



PATIENT	PRESENTING CLINICAL SIGNS
Tux Graham	History: Has been PU PD elevated pancreatic enzymes found on blood panel Abnormal PE/Chem/CBC/UA Results: Marked elevation of pancreatic enzymes
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder was normal in size and overall contour. Two variably sized to expansive sessile based lesions were noted along the apical urinary bladder wall, extending mildly into the urinary bladder lumen. The largest sessile based lesion measured 2.0 cm x 1.4 cm. The sessile based lesion exhibited mild nonhomogenous echogenicity without overt evidence of mineralization. Anechoic urine was present primarily with mild concurrent nondependent particulate sediment, which may indicate concurrent mild cellular debris/protein, crystalline debris, lipid or mucus. The urethra was normal to a depth of 2.0 cm. Aortic trifurcation was normal.
DSH	
SEX	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. Moderate loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.0 cm in length. The right kidney measured 3.9 cm in length.
Neutered Male	
AGE	Adrenal Glands
21	Both adrenal glands were overtly normal in size, position and shape without evidence of adrenal pathology or tumors. The left adrenal gland measured 0.37 cm. The right adrenal gland measured 0.37 cm.
WEIGHT	Spleen
6.4 kg	The spleen was normal in size and exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.
INTERPRETED BY	Liver
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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. Intermittent, nondisruptive, well demarcated, mildly hyperechoic intraparenchymal nodules were present, an example measured 2.0 cm in diameter.
IMAGING PERFORMED BY	
Dr. Belan	
HOSPITAL NAME	
Sunridge VC	
REFERRING VET	
Dr. Duncan	
INVOICE	Gastrointestinal
20396	The gallbladder was non-distended in size with anechoic content and mild nonorganized echogenic luminal debris. No evidence of gallbladder or common bile duct inflammatory criteria. The cystic and common bile ducts were normal.
DATE	
1/5/23	



PATIENT

Tux Graham

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.

SPECIES

Feline

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.

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

Pancreas

BREED

DSH

The pancreas was normal in size and contour with generalized heterogeneous parenchyma, exhibiting regional mixed echogenicity. No signs of active inflammation or neoplasia. A solitary thinly walled cystic structure was present in the area of the pancreas base and right pancreatic limb, containing anechoic fluid without overt evidence of cellular debris or evidence of peripheral inflammation. The cystic structure measured 2.0 cm in diameter.

SEX

Neutered Male

Free Abdomen

AGE

21

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

6.4 kg

- Apical urinary bladder sessile based lesions- regional apical cystitis, atypical polyps, possible emerging possible tumors, i.e., transitional cell carcinoma are possible.
- Nonspecific moderate chronic renal changes
- Chronic pancreatitis pattern with pancreas to right pancreatic limb probable cyst
- Mild hepatic parenchymal remodeling- nonspecific yet likely benign. Intraparenchymal nodules- nodules consistent with probable nodular hyperplasia/lipogranulomas
- Mild gallbladder debris- likely incidental if no evidence of hepatic enzyme elevation/cholestasis

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Dr. Belan

Based on sonographic appearance, concern for possible emerging urinary bladder tumors, such as transitional cell carcinoma, is warranted, although not definitive. Cytospin cytology of free catch urine sample to assess for atypical transitional cells, urine culture and sensitivity +/- baseline renal staging to include UPC level, if no evidence of inflammatory urinary bladder sediment is present. Sonographic monitoring of the urinary bladder lesions, as well as the probable pancreatic cyst, for evidence of progression, with initial recheck in 3-4 weeks is recommended. Empirical therapy for chronic pancreatitis would be reasonable if concurrent clinical signs are present.

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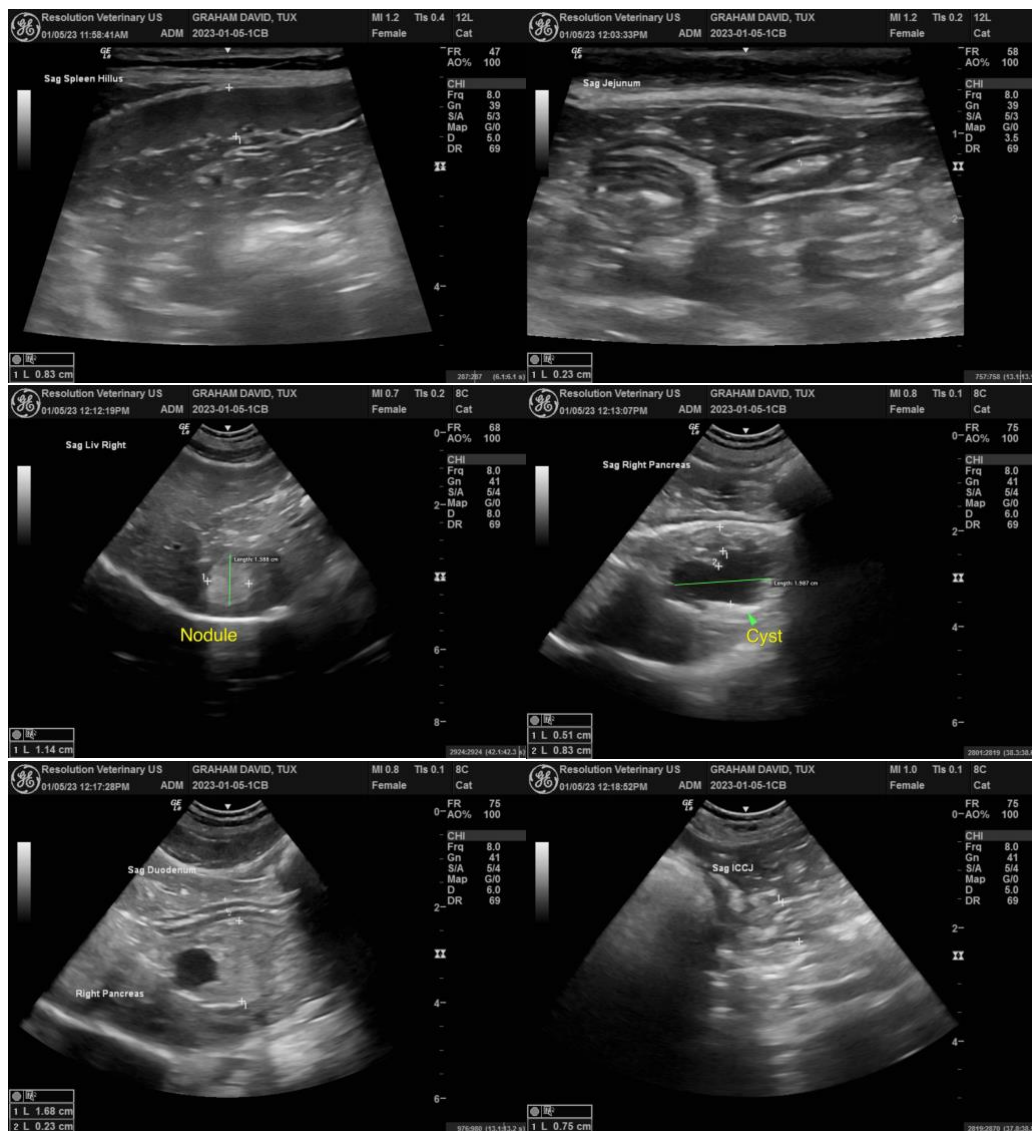
Dr. Duncan

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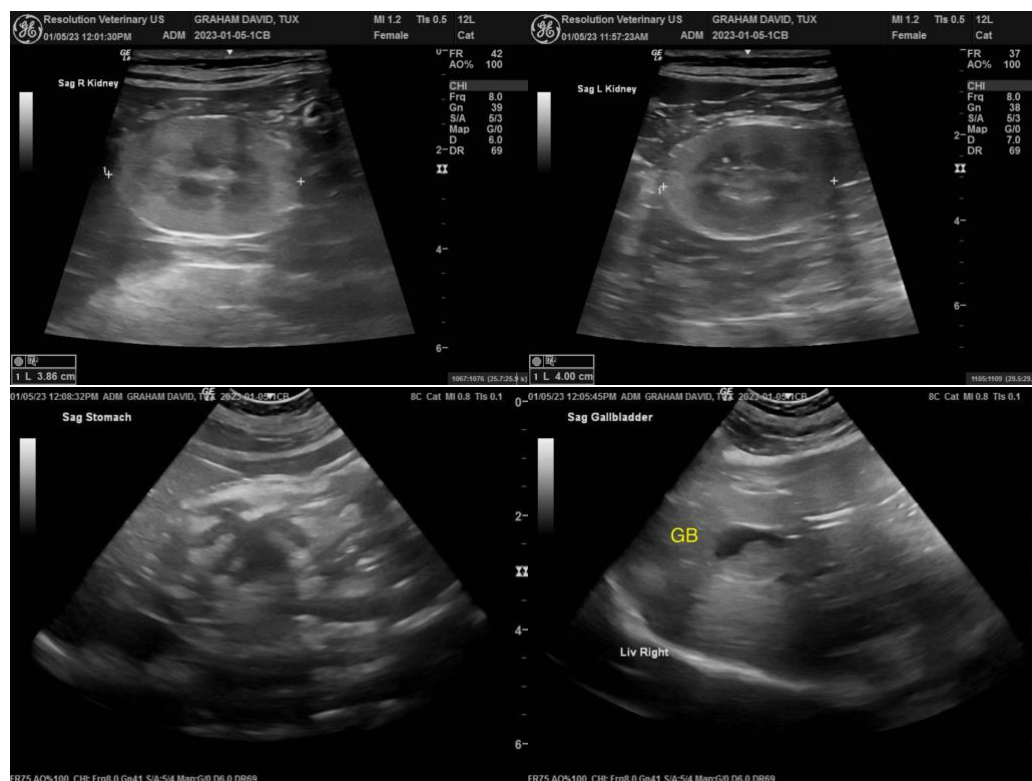
Dr. Duncan

INVOICE

20396

DATE

1/5/23



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