



PATIENT

Benny McKnight

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Neutered male

AGE

11 years

WEIGHT

8.6 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Hornbuckle

HOSPITAL NAME

Golden Isles AH

REFERRING VET

Dr. Hornbuckle

INVOICE

43202

DATE

12/19/22

PRESENTING CLINICAL SIGNS

History: 3-4 days of declining in health, Lethargic, not eating, weight loss. past labs no significant findings. Today's blood labs found high liver values high BUN & AMY.
Abnormal PE/Chem/CBC/UA Results: Tbili 1.6 Bun 54, phos 9.6 Glob 7.4 Lymphopenia 0.65×10^6 Eosinophilia 0.78×10^6 Platelets were low but this has not been confirmed on cytology and no hemorrhage

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 mild hazing of corticomedullary definition with approximate maintenance of normal ratio (cortex 1/3 of medulla). No evidence of pelvic dilation was present. The left kidney measured 3.3 cm. The right kidney measured 3.6 cm.

Adrenal Glands

Left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.9 cm in length, 0.22 cm at the caudal pole and 0.2 cm at the cranial pole.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and 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 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. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally

Gastrointestinal

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 and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. 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. Visualized peristalsis appears appropriate.



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There were no focal lesions consistent with obstruction or a mass effect observed. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

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Pancreas

Visualized pancreas is mildly enlarged and hypoechoic with surrounding hyperechoic mesentery. No parenchymal fluid accumulations and no surrounding free fluid present.

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Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

AGE

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1. Pancreatitis with focally hyperechoic mesentery
2. Aging changes in kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Most significant ultrasonographic finding is inflammation around right limb of pancreas. Assuming the bilirubin elevation is not artifactual and is accompanied by alt and sap elevations then acute hepatic insult toxin, infectious or occult neoplasia is likely in this patient. Sonographically the liver is unremarkable. The gall bladder and common bile duct are normal in this patient and in light of lack of anemia/hemolytic evidence the bilirubin elevation must be owing to parenchymal disease. FNA of liver is indicated. Treatment for pancreatitis is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition.

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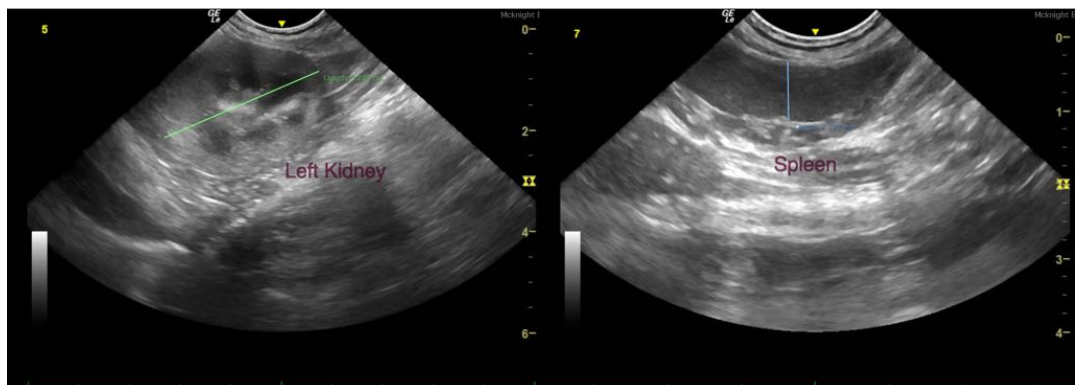
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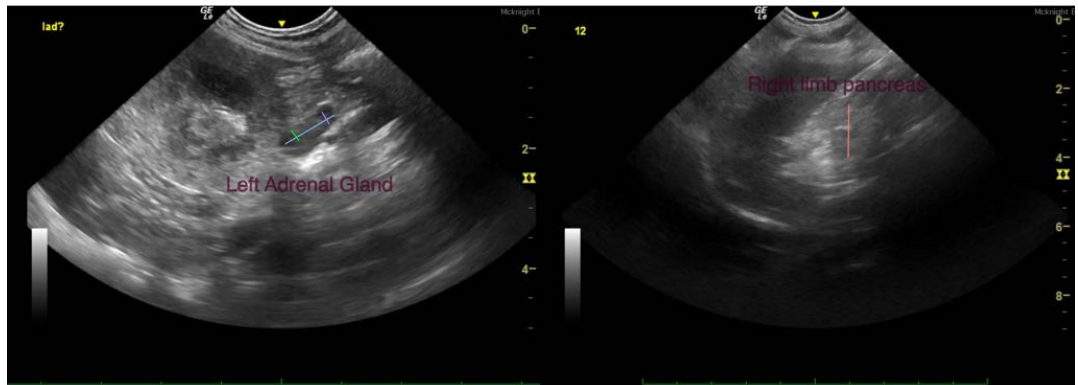
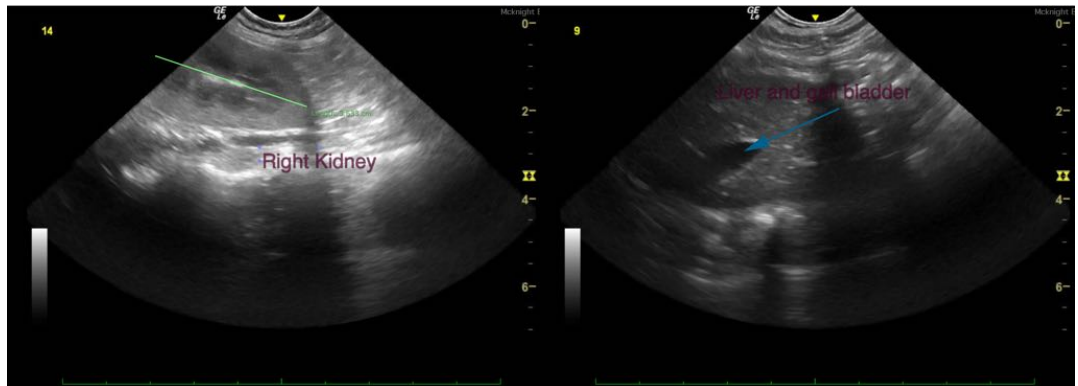
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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