suspected in this case.

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Pending effusion analysis, broad spectrum perioperative antibiotics are likely indicated. Exploratory laparotomy with gross inspection of the common bile duct, common bile duct flush, +/- redirection technique, or cholecystectomy +/- hepatopancreatic biopsies are recommended.

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A minor potential for nonobvious neoplasia is possible yet considered unlikely.



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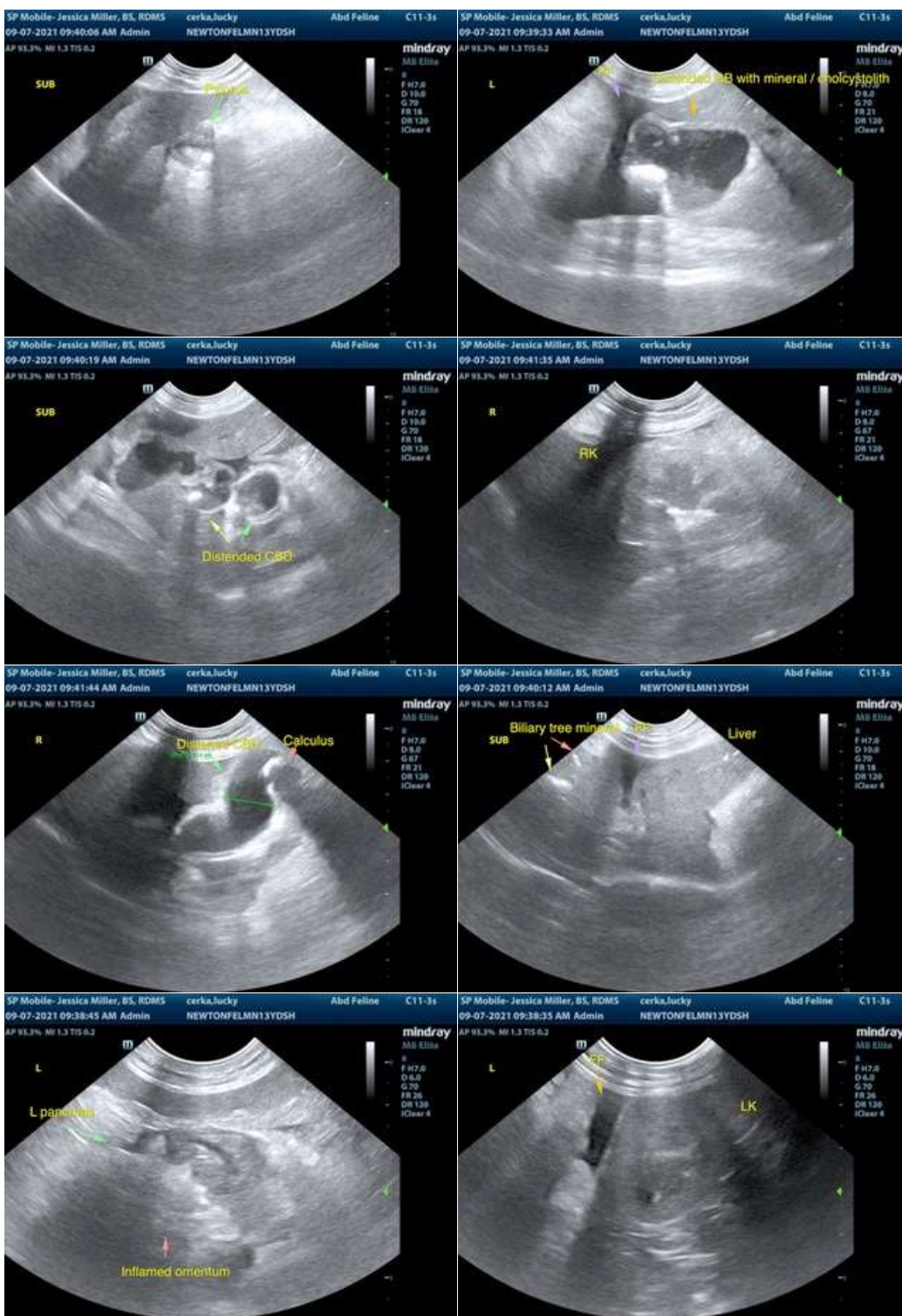
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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