IMAGING PERFORMED BY

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

PATIENT

Phil Lahl

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Sarah Pender, CVT

INVOICE

12456

DATE

10/26/21

PRESENTING CLINICAL SIGNS

-Inappetence
Abnormal PE/Chem/CBC/UA Results: Hematuria- no crystals on UA/no bladder stones on rads. None to mild changes on BW. SDMA 16; Amylase 1562

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 4.0 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 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

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 was mildly enlarged, measuring 1.1 cm in width at the level of the hilus.

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 gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach exhibited intact yet mild prominent wall layering primarily in the area of the gastric antrum and pylorus with mild retained pyloric fluid. The pylorus wall width measured 0.35 cm. The fundus and gastric body walls were sonographically unremarkable.

PATIENT

Phil Lahl

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Sarah Pender, CVT

INVOICE

12456

DATE

10/26/21

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 duodenum wall width measured 0.22 cm.

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

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.

Free Abdomen

No intraabdominal masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

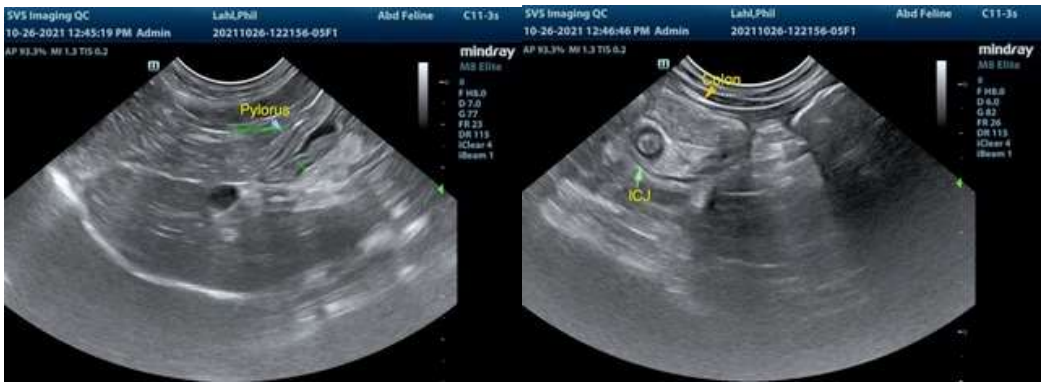
Primary Findings

- Active pancreatitis - subjectively moderate
- Mild gastritis and minor gastric stasis, sonographically unremarkable small bowel
- Sonographically unremarkable urinary bladder
- Mild age-related kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the inappetence in this patient is most consistent with active pancreatitis and secondary upper gastrointestinal inflammation. Medical therapy for pancreatitis with as-needed gastrointestinal support is Indicated. A minor potential for pancreatic neoplasia which may present in a similar sonographic manner cannot be excluded, yet is considered unlikely.

Recheck sonogram Is suggested pending clinical response to therapy or if persistent inappetence or weight loss are noted, to assess for progressive inflammatory pancreatic and/or hepato-gastrointestinal changes.



IMAGING PERFORMED BY

SVS IMAGING

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4288 info@sonopath.com SonoPath.com

PATIENT

Phil Lahl

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

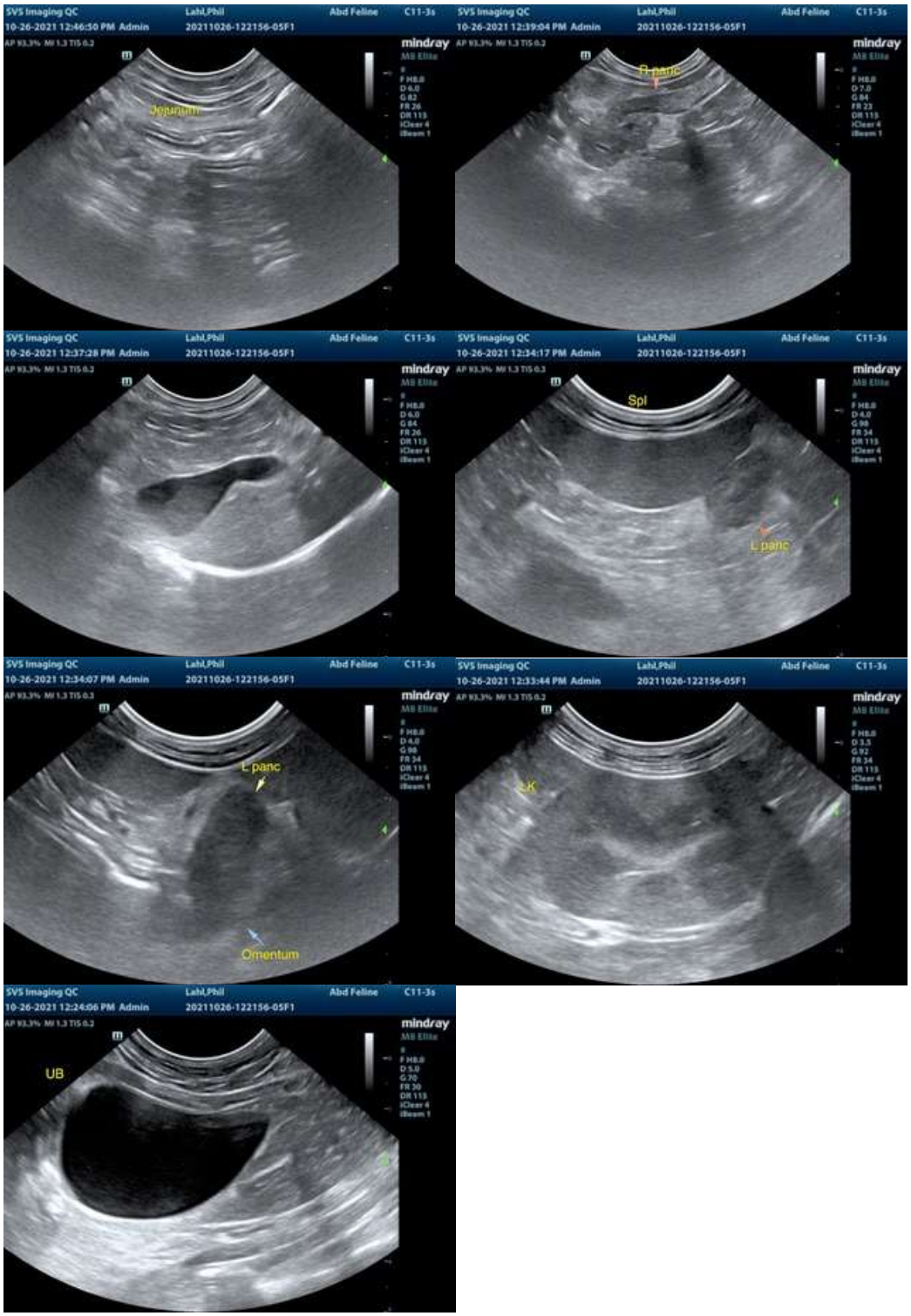
Sarah Pender, CVT

INVOICE

12456

DATE

10/26/21



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

PATIENT

Phil Lahl

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Sarah Pender, CVT

INVOICE

12456

DATE

10/26/21

can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com