

PATIENT

Setsuko Pina

SPECIES

Feline

BREED

DSH

SEX

F/S

AGE

18

WEIGHT

12.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

11815ag

DATE

10/4/22

PRESENTING CLINICAL SIGNS

LETHARGY ANOREXIA WEIGHT LOSS

Abnormal PE/Chem/CBC/UA Results: BW- MILD ELEVATED GLOBULIN, OTHERWISE WNL

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 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 moderate to marked loss of corticomedullary symmetry and definition expected for the age of the patient. Multiple variably sized thinly walled cysts were present in the left and right kidneys. Mild left kidney pyelectasia was present with no evidence of left ureter dilation. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obviously 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.

Liver/ Gallbladder

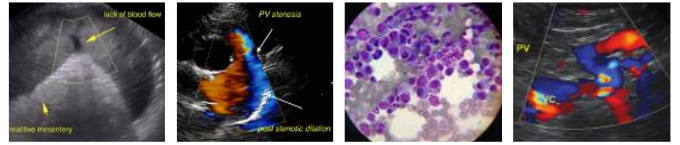
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild anechoic fluid with no signs of ileus, obstruction, or foreign material. No evidence of mechanical pyloric outflow obstruction or neoplastic criteria.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized propensity prominent muscularis layer yet no evidence of mural wall thickening, loss of wall layer detail or masses. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall measured 0.2-0.23 cm in width. The ileocolic wall measured 0.26 cm in width.

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



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Pancreas

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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.

SPECIES

Feline

Free Abdomen

BREED

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

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

F/S

- Mild hypomotile stomach
- Overtly normal small bowel with mildly prominent generalized muscularis layer-no evidence of intestinal neoplastic criteria
- Suspect chronic active pancreatitis
- Bilateral marked chronic polycystic renal changes with mild left kidney pyelectasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for occult small intestinal disease. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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

IMAGING PERFORMED BY

As needed GI support recommended. A recheck sonogram may be considered for further assessment of the GI walls and pancreas pending clinical response to therapy or if progressive weight loss.

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No overt evidence of abdominal neoplastic criteria was present.

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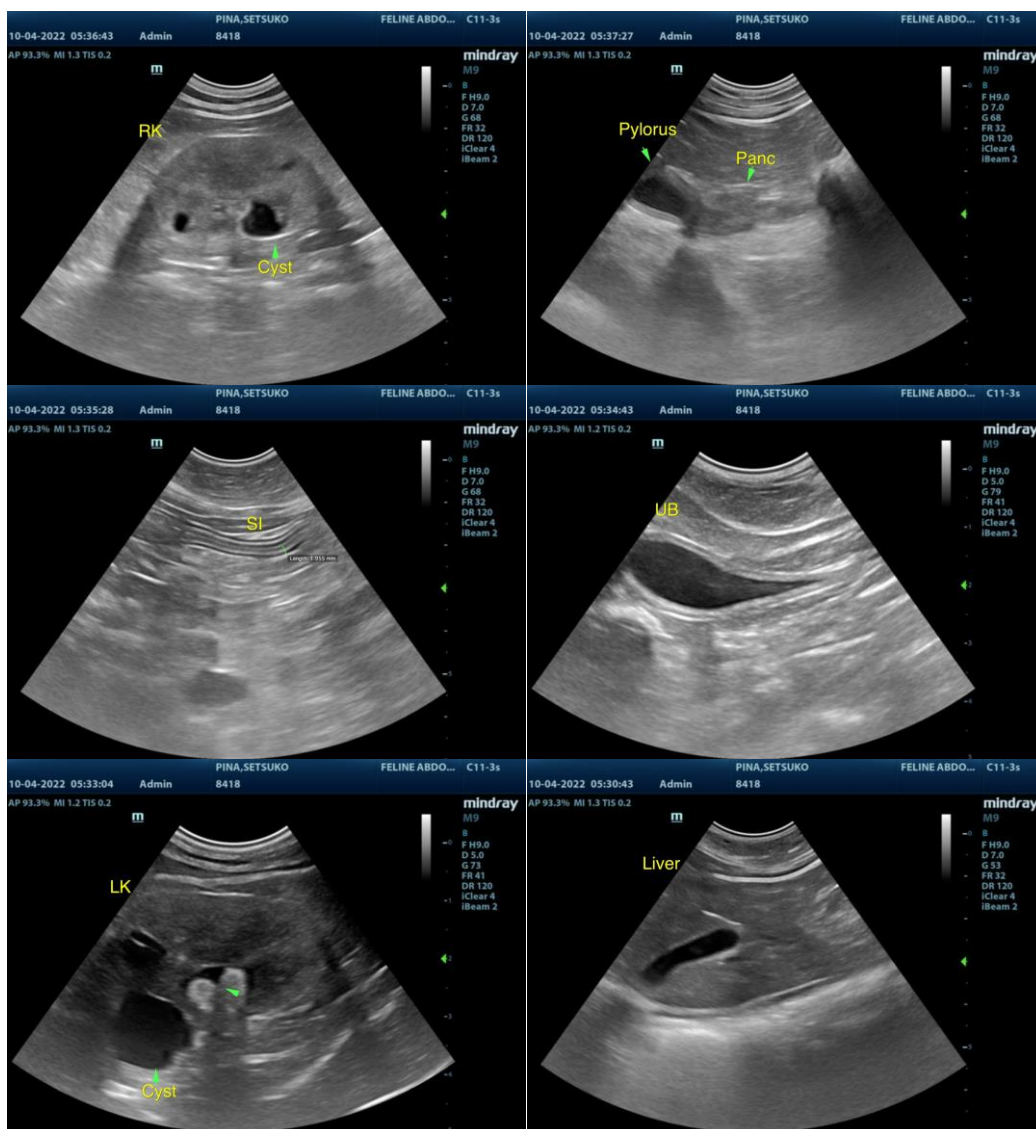
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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