



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Frank Reitzel	Pancreatic lipase >50, vomiting, ADR, anorexia Current Medications Buprenorphine, cerenia, convenia, mirtazapine
<b>SPECIES</b>	
Feline	Abnormal PE/Chem/CBC/UA Results: fpl >50, neutropenia 0.32 Primary Question to Be Answered in This Exam r/o neoplasia, cause of pancreatitis
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.
Neutered Male	The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Left kidney measures 3.79 cm. Right kidney measures 4.45 cm.
<b>AGE</b>	<b>Adrenal Glands</b>
13 Years	The left adrenal gland is visualized on still images only. It appears to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Left measures 0.44 cm in thickness.
<b>WEIGHT</b>	The right adrenal gland is not distinctly visualized.
7.46 kg	<b>Spleen</b>
<b>INTERPRETED BY</b>	The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.
Dr Brittany Sinclair, BVSc(hons), DACVECC	<b>Liver</b>
<b>IMAGING PERFORMED BY</b>	The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.
Amanda Stewart	Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Buck Animal Hospital	The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.
<b>REFERRING VET</b>	The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.
Dr. Calvise	
<b>INVOICE</b>	
71699	
<b>DATE</b>	
11/11/25	



**PATIENT**

Frank Reitzel

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

**SPECIES**

Feline

**Pancreas**

Visible pancreas is enlarged and hypoechoic with surrounding hyperechoic mesentery. No fluid accumulations visualized. No mass effect consistent with pancreatic neoplasia visualized.

**BREED**

DSH

**Lymph Nodes**

No clinically significant lymphadenopathy or abnormalities noted.

**SEX**

Neutered Male

**Free Abdomen**

There is scant free fluid visualized. Mesentery is diffusely hyperechoic.

**AGE**

13 Years

**ULTRASONOGRAPHIC FINDINGS**

- Pancreatitis/peritonitis.
- Aging renal changes.

**WEIGHT**

7.46 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Pancreatic changes are consistent with acute pancreatitis. Measurement of PLI is recommended to further support diagnosis. Treatment for pancreatitis is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition. Antibiotics are generally not warranted for acute pancreatitis as it is generally sterile. Serial imaging is indicated if clinical signs are not resolving to assess for possible progression to pancreatic abscessation or post hepatic bile duct obstruction.

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons),  
DACVECC

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Buck Animal Hospital

**REFERRING VET**

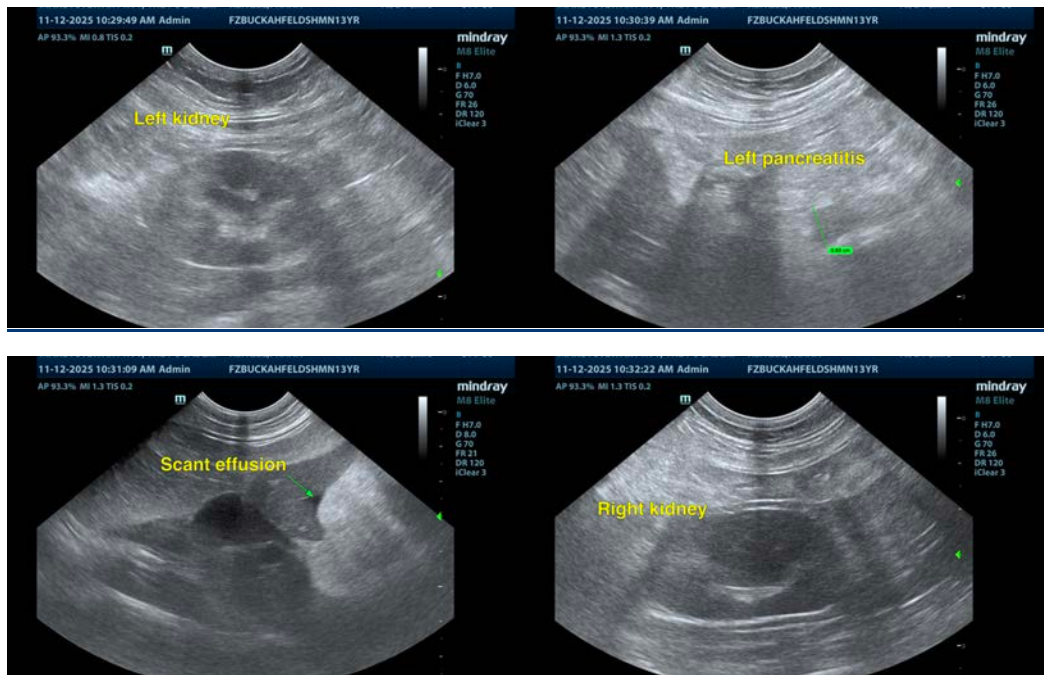
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**PATIENT**

Frank Reitzel

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

7.46 kg

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**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

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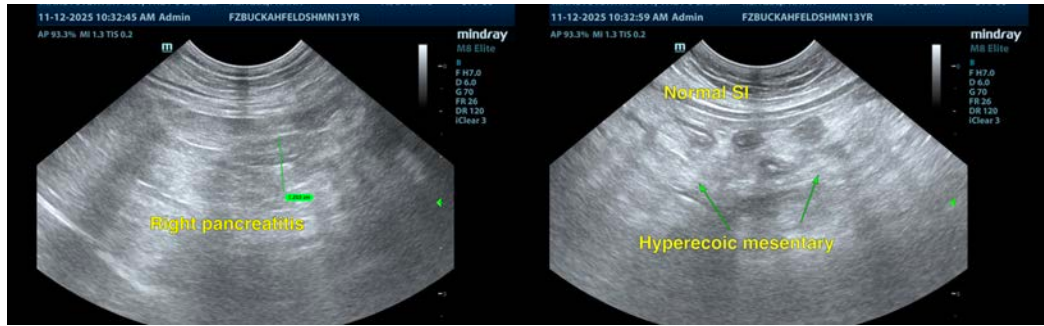
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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