



PATIENT

Girly Jesper

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

8.46 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Whalen

INVOICE

12401

DATE

10/20/21

PRESENTING CLINICAL SIGNS

P has a 1 year history of progressive weight loss - Normal PE, though p is fractious: oral exam, abdominal palpation, thoracic auscultation WNL

Abnormal PE/Chem/CBC/UA Results: WNL

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 was noted.

The area of the aortic trifurcation was free of pathology.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was noted in the right kidney. The left kidney measured 3.2 cm in length. The right kidney measured 3.8 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 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

Spleen

The spleen 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. The spleen was normal in size without evidence of neoplastic criteria, measuring 0.67 cm width.

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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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. The gastric body wall width measured 0.25 cm.

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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. The jejunum wall width measured 0.24-0.26 cm. The duodenum wall width measured 0.28 cm.

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

SEX

Pancreas

FS

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.

AGE

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Free Abdomen

WEIGHT

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Primary Findings

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

- Mildly prominent to hypoechoic pancreas - suspect chronic active pancreatitis
- Sonographically unremarkable gastrointestinal tract
- Mild to moderate chronic renal changes with mild right kidney pyelectasia

**IMAGING
PERFORMED BY**

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Jenna Walsh, CVT

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

HOSPITAL NAME

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Concern for structurally insignificant inflammatory bowel often seen concurrently with suspected chronic active pancreatitis is considered a primary differential diagnosis, yet not definitive given the lack of reported gastrointestinal signs such as vomiting, diarrhea, etc. However, cats with underlying gastrointestinal disease often present with weight loss as the only clinical signs. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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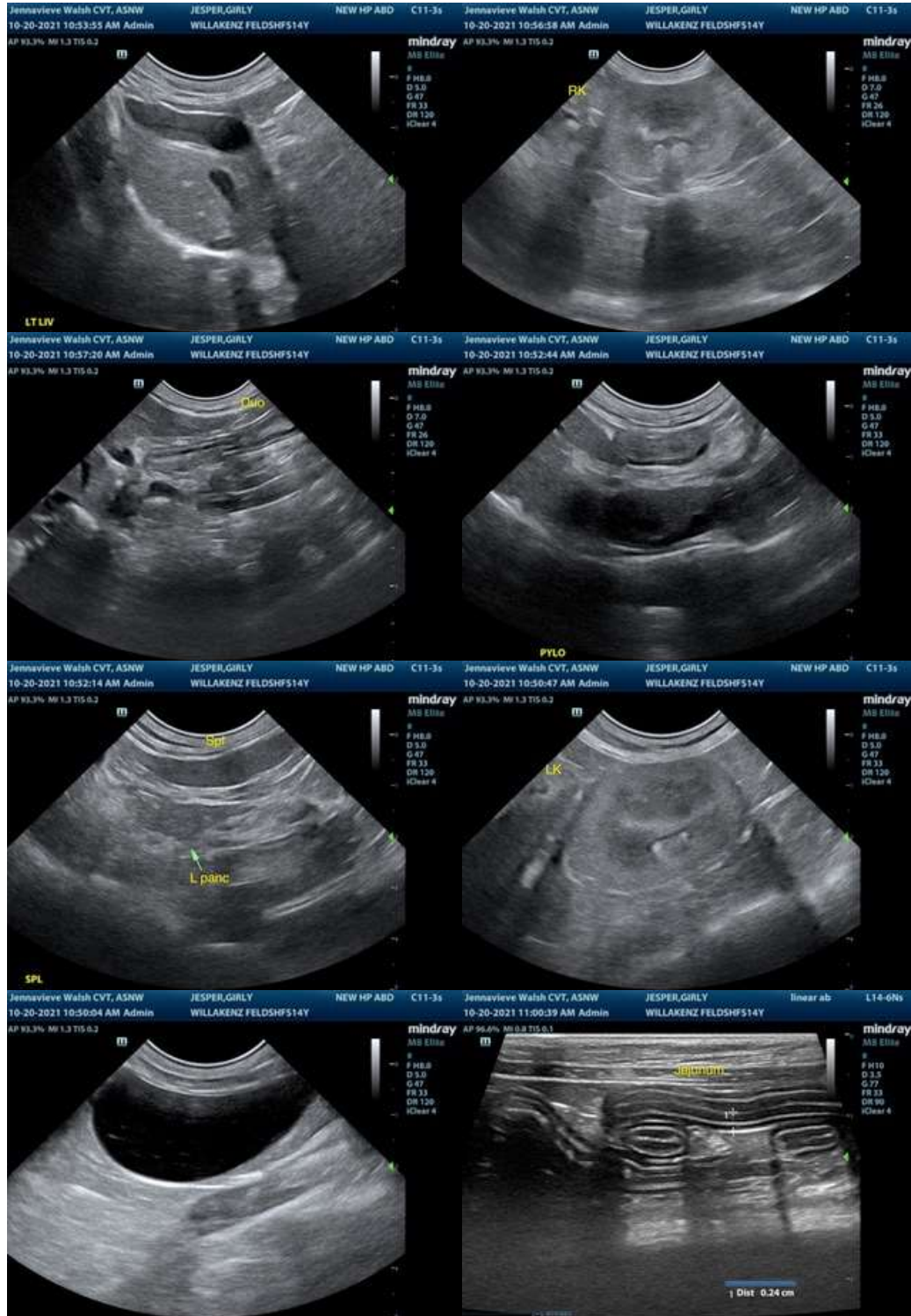
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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