



**PATIENT**

Arthur Evoniuk

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

MN

**AGE**

10 years

**WEIGHT**

6.44 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Jessie Evoniuk

**HOSPITAL NAME**

State Avenue Vet  
Clinic

**REFERRING VET**

Dr. Jessie Evoniuk

**INVOICE**

15483

**DATE**

11/16/22

**PRESENTING CLINICAL SIGNS**

vomiting and history of pancreatitis.

Abnormal PE/Chem/CBC/UA Results: cbc/chem wnl snap fpl inconclusive

**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. Primarily anechoic urine was present in the lumen. Mild to moderate, non-dependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, 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.

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 3.7 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 0.42 cm width. No overt pathology was noted in the area of the right adrenal gland.

**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 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.

**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 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 duodenum wall measured 0.25 cm width. The jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.27 cm width.

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

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***Pancreas***

The left pancreatic limb of the pancreas was normal in size and contour with isoechoic, heterogeneous to mild regional hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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***Free Abdomen***

Focal to intermittent, mildly prominent, isoechoic to mildly nonhomogeneous mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.6 cm diameter. These lymph nodes were not consistent with inflammatory or neoplastic criteria. No peritoneal free fluid was noted. No omental masses were present.

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**ULTRASONOGRAPHIC FINDINGS**

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- Heterogeneous to mild hyperechoic pancreas - suggestive of chronic pancreatitis with potential minor to emerging pancreatic fibrosis
- Sonographically unremarkable gastrointestinal tract
- Mild age-related kidneys
- Urinary bladder sediment

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urine C/S on a sterile urine sample is suggested if evidence of inflammatory urinary bladder sediment.

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Potential for chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation in light of inclusive fPL.

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Dietary intolerance / food hypersensitivity could be considered. Assessment of cobalamin and folate levels is suggested to assess for or rule out structurally insignificant or concurrent intestinal disease or if evidence of weight loss going forward. Empirically, as-needed GI support, potential hydrolyzed diet trial, and supportive therapy for chronic pancreatitis would be reasonable.

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Overall, no evidence of significant visceral pathology.

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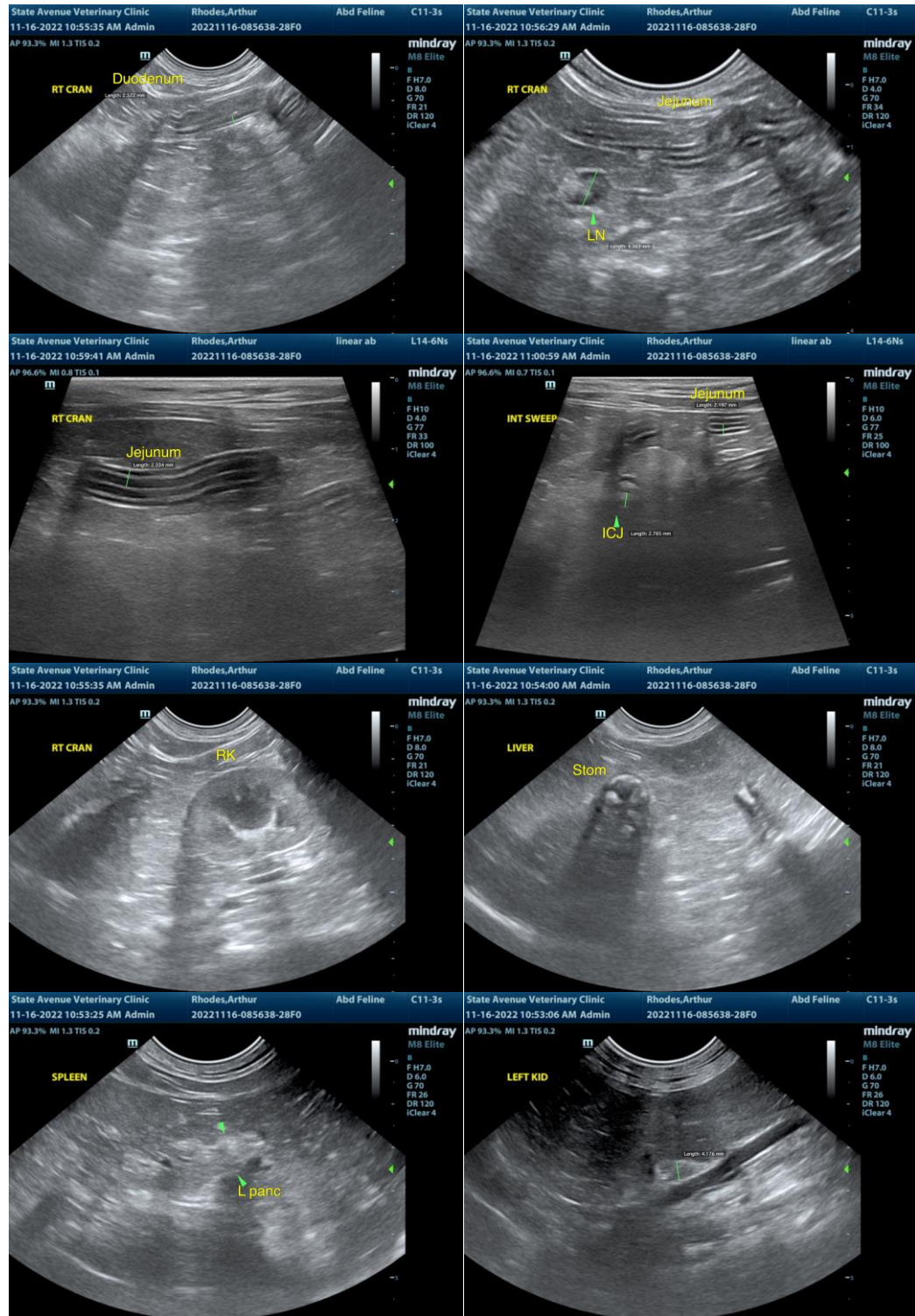
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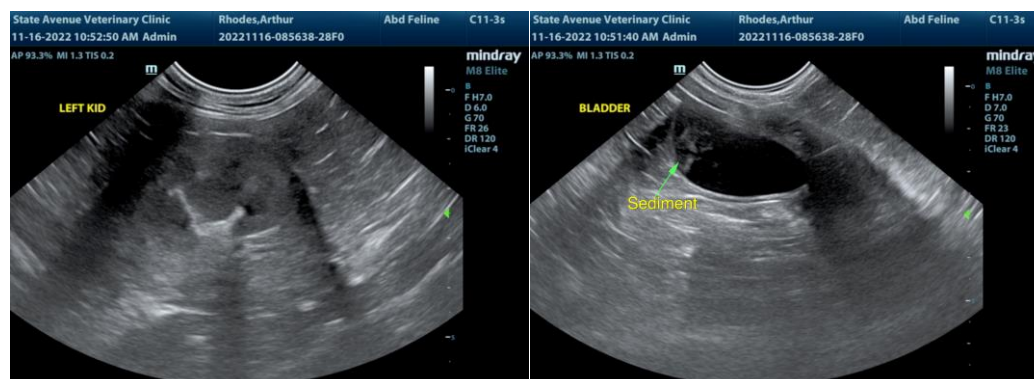
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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