



**PATIENT**

Princess Graziano

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

1.97 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

**HOSPITAL NAME**

New England AMC

**REFERRING VET**

Dr. Alberto  
Fernandez, DVM

**INVOICE**

13606

**DATE**

1/24/22

**PRESENTING CLINICAL SIGNS**

History: Weight loss; anorexia; vomiting, diarrhea. Elevated BUN, hypoglycemia - r/o insulinoma vs neoplasia vs other (sepsis); Hyperthyroidism. On: LRS with 2.5% dextrose at 60 ml/kg/day; Unasyn 30 mg/kg IV q8 h; cerenia 1 mg/kg IV q24; Pantoprazole 1 mg/kg IV q24; buprenorphine 0.015 mg/kg IV q12h; methimazole 2.5 q12.

**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 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present in either kidney. The left kidney measured 3.8 cm in length. The right kidney measured 3.6 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 0.42 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm.

**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 0.65 cm in width at the level of the hilus.

**Liver**

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 and cystic duct presented mildly dilated in size with primarily anechoic content. The common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.23 cm diameter. The common bile duct dilation did not appear to extend to the level of the duodenum.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence gastric stasis, retained ingesta or foreign material. The gastric body wall measured 0.25 cm.



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The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of loss of intestinal wall layering or mechanical/metabolic ileus. The duodenum wall measured 0.23 cm. The jejunum wall measured 0.16 cm.

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Feline

Normal visible colon wall layers were present with apparent formed feces in lumen. The ileocolic wall measured 0.28 cm.

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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 with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia. Mild pancreatic duct dilation was noted.

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***Free Abdomen***

Generalized mild reactive mesentery was present. No effusion noted. Evidence of significant lymphadenopathy was not noted.

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

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- Active to chronic active pancreatitis
- Gastroenteritis
- Nonobstructive proximal common bile duct dilation

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Regarding the common bile duct dilation, this finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

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Potential for structurally insignificant chronic gastroenteropathy possible in light of patient's weight loss. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate, as well as further clarification of the pancreatic presentation. Overt evidence of pancreatic neoplasia or nodules was not definitively evident. If persistent hypoglycemia, insulin/glucose measurement on same serum sample could be considered.

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Three-view chest radiographs suggested, if not done, to rule out occult thoracic pathology. Empirically, pancreatitis treatment protocol with as needed gastrointestinal support recommended. Recheck sonogram may be considered pending clinical response to therapy to assess for progressive inflammatory pancreatic, gastrointestinal or hepatobiliary changes.

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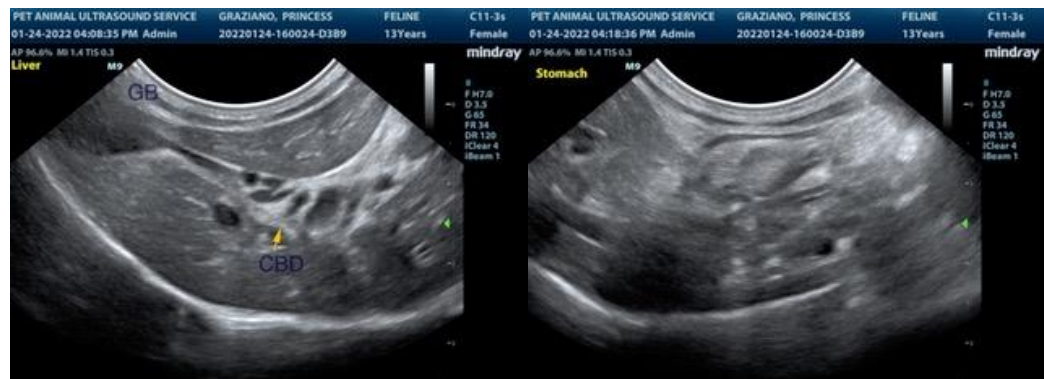
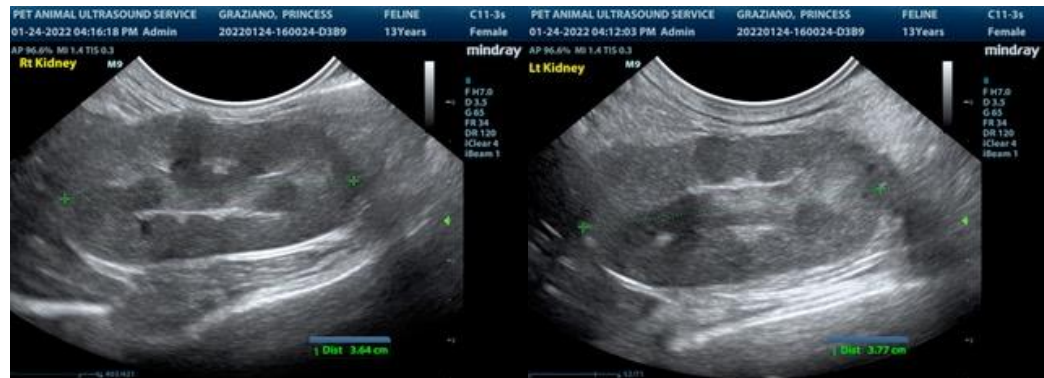
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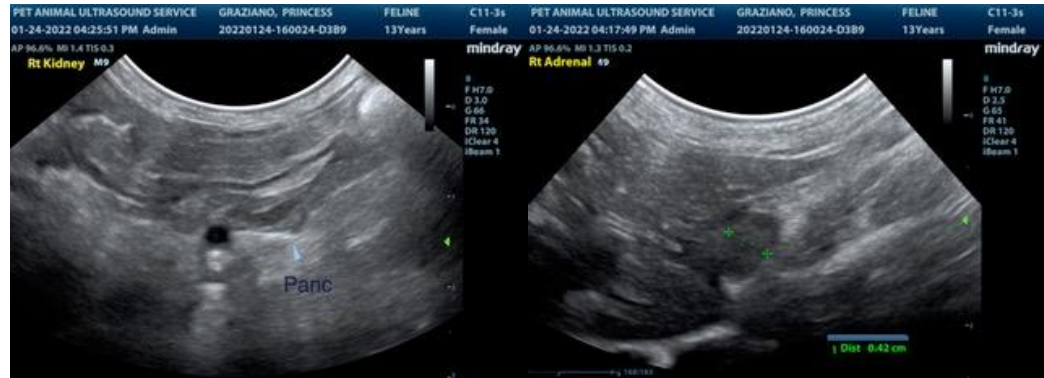
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**