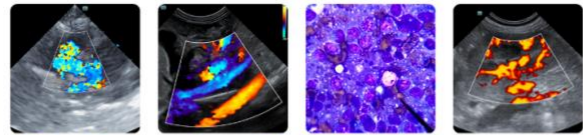


PATIENT

Gilia Uhl

SPECIES

Feline

BREED

Bengal

SEX

Spayed Female

AGE

12 Years

WEIGHT

4.8 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Salem Veterinary Emergency Clinic

REFERRING VET

Dr. Redler

INVOICE

12314

DATE

11/18/25

PRESENTING CLINICAL SIGNS

Hydration: Very prolonged skin tent Pain Score: 1/4 BCS: 5/9 Anorexia r/o pancreatitis, infection, neoplasia, gastritis, unknown Hepatic lipidosis: secondary to anorexia ABNORMAL Labwork Values CBC: Mild anemia and leukocytosis Chemistry: Hyperglycemia (stress vs pancreatitis), Hyperglobulinemia, and elevated total bilirubin. Pancreatic lipase: high end of normal 11/17/25 2 am Chemistry panel: -GLU inc @ 219 mg/dl -Ca dec. @ 7.5 mg/dl -AlKP inc. @ 11 U/L -TBIL @ 6.6 mg/dl -K+ dec. @ 3.0 mmol/L -CL- dec. @ 111 mmol/L PCV 23% T.S. 8.0 g/dl

Abnormal PE/Chem/CBC/UA Results: Current Medications Tx Plan: -Norm R + Vitamin B complex (added 20mEQ/L KCL) @ 20 ml/hr -Cerenia (10 mg/ml) 0.45 ml IV q 24 hours for anti-emetic -Ampicillin Sulbactam (30 mg/ml) 4.5 ml IV q 8 hours -Gabapentin (50 mg/ml) 1.0 ml PO q 8-12 hours for pain control -Added BNP ointment: 1/4 inch strip in the left eye twice daily -Elura (20 mg/ml) 0.45 ml PO q 24 hours for appetite stimulant -Repeat CCP q 12 hours -Feed 1/4 RER: Jevity 6 ml through NG tube q 4 hours for first 24 hours -Offer bland diet q 4 hours -Monitor vitals q 4 hours, wt q 12 hours Meds to go home: Rx NeoPoly Bac. (#1 tube): Place 1/4 inch strip in the left eye twice daily for 7 days. Radiographic Findings Radiographs: Hepatomegaly

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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and asymmetrical 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild areas of medullary mineral were present without evidence of pyelectasia. The right kidney measured 3.6 cm in length. The left kidney measured 3.9 cm in length.

Adrenal Glands

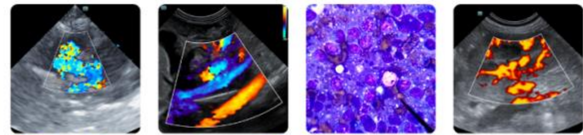
The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.44 cm width. The right adrenal gland measured 0.46 cm width.

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 measured 0.95 cm width level of the mid spleen.

Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a



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mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The common bile duct was sonographically 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. Gastric body wall measured 0.24 cm wall width.

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 0.28 cm width. The jejunum wall measured 0.23 cm width.

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

Pancreas

The left pancreas presented prominent in size, asymmetrical contour and heterogeneous remodeled parenchyma with mildly prominent pancreatic duct.

Free Abdomen

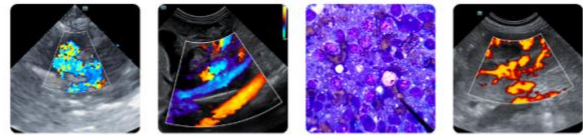
No visualized significant omental lymphadenopathy was present. Minor pockets of intermittent peritoneal effusion were visualized.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable empty gastrointestinal tract.
- Chronic/chronic active pancreatitis with remodeling.
- Noncongested hepatomegaly.
- Mild gallbladder debris, sonographically unremarkable area of common bile duct.
- Bilateral chronic renal changes.
- Minor volume peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Metabolic, reactive or vacuolar hepatomegaly, inflammation, emerging lipidosis, occult hepatic neoplasia are all potentials. Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology could be considered for further clarification. Concurrent effusion analysis cytology +/- culture/sensitivity if possible are recommended. Nonstructural intestinal disease may present sonographically normal. A GI panel to include PLI, TLI, cobalamin and folate to correlate with pancreas and to assess for nonstructural intestinal disease may be considered. Gastrointestinal support and empirical therapy for chronic/chronic active pancreatitis with clinical monitoring and as needed sonographic reassessment if progressive clinical signs, hepatopathy, or peritoneal effusion is recommended.



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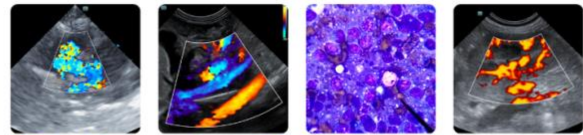

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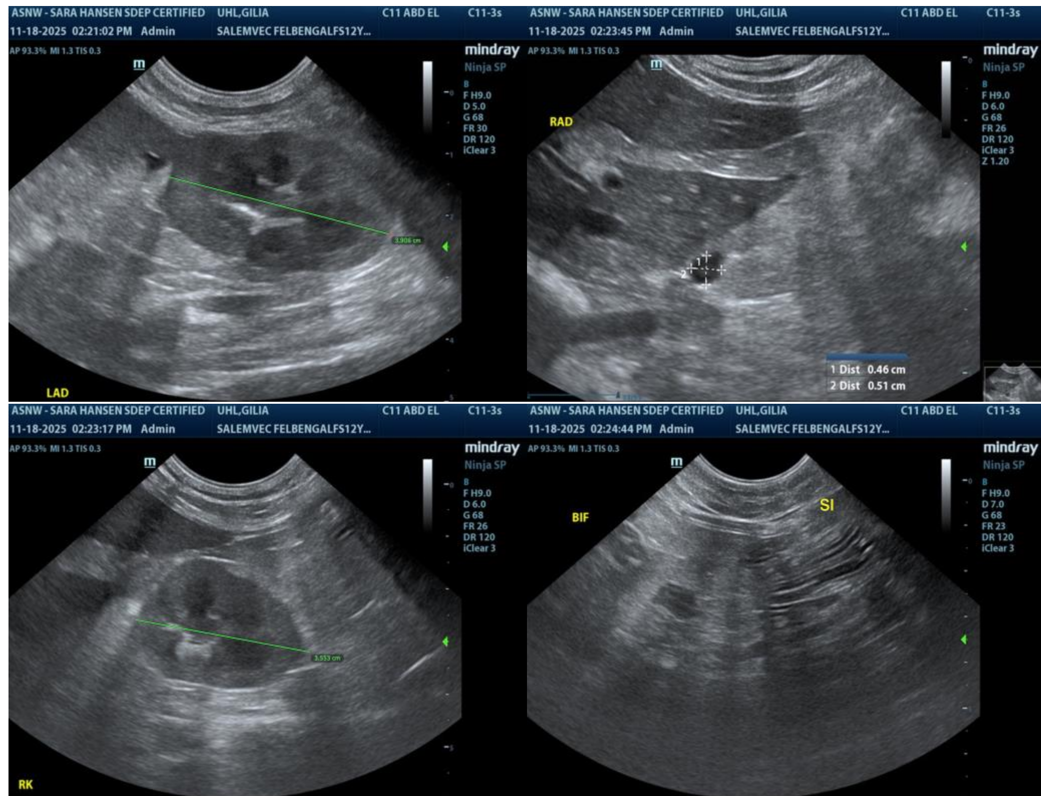

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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