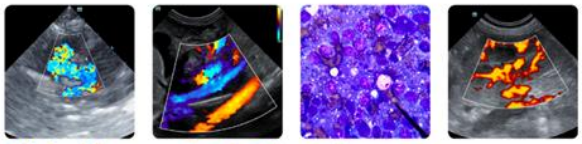


PATIENT

Cash Griffin

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14yr

WEIGHT

12lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Griffin

HOSPITAL NAME

Northside Veterinary Clinic

REFERRING VET

Griffin

INVOICE
23492

DATE
1/7/26

PRESENTING CLINICAL SIGNS

Patient has had chronic pancreatitis and has been well managed for year on d/d dry and purina pro plan select chicken food. Last Sonopath Abd ultrasound 7/19/21. In October he had a flare up that resolved quickly with cerenia and out patient sc fluid therapy and sc vitamin b12. Recently he presented with vomiting, diarrhea and abdominal pain. No weight loss experienced.

Abnormal PE/Chem/CBC/UA Results: Patient has loss of pigment around eyes and greying on facial hair and mild facial elongation fpL 26 in Oct fpL 31 in Dec CBC/CHEM/T4/SDMA FNA of spleen - EMH FNA of pancreas- nodular hyperplasia vs carcinoma adenocarcinoma

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was 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 loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.9 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

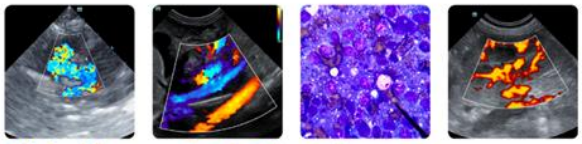
Spleen

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 0.8 cm in width at the 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. Normal vascular volume. 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid with no signs of obstruction or foreign material.

The visualized segments of small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible non-distended colon wall layers were present with semi formed feces in lumen.

Pancreas

The pancreas exhibited prominent size, capsule asymmetry and non-homogenous, variable hypoechoic to nodular parenchyma. Probable regional mildly swollen hypoechoic distal left pancreatic limb medial to the spleen.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Significant asymmetrically enlarged non-homogenous nodular pancreas
- Hypomotile stomach, suggestive of hypomotile gastritis
- Sonographically unmarkable visualized small intestine
- Bilateral mild chronic renal changes
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is most suggestive of mixed pattern chronic to chronic active pancreatitis with potential regional areas of active pancreatic inflammation, edema, and suspect areas of nodular hyperplasia with pancreatic neoplastic criteria thought less likely yet not definitively excluded.

Mild associated metabolic to hypomotile gastritis without evidence of mechanical gastrointestinal obstruction. Gastrointestinal support and empirical therapy for pancreatitis with clinical monitoring is recommended.

Assuming normal clotting status and using 25ga needle, consideration for pancreatic FNA cytology warranted. As needed sonographic monitoring indicated pending clinical response to supportive care.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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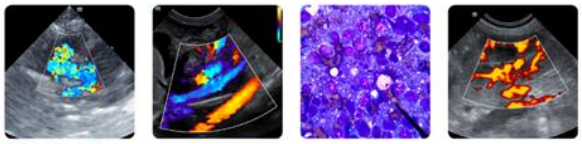

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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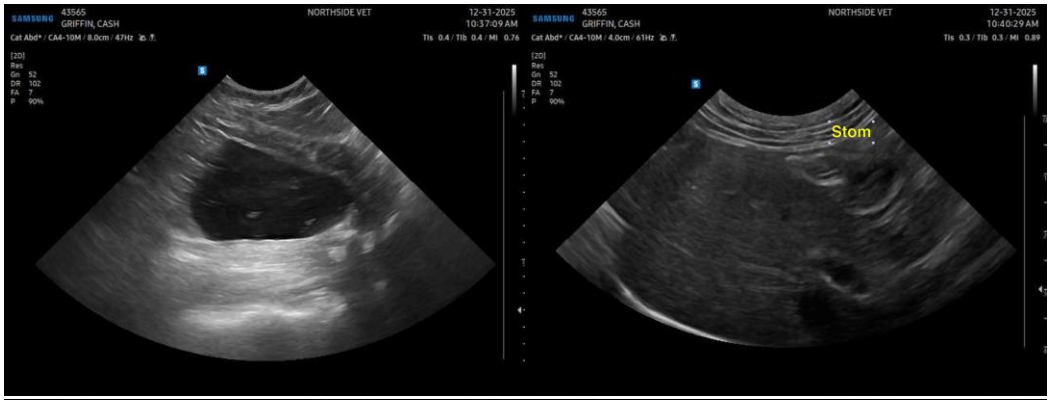

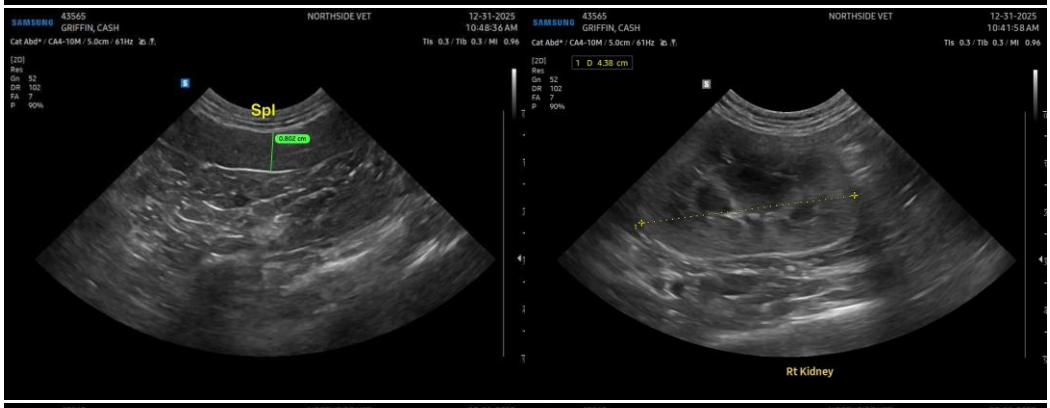

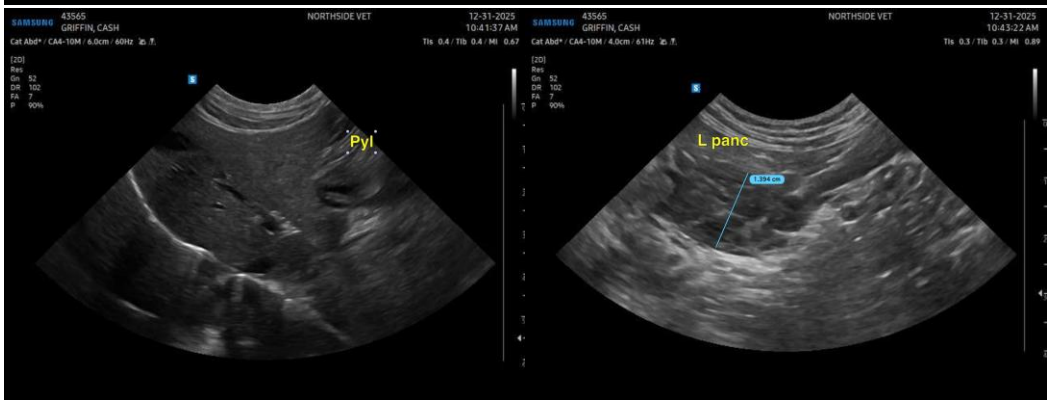

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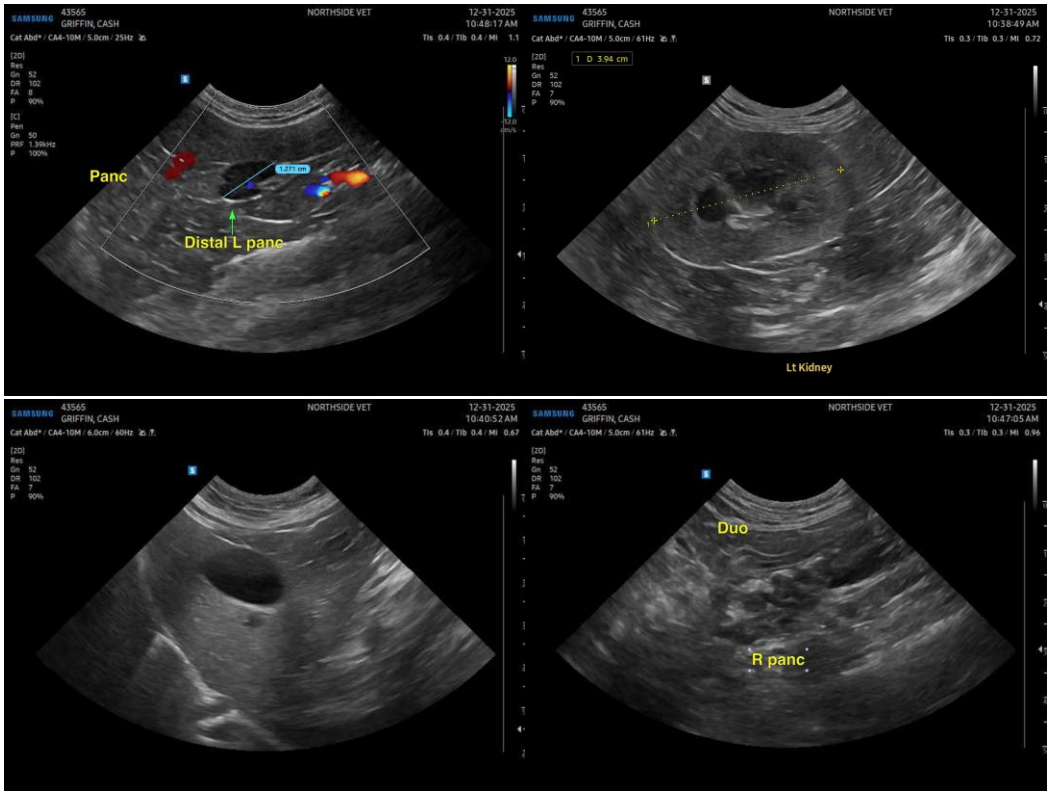

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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