



PATIENT

Ellie Scott

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9 years

WEIGHT

3.6 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Callihan/Pacific
Crest Mobile

HOSPITAL NAME

Pacific Crest Mobile
Veterinary Service

REFERRING VET

Dr. Groff/Chuckanut
Feline Center

INVOICE

15852

DATE

1/13/23

PRESENTING CLINICAL SIGNS

Ellie has had a decreased energy, appetite, and water consumption since around Christmas. She has seemed to have lost weight, and is hiding more at home. No vomiting or diarrhea. She has been urinating less often. Indoor lifestyle with some supervised time outside. Currently eating Royal Canin Digest Sensitive, previously was getting Royal Canin Select Protein, but they have been having a hard time finding it, has been off it for awhile. Currently getting 1 inch mirataz applied daily and 6mg cerenia daily (previously every other day for both medications, but increased to daily when symptoms started).

Abnormal PE/Chem/CBC/UA Results: PE abnormalities: Wt 5.8 pounds, moderate muscle atrophy CBC normal other than mild decrease PLT and mild non regenerative anemia Chems: -Glucose 310 -slight hypoproteinemia TP 6.1 -elev proBNP 250 (ref 0-100) UA: isosthenuria, quiet sedate (USG 1.019) T4 2.5 ug/dL FeLV/FIV/HW: NEG

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and asymmetrical margination were present in the kidneys with cortical infarcts. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. Pinpoint medullary mineral noted in both kidneys. The left kidney measured 3.3 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.64 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to



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benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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The small intestine presented intact wall layering exhibiting borderline prominent walls and subjective propensity for mildly prominent muscularis layer yet intact wall layering in the visualized intestinal segments. The small intestinal wall width measured up to 0.26 cm. No overt pathology was noted at the level of the ileocolic junction with intact wall layering. The ileocolic junction wall width measured 0.32 cm.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present. A large, subjective encapsulated, mildly expansive cyst-like lesion was present in the left pancreatic limb containing anechoic fluid with mild echogenic debris. No overt evidence of neoplasia. Regional hyperechoic omentum around the left pancreatic limb, specifically in the area of the cyst-like structure, was present.

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Free Abdomen

No evidence of significant intraabdominal lymphadenopathy, although mild pancreaticoduodenal / mesenteric lymphadenopathy is possible. No overt peritoneal free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

- Pancreatitis with probable left limb pancreatic abscess, possible large pancreatic cyst, unspecified necrosis, nonobvious neoplastic criteria, all potentials
- Suspect mild inflammatory enteropathy / IBD
- Bilateral chronic to degenerative renal changes with cortical infarcts and minor dystrophic medullary mineral

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assuming normal clotting status, ultrasound-guided centesis of the probable left pancreatic abscess for fluid analysis, cytology as well as C/S is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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If a pancreatic abscess is confirmed, empirical antibiotic therapy with possible intra-abscess antibiotic injection, sonographic monitoring, or surgical considerations for pancreatic abscess with potential for full-thickness intestinal biopsies may be indicated.



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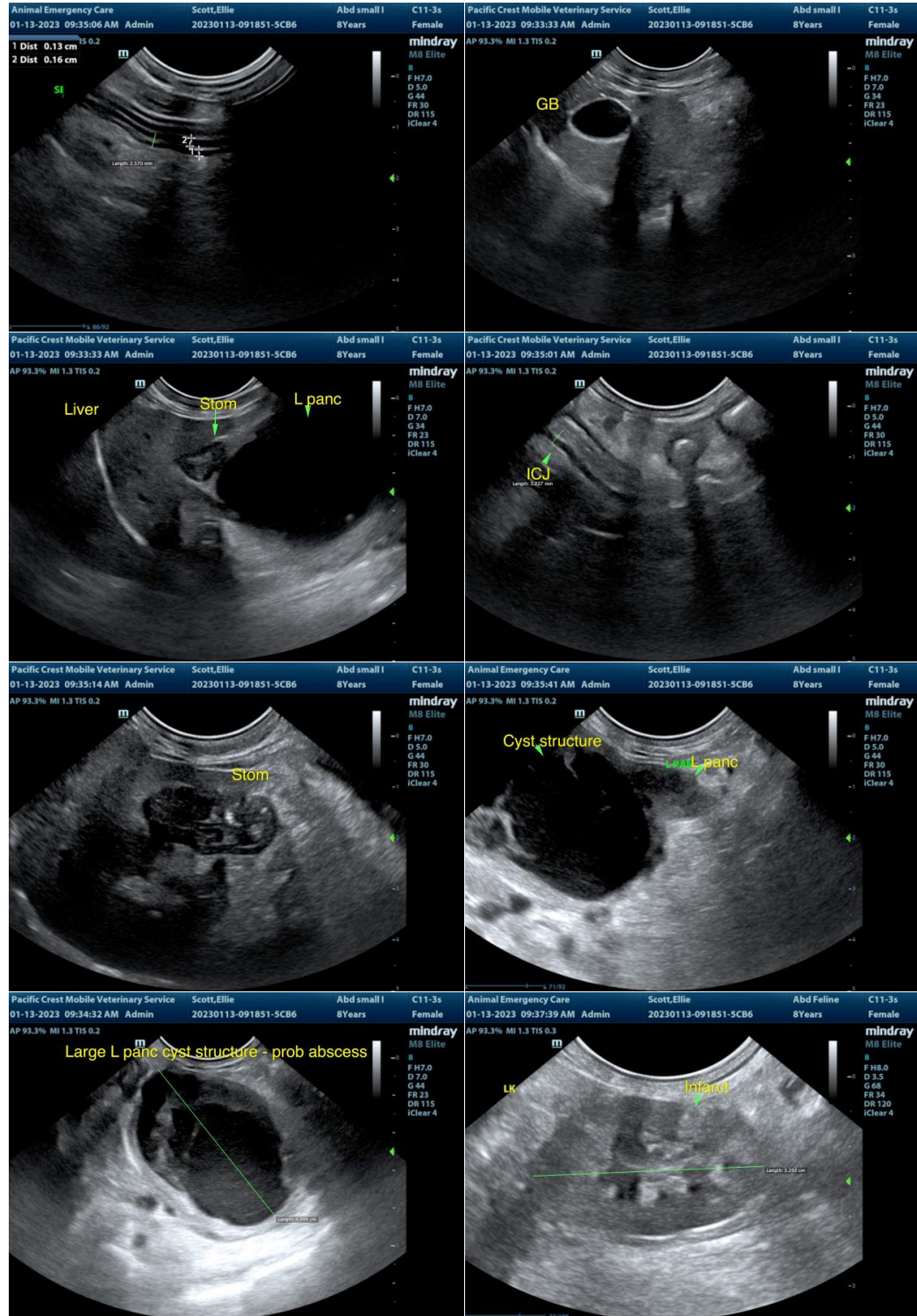
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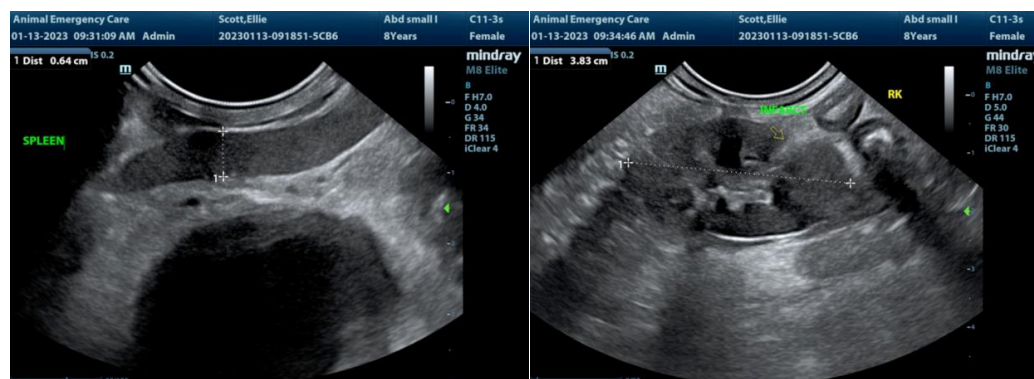
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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