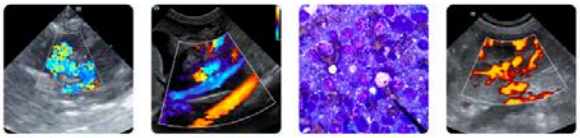


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Daisy Bucci

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

7.8 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Mountain Animal Hospital

REFERRING VET

Dr. Delitala

INVOICE

74715

DATE

4/23/26

PRESENTING CLINICAL SIGNS

Quiet, dull mentation. BCS 3.5-4/9. Significant wt loss since January (9.1 lbs -> 7.6 lbs). Seems mildly uncomfortable on abd palpation with some gas palpable. No masses or organomegaly appreciated. No vomiting since Sunday Apr 19th after starting cerenia. Ongoing anorexia, lethargy. Relevant hx will be emailed with rads + BW results.

Current Medications: Emavert 0.35ml SQ SID, 100ml LRS SQF SID for last 2 days, Miratazz Ointment SID, Buprenorphine BI

Abnormal PE/Chem/CBC/UA Results: See attached labs and emerge history

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 3.36 cm. Right kidney measures 3.08 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 0.37 cm in thickness. Right measures 0.36 cm in thickness.

Spleen

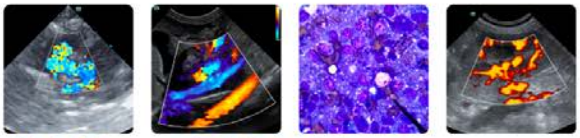
The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. There is a solitary anechoic cyst visualized measuring 0.90 cm x 0.70 cm. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is moderately distended with anechoic bile. The common bile duct is proximally tortuous and is dilated to the level of the duodenal papilla. There are no luminal choleliths visualized and no masses visualized at the papilla.

Gastrointestinal



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The stomach contains a small amount of ingesta. 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with ingesta and gas throughout, with no overt distention. Wall thickness is diffusely increased and wall layering is distinct with a prominent muscularis layer. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

Pancreas

The right and left limbs of the pancreas are visualized. They are enlarged and irregular with a hypoechoic echotexture. There are no specific masses and no fluid accumulations visualized. The surrounding mesentery is hyperechoic, consistent with peripancreatic peritonitis.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis with focal peritonitis.
- Post-hepatic bile duct obstruction, likely secondary to pancreatic inflammation.
- Thickened small intestine with prominent muscularis.
- Aging renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatic changes are consistent with severe pancreatitis. The pancreatic inflammation appears to be causing at least a partial post-hepatic common bile duct obstruction. A current Chem Lyte CBC is recommended. The presence of small intestinal changes together with pancreatic and gallbladder changes is suggestive of feline Triaditis. The prognosis of acute pancreatitis is largely dependent on the severity of clinical signs and response to treatment. Mortality is reported as high as 25% and secondary organ dysfunction and systemic inflammatory response syndrome can occur as inflammation progresses. Ultrasonographically, pancreatic inflammation is severe in this patient. Ultimately the need for hospitalization for treatment is based on the patient's cardiovascular stability, pain and appetite. Hydration and enteral nutrition are key factors in positive outcomes and if these cannot be achieved on an outpatient basis, hospitalization for 24 hour care is strongly recommended.

Treatment for pancreatitis is entirely supportive and involves fluid support, GI support - anti-nausea (ondansetron, cerenia 2mg/kg PO SID), appetite stimulation (mirtazapine, elura), analgesia (buprenorphine, gabapentin) and enteral nutrition as needed (syringe feeding, NG tube placement, etc). Antibiotics are generally not warranted for acute pancreatitis as it is usually sterile, however given the severity of inflammation I would use antibiotics (ex unasyn +/- fluoroquinolone) in this case. Intravenous antibiotics are preferred to ensure absorption and decrease GI side effects of oral antibiotics which can lower appetite compromising treatment and recovery. Anti-inflammatory steroids may be tried in an attempt to reduce inflammation if traditional supportive care is inadequate. Serial imaging is indicated to monitor response to treatment.

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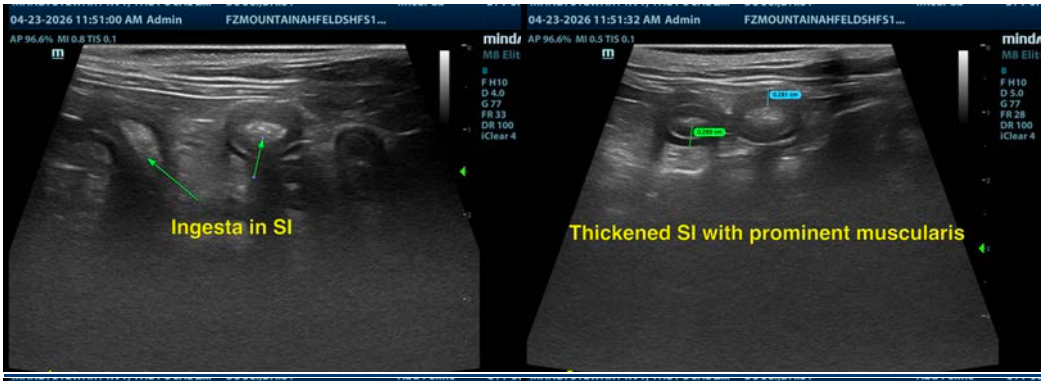

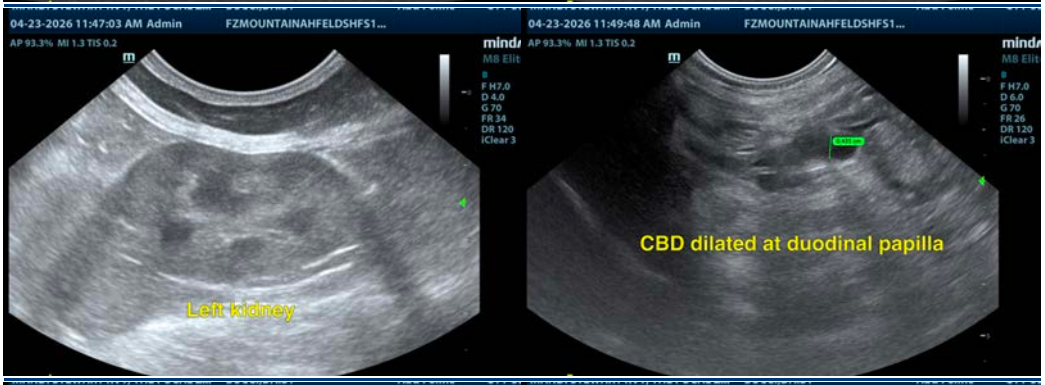

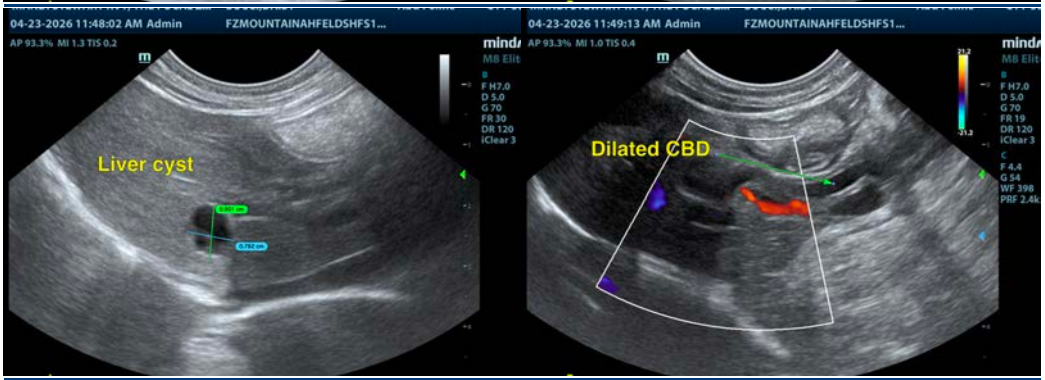

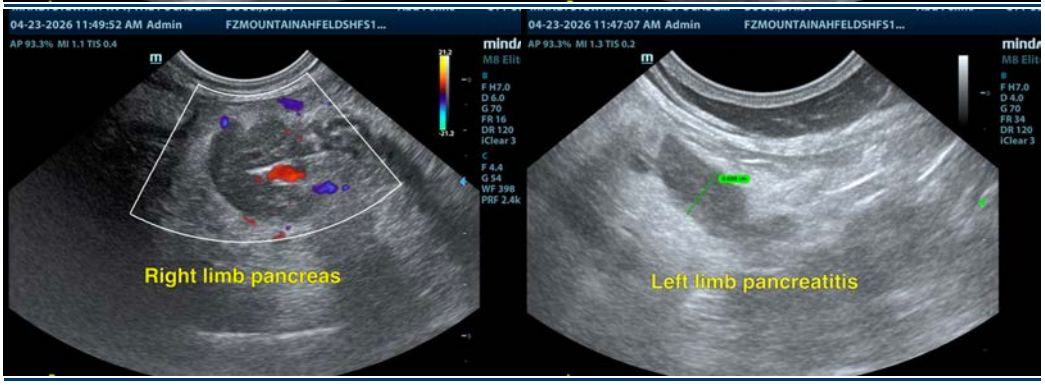

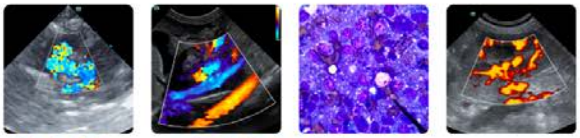

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com