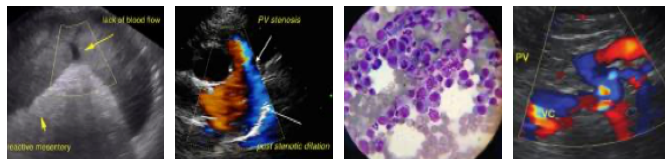


PATIENT	PRESENTING CLINICAL SIGNS
Astrid Rasche	History: Past history of pancreatitis in January of this year. Patient presents for an abdominal ultrasound. Patient has been urinating outside the litter box with a brown/gold color that was found last night. Patient is not vomiting, but otherwise E/D okay and no C/S/D. Was a transfer from Banfield Dr. Weller today 4/1. Has been on Purina EN only at home. Has been eating.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Elevated WBC (45) and Neutrophils (42). Globulin was also elevated (5.8) and Total Protein was elevated at 9
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 1.0 cm.
SEX	
Spayed Female	Both kidneys re hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.6 cm in length. The right kidney is 3.7 cm in length.
AGE	
12 years	Adrenal Glands The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.1 mm at the caudal pole. The right adrenal gland height 3.0 mm at the caudal pole.
WEIGHT	
3.44 kg	Spleen The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 6.8 cm.
INTERPRETED BY	
Tam Mengine, DVM, DABVP (canine/feline practice)	Liver The visualized portions of the liver are of appropriate echogenicity, with the exception of a hyperechoic region near the caudal border of the liver. The portal and hepatic vasculature are not visualized.
IMAGING PERFORMED BY	
Dr. Crystal Ebert	The visualized portion of the gallbladder is moderately distended with anechoic contents. The cystic and common bile ducts appear dilated (up to 7.3 mm) but are not visualized in their entirety.
HOSPITAL NAME	
Wilvet Salem	Gastrointestinal The stomach is empty. The gastric wall is 2.5 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.
REFERRING VET	
Dr. Crystal Ebert	The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 2.6 mm. The jejunal wall measures up to 2.1 mm. Intestinal motility appears normal.
INVOICE	
12621	The visible portions of the colon are of normal thickness, up to 1.3 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.
DATE	
4.3.23	Pancreas The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.



PATIENT

Astrid Rasche

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

SPECIES

Feline

Primary Findings

- Changes to hepatic parenchyma that may be consistent with a mass
- Changes to the extra-hepatic biliary tract consistent with obstruction

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Spayed Female

There is concern on today's ultrasound for a liver mass with biliary obstruction. Additional images would be necessary to confirm this diagnosis, with a depth of approximately 7.0 cm (so that the entirety of the hepatobiliary tree and pancreas can be visualized). Specific treatment recommendations would hinge on this information.

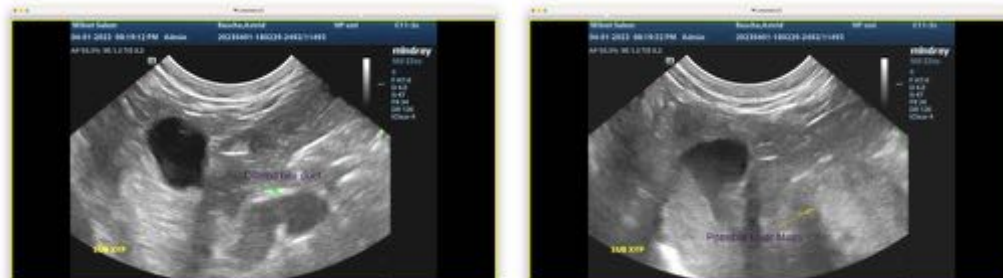
AGE

12 years

The changes to the kidneys are mild and should be correlated with laboratory findings and clinical signs.

WEIGHT

3.44 kg

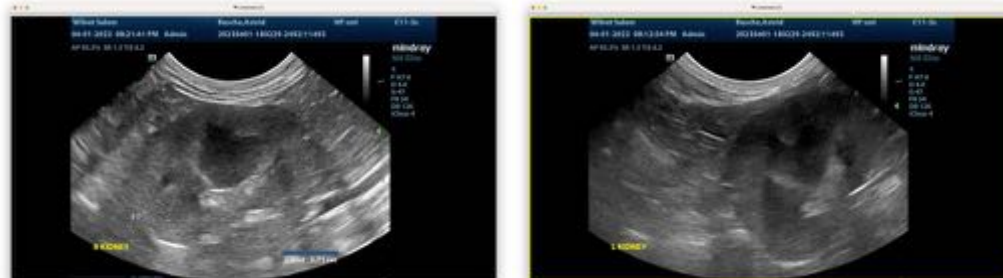


INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

**IMAGING
PERFORMED BY**

Dr. Crystal Ebert



HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Crystal Ebert



INVOICE

12621

DATE

4.3.23



PATIENT

Astrid Rasche

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 years

WEIGHT

3.44 kg



ADDENDUM:

Upon review of the additionally submitted images, a 4.3 x 2.6 cm right medial biliary mass was present, obstructing the common bile duct and causing gall bladder congestion. CT is warranted for further information and possible surgical consult. FNA of the mass could be performed to confirm suspicion of carcinoma.



INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

**IMAGING
PERFORMED BY**

Dr. Crystal Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Crystal Ebert

INVOICE

12621

DATE

4.3.23

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com