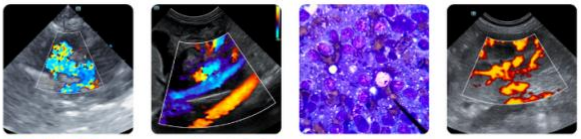


PATIENT

Star Roach

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years 10 Months

WEIGHT

12.7

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Murphy CVT

HOSPITAL NAME

Wauwatosa Veterinary Clinic

REFERRING VET

Dr. Elaine Binor DVM

INVOICE

13384

DATE

01/23/26

PRESENTING CLINICAL SIGNS

- History of vomiting and lethargy, and anorexia for the past 24hrs. No change in diet. No history of foreign body ingestion. CBC/Chem, FPL today indicated significant pancreatitis (FPL>50.0) Imaging performed today to check for GI infiltrative disease such as IBD or signs of GI LSA. She was treated with SQ LRS and a Cerenia injection today.

Abnormal PE/Chem/CBC/UA Results: FPL > 50.0 (0-4.4)

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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.4 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The area of the left and right adrenal glands were free of overt pathology.

Spleen

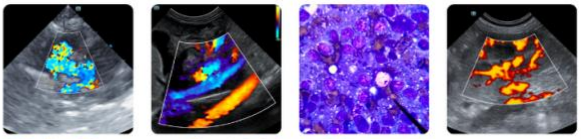
The spleen was mildly enlarged and exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.2 cm width level of the mid spleen.

Liver & Gallbladder

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 non distended in size with mild biliary sludge. Mildly dilated cystic and visualized proximal mid common bile duct wit common bile duct dilation measuring 0.42 cm. No evidence of posthepatic obstruction.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained gastric fluid with no evidence of shadowing content or obstruction to pyloric outflow.

The visualized segments of small intestine exhibited intact wall layering and borderline prominent wall width exhibiting propensity for subtle prominent muscularis layer. The small intestine wall measured 0.25 cm wall width.

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

Pancreas

The left pancreas presented prominent in size with symmetrical to mildly rounded capsule contour and homogenous mildly hypoechoic parenchyma compared to adjacent omentum. Mildly prominent left limb pancreatic duct.

Free Abdomen

Mild colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of significant or swollen mesenteric lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Left limb chronic active pancreatitis pattern.
- Mild nonobstructive hypomotile stomach.
- Intact borderline prominent small intestine wall.
- Gallbladder debris with nonobstructive cystic and proximal common bile duct dilation.
- Mild colic lymphadenopathy- subjective benign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant gastrointestinal mural pathology, which would suggest neoplastic criteria or definitive IBD pattern. The borderline prominent intestinal wall width may suggest patient variant or low grade to mild enteropathy. In conjunction with subjective chronic active pancreatitis, gallbladder debris and potential cholangitis, triaditis could be a consideration in this patient.

Gastrointestinal support, empirical therapy for chronic active pancreatitis and monitoring of liver enzymes is recommended. A screening GI panel to include PLI, TLI, cobalamin and folate is suggested. Sonographic reassessment if non-responsive or progressive gastrointestinal signs is recommended.

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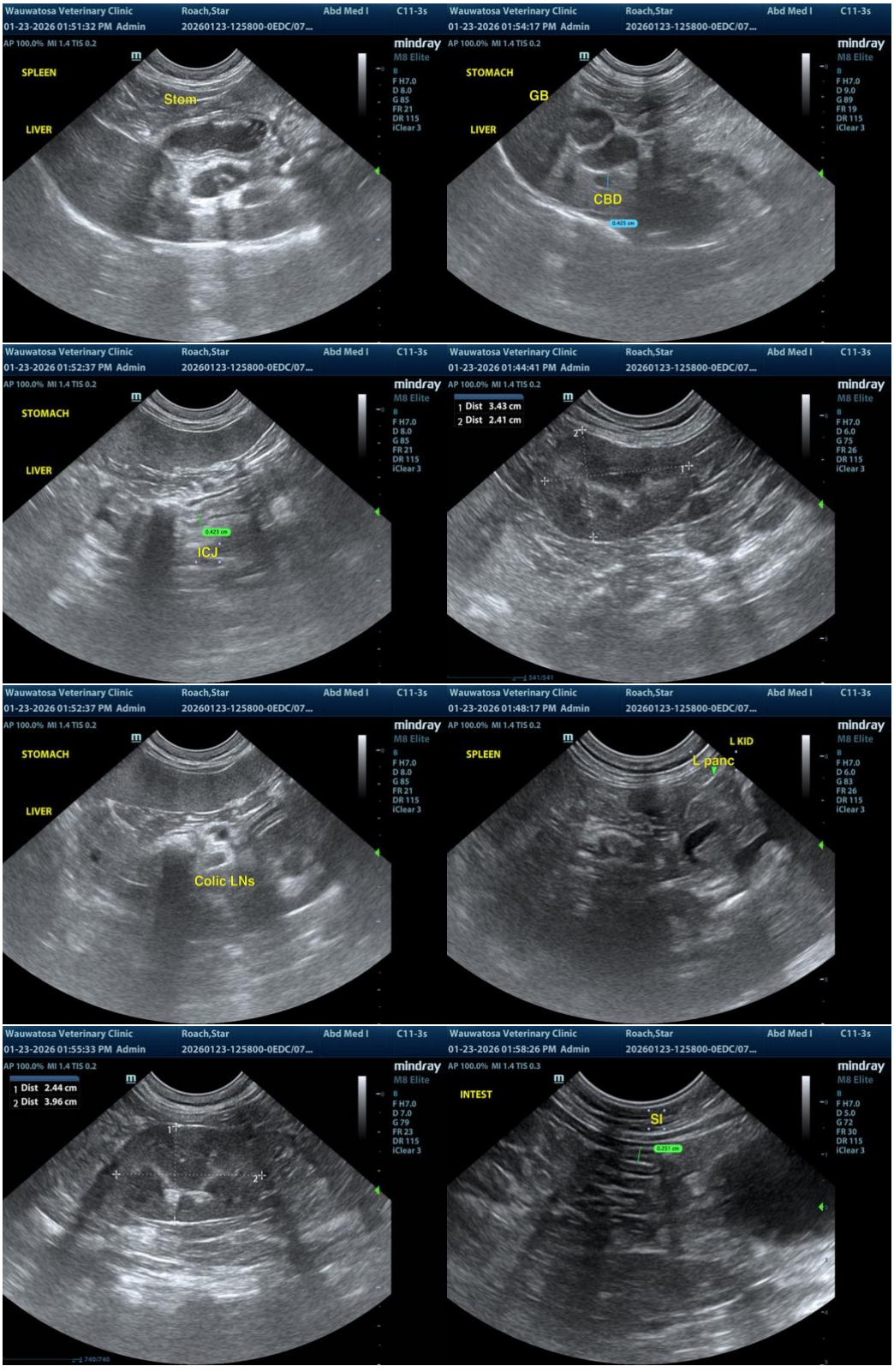

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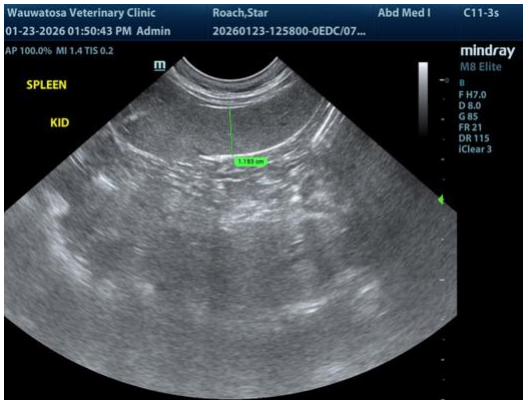

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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