



PATIENT

Kevin Rice

PRESENTING CLINICAL SIGNS

History: Presented for f/u , persistant elevated Lipase Owner reports doing well at home no concerns

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Lipase 10.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

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The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild urine sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

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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 corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.8 cm in length. The right kidney measured 3.6 cm in length.

AGE

14

The area of the aortic trifurcation was free of pathology.

WEIGHT

9.4

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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Jenn

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 minor non-organized debris. The cystic and common bile ducts were normal.

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Gastrointestinal

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 measured 0.25 cm in width.

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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 mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.23-0.24 cm in width.

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

Pancreas

The visualized pancreas exhibited normal size and symmetrical capsule contour. Mild non-homogenous hypoechoic left pancreatic limb parenchyma compared to adjacent non-reactive omentum was present.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary

AGE

14

- Probable mild chronic /chronic active left limb pancreatitis
- Static mild chronic renal changes.
- Mild urine sediment
- Normal gastrointestinal tract
- Minor gallbladder debris.

WEIGHT

9.4

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming the patient is non-clinical continued as needed gastrointestinal support with clinical monitoring is recommended. If clinical signs consistent with chronic to chronic active pancreatitis arise, correlation with a spec FPL and sonographic reassessment is recommended. Overall, no evidence of significant visceral pathology such as neoplasia.

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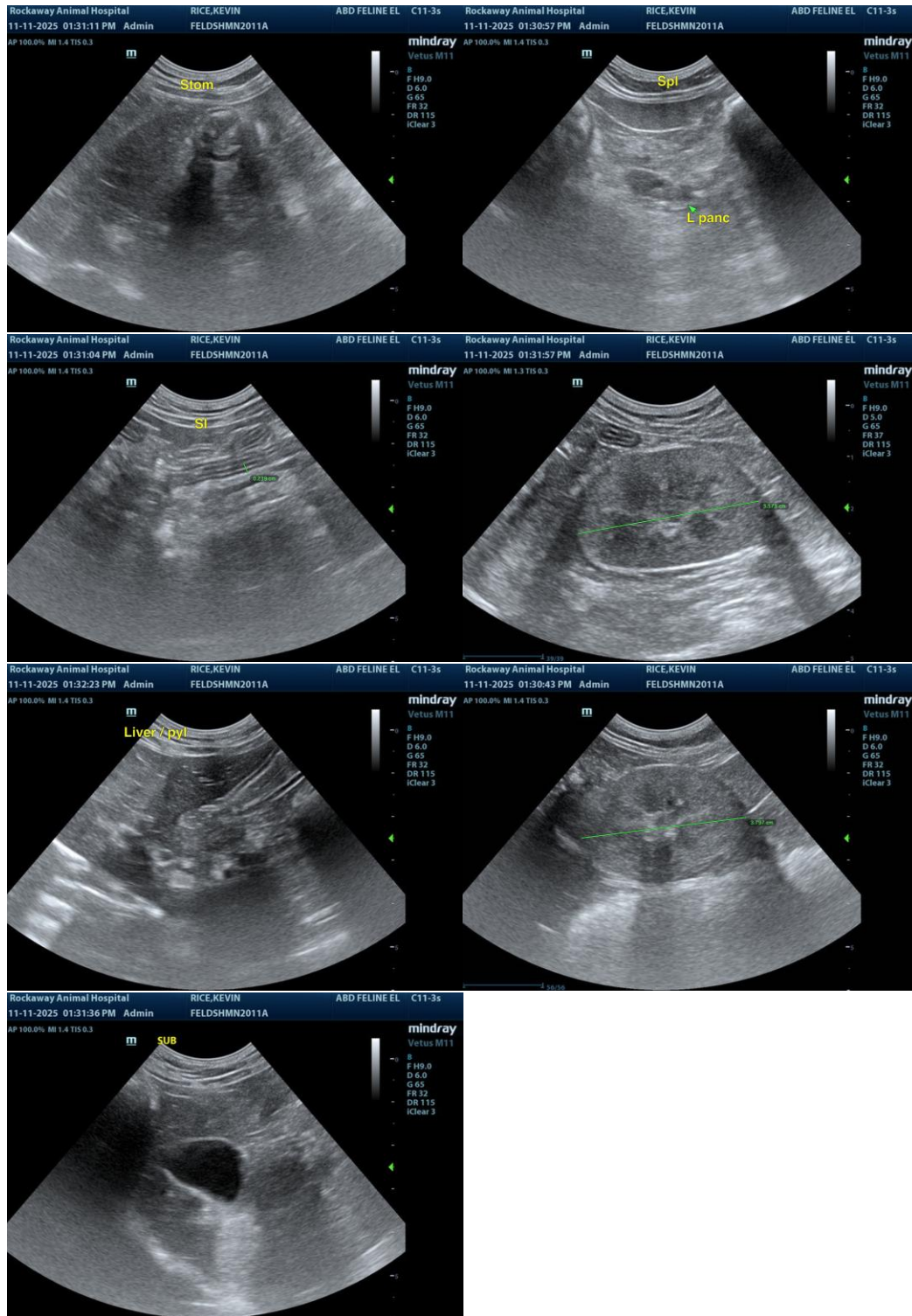
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

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