



**PATIENT**

Gaku Utsunomiya

**PRESENTING CLINICAL SIGNS**

Waxing and waning hyporexia, possible nausea for 10 days. Current meds: Cerenia, mirtazapine. Abnormal PE/Chem/CBC/UA Results: PSL - 41, creat. 1.8, maldigestion panel pending.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor non-dependent particulate sediment was present without evidence of calculus formation, suggestive of minor cellular or crystalline debris. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

**SEX**

Neutered Male

The area of the aortic trifurcation was free of pathology.

**AGE**

12 Years

Normal size and margination were present in the kidneys. Both kidneys exhibited mild uniform cortical hypertrophy and mild subjective reduced medullary volume. 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 3.8 cm. The right kidney measured 4.1 cm.

**WEIGHT**

13 Pounds

**Adrenal Glands**

The left adrenal gland was indistinctly visualized, yet without overt pathology, subjectively measuring 0.28 cm in width. No overt pathology in the area of the right adrenal gland.

**Spleen**

**INTERPRETED BY**

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

The spleen measured 0.89 cm in width at the level of the hilus and 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.

**IMAGING PERFORMED BY**

Kelly Vazquez

**Liver**

**HOSPITAL NAME**

Aniam General on the Hudson

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was indistinctly visualized, yet without overt evidence of distention. Segmental moderate distention of the mid to distal common bile duct or possible right pancreatic duct present in the right cranial abdomen and subjectively adjacent to the duodenum. Anechoic content is present in either the dilated pancreatic duct or common bile duct without evidence of mucus or calculi. Pancreatic versus common bile duct dilation measured approximately 0.5 cm in diameter.

**REFERRING VET**

Dr. Stefanie Lang

**Gastrointestinal**

**INVOICE**

34372

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.

**DATE**

1/19/22

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.22 cm.



**PATIENT**

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

Gaku Utsunomiya

**Pancreas**

**SPECIES**

The pancreas exhibited generalized mild prominent size with asymmetrical contour. Mixed echogenic pancreatic parenchyma present exhibiting hypoechoic nodular to cystic parenchymal changes.

Feline

**Free Abdomen**

**BREED**

No omental masses, lymphadenopathy or effusion.

DSH

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered Male

- Mild to moderate chronic renal changes
- Mixed echogenic pancreas exhibiting nodular to cystic parenchyma
- Segmental right pancreatic duct versus common bile duct dilation
- Overtly normal gastrointestinal tract
- Minor urinary bladder sediment

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

12 Years

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

**WEIGHT**

The pancreatic presentation is suggestive of potential mixed inflammatory pattern including chronic to chronic active pancreatitis. Likely areas of pancreatic parenchymal cysts or nodular hyperplasia without overt evidence of neoplastic criteria, which is considered unlikely. The clinical significance of the common bile duct versus right pancreatic duct dilation is unclear, yet given the lack of reported hepatic enzyme elevations, post-hepatic obstruction is considered unlikely. Potential for low-grade chronic cholangitis or associated non-specific pancreatic duct dilation secondary to chronic to chronic active pancreatitis as well as pancreatic parenchymal remodeling possible.

13 Pounds

**INTERPRETED BY**

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

Correlation with pending maldigestion panel to rule out occult non-structural gastrointestinal disease recommended. Empirically, therapy for chronic to chronic active pancreatitis with as needed gastrointestinal support and ideally sonographic monitoring of the common bile duct versus pancreatic duct dilation for evidence of progression recommended.

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**SPECIES**

Feline

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**AGE**

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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 image/video clips provided.

**SPECIES**

Feline

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.

**BREED**

DSH

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
info@SonoPath.com

**SEX**

Neutered Male

**AGE**

12 Years

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13 Pounds

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