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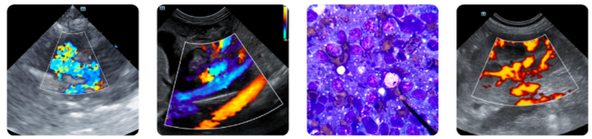


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Jessie Dempski

SPECIES
Feline

BREED
DLH

SEX
Female Spayed

AGE
12

WEIGHT
8.6 lbs

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

IMAGING PERFORMED BY
Danni Shemanski

HOSPITAL NAME
Western NY VS

REFERRING VET
Dr. Lefler Brockport AH

INVOICE
12819

DATE
11/14/25

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: HX Chronic pancreatitis confirmed a yr ago on ultrasound; had dilated pancreatic duct then. RDVM did exploratory SX to rule out bezoar and reconfirmed severe pancreatitis Improved with medical management last year. This year, owner noticed the same clinical signs as last year CLINICAL SIGNS: Decreased appetite, won't eat unless she takes her cyproheptadine. No vomiting or diarrhea.

MEDICATIONS: Ciproheptidine 4mg ¼ PO SID Prednisolone 5mg PO SID

Abnormal PE/Chem/CBC/UA Results: RDVM has been monitoring fPLI It recently doubled (exact value wasn't included)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent, echogenic to particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and margination was 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 3.5 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

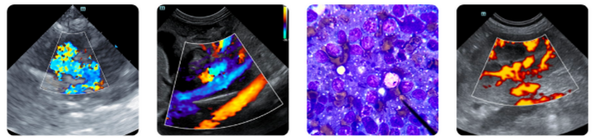
The left and right adrenal glands were not definitively visualized.

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

The liver was normal in size, structure, and contour with normal vascular volume. 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 to subnormal in size without evidence of inflammation or wall edema. Mild anechoic bile was present. Generalized diffuse segmentally torturous common bile duct dilation from the level of the cystic duct to approximate level of the duodenum. Normal common bile duct wall. The common bile duct contained anechoic content without overtly visualized mucus or calculi. Common bile duct dilation measured 0.57 cm.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, echogenic, non-shadowing ingesta without signs of foreign material or obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Primarily generalized, mild, non-shadowing ingesta to the level of the colon.

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

Pancreas

The pancreas exhibited subjective normal size with asymmetrical contour and heterogeneous remodeled parenchyma. Significant pancreatic duct dilation was noted. The pancreatic duct content was anechoic without evidence of visualized calculi.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

PRIMARY FINDINGS

- Non-distended gallbladder with diffuse moderate common bile duct dilation
- Chronic pancreatitis with significant pancreatic duct dilation
- Normal gastrointestinal tract with generalized gastrointestinal ingesta – ingesta consistent with good echogenicity

SECONDARY FINDINGS

- Age-related renal changes
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with full lab work to assess hepatic enzyme levels if not done is recommended. Chronic pancreatitis and probable associated pancreatic duct dilation with potential for chronic cholangitis is considered probable. Definitive evidence of common bile duct obstruction, i.e. calculus, stricture, and duodenal papilla pathology was not obvious. Given current medication suppression of intestinal mural changes cannot be excluded and triaditis could be a potential in this patient if previous or current hepatic enzyme elevations. Gastrointetsinal support and empirical therapy for chronic pancreatitis would be reasonable with clinical monitoring. If evidence of progressive hepatopathy or cholestasis sonographic reassessment indicated while advanced imaging such as CT may be indicated for further assessment.

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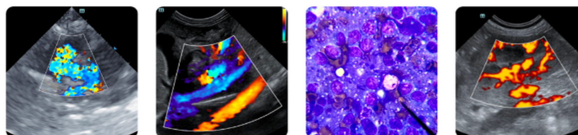

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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