



PATIENT

Eowyn Evans

SPECIES

Feline

BREED

Domestic Long Hair

SEX

Spayed Female

AGE

14 Years

WEIGHT

11.63 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Barnstable AH

REFERRING VET

Mary Ware, DVM

INVOICE

13466

DATE

1/15/22

PRESENTING CLINICAL SIGNS

History: Patient started vomiting food 5 day ago, vomiting each time eating food. One time vomited green bile. Seemed hungry without being able to keep food down. Today seemed improved. BAR on presentation, uncomfortable on palpation. fPLI 11.8. Radiographs: ? splenic or left pancreatic mass; non-obstructive GI pattern; atelectasis of right middle and caudal subsegment of left cranial lung lobe.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of - cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild particulate to congealed nondependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

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 0.85 cm in width.

Liver

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 benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Very minor retained chyme was present in the pylorus lumen. The gastric body wall measured 0.25 cm. The pylorus wall measured 0.26 cm.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor areas of segmental jejunal chyme were present. The duodenum wall measured 0.24 cm. The jejunum wall measured 0.2 cm.

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Normal visible colon wall layers were present with formed feces in lumen. The ileocolic wall measured 0.41 cm wall width.

Pancreas

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The pancreas was normal in size with minor asymmetrical capsule contour with uniform mildly hypoechoic to nonhomogeneous parenchyma compared to adjacent mildly reactive peripancreatic omentum.

Free Abdomen

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No omental masses, lymphadenopathy or effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment- minor cellular or crystalline debris or potential mucus
- Bilateral chronic renal changes
- Chronic active to chronic pancreatitis pattern
- Overtly normal gastrointestinal tract
- Mild gallbladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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 DABVP (Canine and Feline)

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis. Gallbladder debris at times has been associated with hepatobiliary inflammation, if previous or current hepatic enzyme elevation.

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Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation in the area of the pancreas recommended. The clinical signs in this patient may be secondary to chronic active to chronic pancreatitis, although potential for structurally insignificant concurrent gastrointestinal disease cannot be excluded. Medical therapy for pancreatitis with (as needed) gastrointestinal support recommended. Monitoring for evidence of weight loss is suggested. Assessment of cobalamin and folate levels may be considered, if evidence of weight loss or other gastrointestinal signs.

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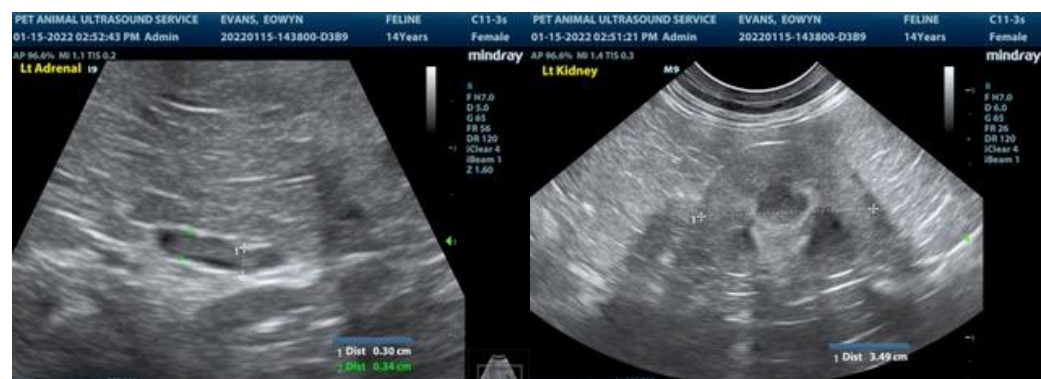
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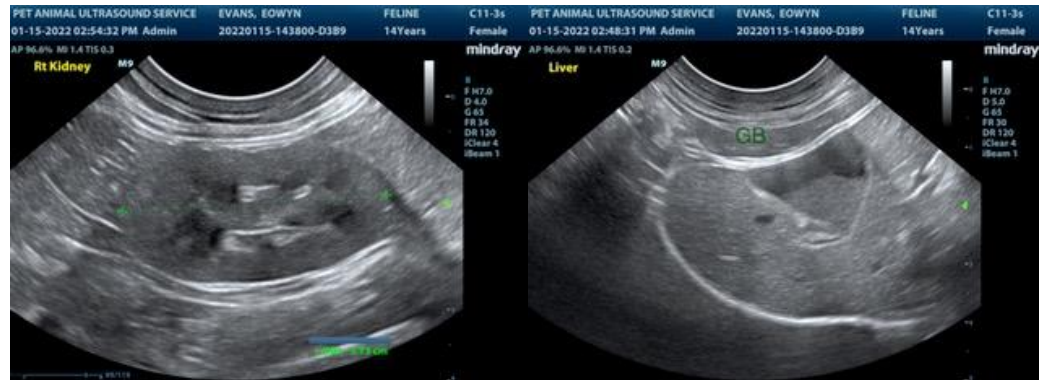
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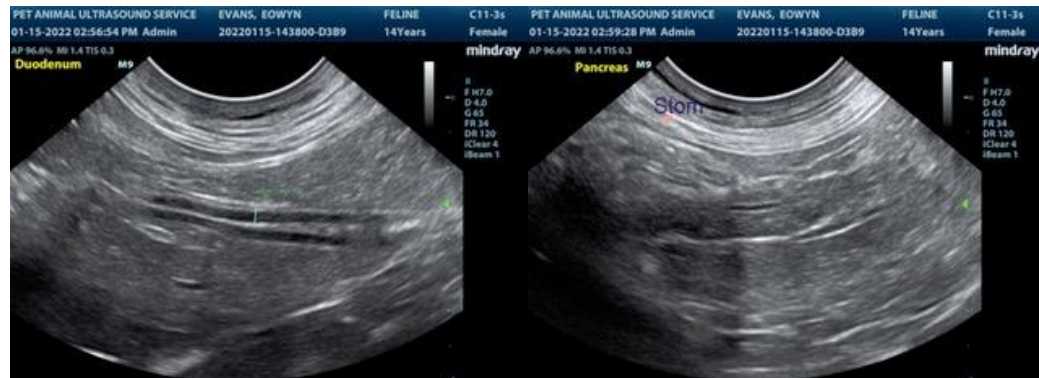
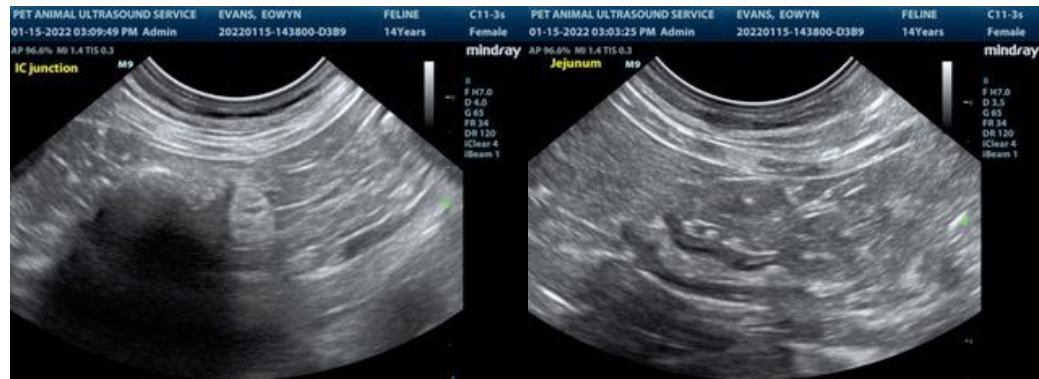
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



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image/video clips provided.

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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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