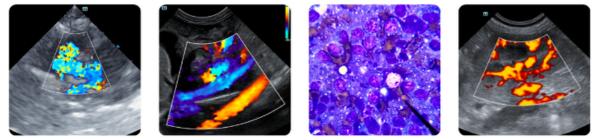


PATIENT
Turbo Miller

SPECIES
Feline

BREED
Maine Coon

SEX
Male Neutered

AGE
7

WEIGHT
14.3

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

IMAGING PERFORMED BY
Jenn

HOSPITAL NAME
Rockaway AH

REFERRING VET
Dr. Maniar

INVOICE
13105

DATE
1/21/26

PRESENTING CLINICAL SIGNS

History:

- vomiting 6 times on Sunday anorexia lethargy

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 were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild, indistinct loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.5 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left and the 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.

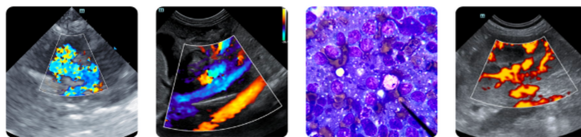
Liver

The liver presented possible borderline mild enlargement in size with symmetrical contour and homogeneous, mildly hyperechoic hepatic parenchyma. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. 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.

Gastrointestinal

The stomach presented intact subjective mildly thickened visible wall secondary to echogenic mucosa hypertrophy. The stomach contained a mild amount of retained anechoic fluid without evidence of mechanical obstruction to pyloric outflow.

The visualized segments of 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. Small intestine wall measured 0.23 cm width and ileocolic wall measured 0.39 cm width.



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

Pancreas

Ill-defined yet subjective asymmetrically enlarged non-homogeneous pancreas exhibiting potential hypoechoic striations and edema caudal to the stomach and cranial to the transverse colon. Area of ill-defined, enlarged pancreas measured ~4.4 cm x 2.5 cm.

Free Abdomen

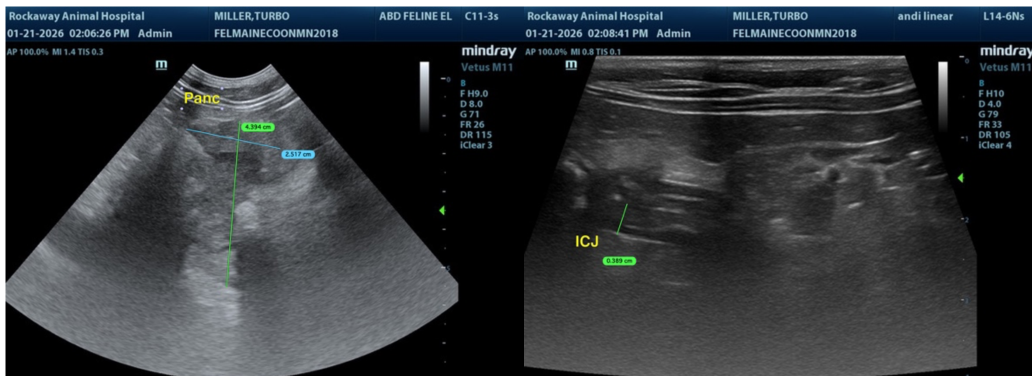
Regional uniform hypoechoic omentum and suspect focal colic lymphadenopathy. Scant peritoneal effusion noted.

ULTRASONOGRAPHIC FINDINGS

- Ill-defined yet enlarged non-homogeneous potentially edematous pancreas, regional peripancreatic/mid cranial abdomen non-uniform hypoechoic omentum
- Scant peritoneal effusion and intermittent mildly swollen colic lymphadenopathy
- Mild hypomotile stomach/hypomotile gastritis pattern
- Sonographically normal empty visualized small intestine
- Mild hyperechoic liver
- Nonspecific mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatic inflammation with concurrent edema, potential pancreatic necrosis vs unspecified regional mid cranial abdomen steatitis, peritonitis or unspecified neoplastic process, all potentials. Assuming normal clotting status, pancreatic and surrounding omental FNA cytology and +/- C/S warranted for further clarification. Correlation with lab work to assess for evidence of inflammation or hepatopathy with consideration for concurrent spec fPL is recommended. No overt gastrointetsinal obstructive criteria. Pending additional diagnostics, hospitalization with gastrointestinal support, empirical therapy for pancreatitis with clinical and sonographic monitoring is recommended.



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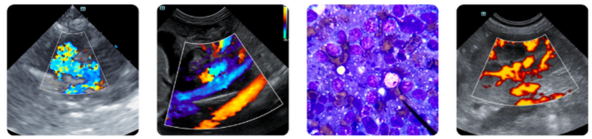

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@sonopath.com