



PATIENT

Elli Berger

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

18 Years

WEIGHT

8.54 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Christa Williams
DVM, DABVP

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Christa Williams
DVM, DABVP

INVOICE

12338

DATE

11/19/25

PRESENTING CLINICAL SIGNS

Elli was treated for suspected acute pancreatitis and Acute on Chronic Kidney Injury in September and has done well since then. Her recheck labs in October showed an fPLi of 40.3, so abdominal US was recommended. She is also hyperthyroid and CKD Stage 3. Her appetite and energy level are good. She is not vomiting and her only medications are methimazole and a renal diet.

Abnormal PE/Chem/CBC/UA Results: No pain on abdominal palpation. She was down in weight 0.3 pounds from the October visit. October labs: Creat 2.9, BUN 47, Hct 28%, fPLi 40.3, T4 0.8, BG 133, liver values all WNL.

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. Nondependent particulate moderate 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.

The right kidney presented with mild subnormal size. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and marked loss of corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 2.9 cm in length.

The left kidney presented with borderline subnormal size. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.0 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 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 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.

Liver

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 parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A small nondisruptive caudate lobe intraparenchymal cyst was visualized containing anechoic fluid.



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The gallbladder was normal to mildly subnormal in size potentially secondary to the presence of gastric ingesta. 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 variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

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. Small intestine wall measured 0.21 cm wall width.

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

Pancreas

The left and right pancreatic limbs presented enlarged in size, capsule asymmetry and variable heterogeneous parenchyma exhibiting indistinct nodular changes and intermittent cysts. The left pancreatic limb measured 1.4 cm width.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment.
- Moderate to marked chronic renal changes with mild subnormal right kidney size.
- Mild parenchymal remodeling with caudate lobe intraparenchymal cyst.
- Sonographically normal gastrointestinal tract with gastric ingesta- ingesta suggestive of food echogenicity.
- Persistent chronic/chronic active pancreatitis with parenchymal remodeling, indistinct nodular changes and small pancreatic cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient is stable, continued as needed gastrointestinal support and empirical therapy for chronic to chronic active pancreatitis would be reasonable. Urinary work up including urinalysis if not recently done, urine culture/sensitivity and baseline UPC level for renal staging is recommended. Sonographic reassessment is indicated if recurrent clinical signs of pancreatitis or progressive azotemia.



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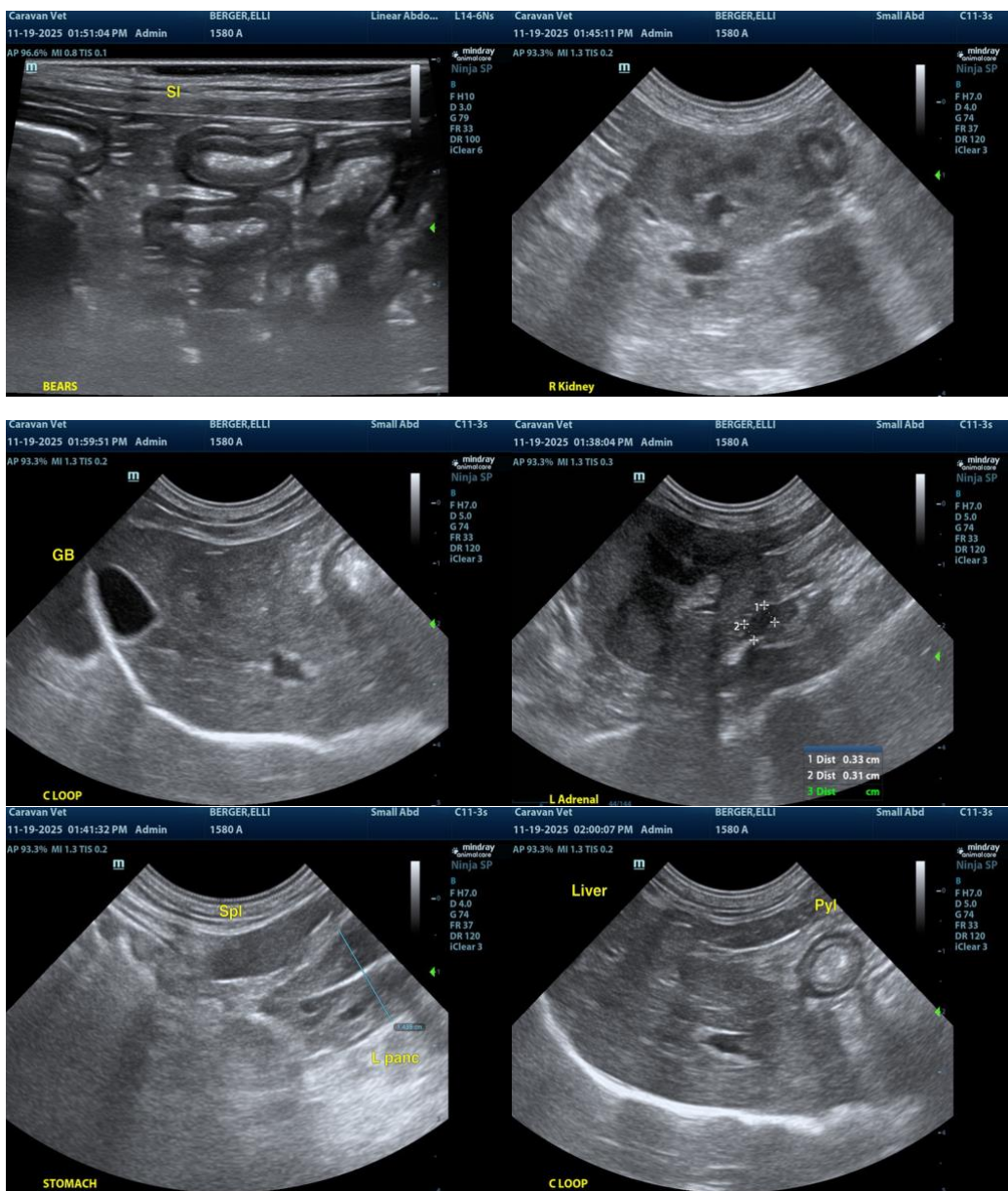
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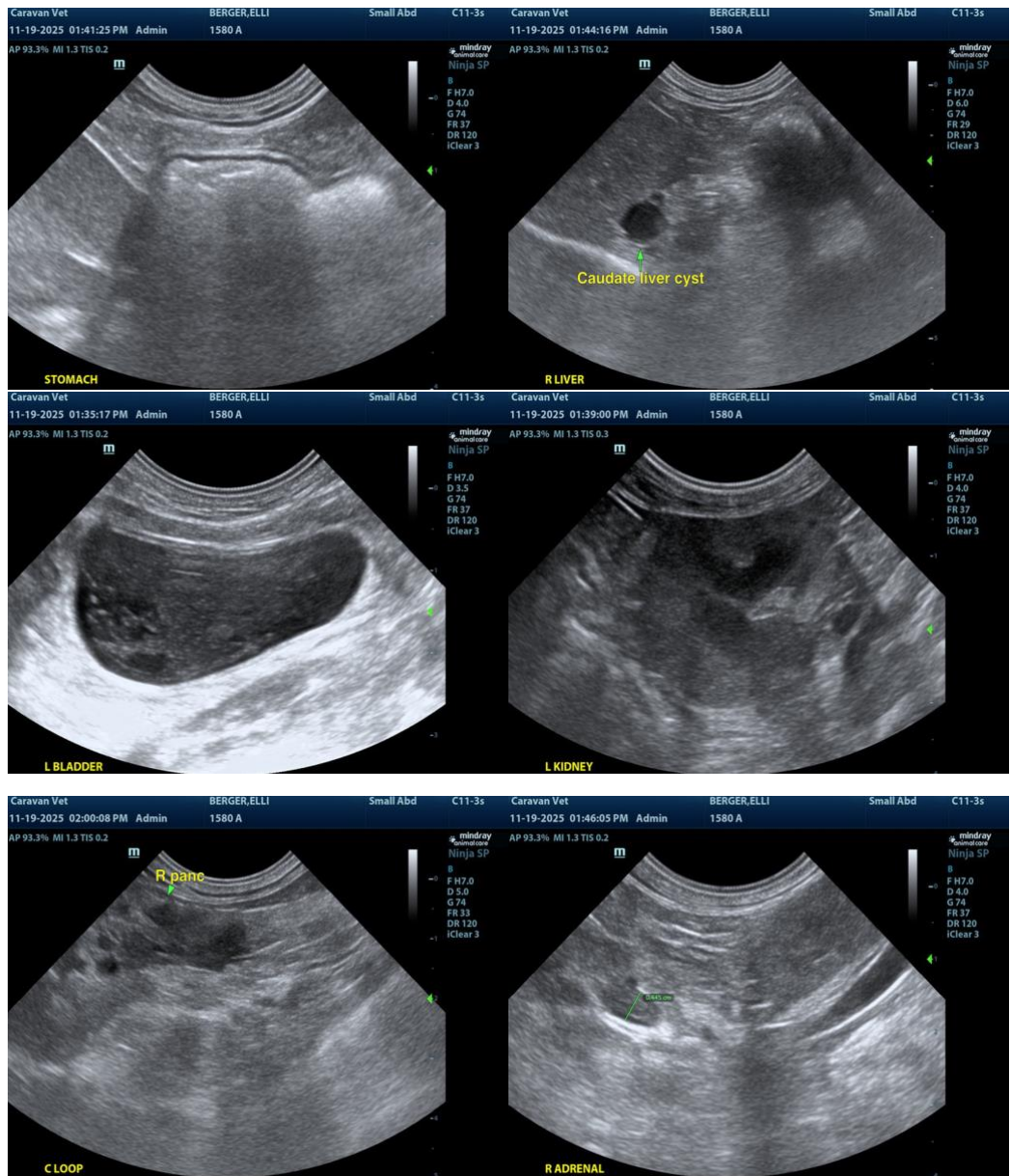
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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