

**PATIENT PRESENTING CLINICAL SIGNS**

Seelie Kanodia History: V+ amd D+ for about a week. History of pancreatitis  
Abnormal PE/Chem/CBC/UA Results: Increased Pancreatic lipase and ALT - decreased WBC

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**Urinary System**

**BREED**

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

DSH

**SEX**

The left kidney is normal in size (3.34 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate loss of corticomedullary distinction. At least one, small cortical cyst is seen. Moderate pyelectasia is present (0.41 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

Female

**AGE**

The right kidney is subjectively normal-in-size with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate loss of corticomedullary distinction. Mild pyelectasia is present (0.18 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

17

**WEIGHT**

4 kg

**Adrenal Glands**

The left adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

The right adrenal gland is normal size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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**Spleen**

The spleen is normal in size (0.64 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**IMAGING PERFORMED BY**

Dr. Laura De Cordon

**Liver**

The liver is subjectively prominent-in-size, with swollen peripheral contours. The parenchyma is isoechoic- to hyperechoic relative to the spleen. Ill-defined hyperechoic areas are observed within the parenchyma. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

**HOSPITAL NAME**

Lakeview AH

**REFERRING VET**

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The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal-in-size (0.31 cm in width).

**INVOICE**

**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The cos is normal. There is no obvious evidence of an obstructive pattern.

22792

**DATE**

4-6-26



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**SPECIES**

Feline

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**Pancreas**

The pancreas is diffusely-enlarged, particularly the left limb and base, with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat, and heterogenous in appearance. At least one parenchymal cyst is observed. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic.

**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**Free Abdomen**

Trace free fluid is observed.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The pancreatic changes are consistent with mild- to moderate acute or chronic active pancreatitis, with parenchymal remodeling and a parenchymal cyst. Mild adjacent peritonitis is present.
- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, an inflammatory hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, feline infectious peritonitis), infiltrative neoplasia (i.e., lymphoma) and/or other hepatopathy. The ill-defined hyperechoic nodules throughout the organ could be consistent with myelolipomas, lipogranulomas, or less likely, inflammatory lesions, infiltrative neoplasia, or other pathology.

**Secondary Findings**

- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this older feline patient. Correlation with the patient's long-term clinical history is recommended.
- Bilateral nonspecific age-related renal changes with pyelectasia. The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable), fluid therapy (if applicable), or some combination thereof.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma.
- Regarding the hepatic changes, consider fine-needle aspiration (assuming normal clotting status). A 25-gauge needle should be used. Aerobic and anaerobic bile cultures would also be beneficial. While awaiting test results, the initiation of nutritional support and other supportive measures is recommended.
- Regarding the renal changes, a urinalysis with a culture and sensitivity should be considered.



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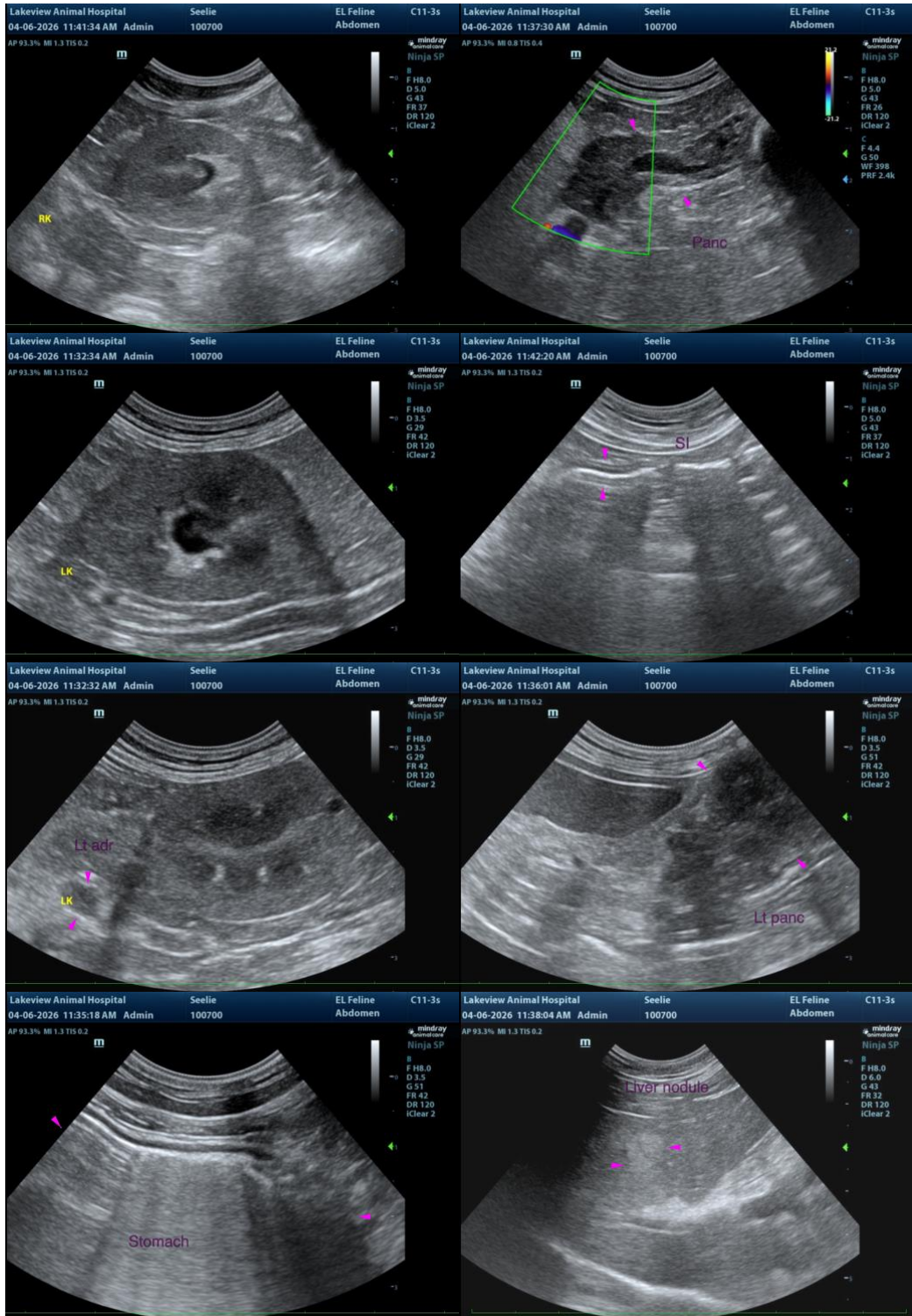
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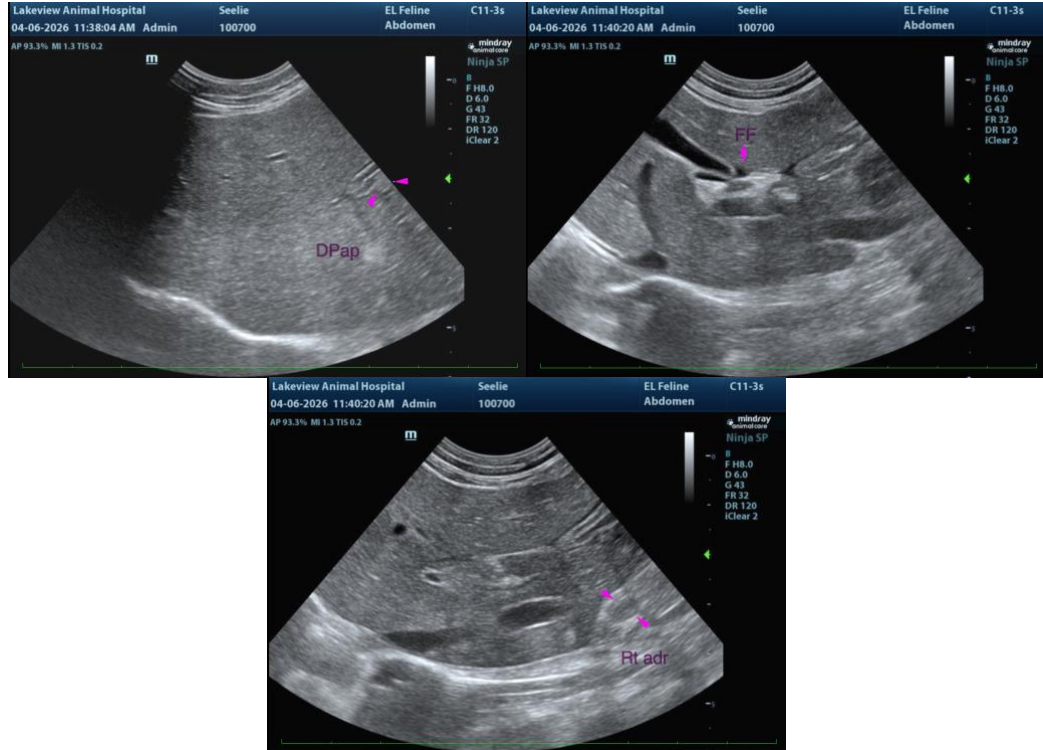
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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