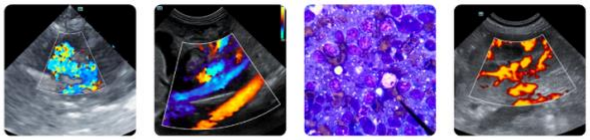

PATIENT

Jetson O'Brien

SPECIES

Feline

BREED

Russian Blue

SEX

Neutered Male

AGE

6

WEIGHT

11.6

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside Veterinary Clinic

REFERRING VET

Dr. Griffin

INVOICE

12329

DATE

11/19/25

PRESENTING CLINICAL SIGNS

Patient feline housemate was recently treated for pancreatitis. Owner fed little soups. This cat became acutely vomiting white foam. Patient is still anorexic despite 24 hrs of symptomatic care

PE: Abdominal pain palpable, T 103 CHEM: QPL >50 CBC: WNL CHEM: WNL RADS: Mild loss of detail in the cranial abdomen, no obvious mass or obstructive pattern.

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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

No obvious pathology in the areas of the left and right adrenal glands.

Spleen

The spleen presented mildly enlarged, mild asymmetrical medial capsule contour with mild heterogeneous parenchyma. The spleen measured 1.1 cm width level of the mid spleen.

Liver

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 mildly distended with concurrent mild cystic and proximal common bile duct dilation. The gallbladder, cystic and common bile duct contained anechoic content.

Gastrointestinal

The stomach presented with normal intact wall layering with empty lumen.

The small intestine exhibited mildly thickened duodenum wall with subjective mild decreased duodenojejunal mucosa echogenicity with generalized empty small intestine lumen without evidence of mechanical/metabolic ileus pattern and segmental gas to the level of the colon. The duodenum wall measured 0.28 cm width. The jejunum wall measured 0.25 cm width.

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

Pancreas

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The left limb and right limb of the pancreas presented mildly swollen and hypoechoic exhibiting mild regional hyperechoic to inflamed omentum. No overt evidence of neoplasia.

Free Abdomen

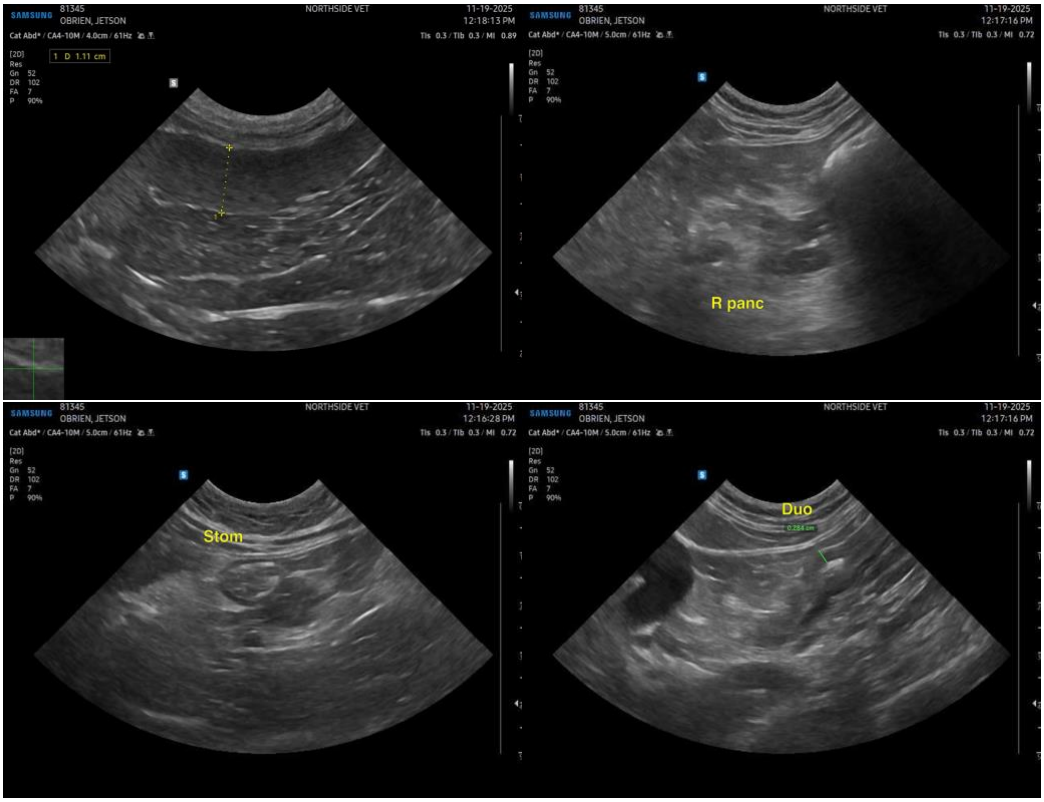
Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Example of lymph nodes measured 2.4 cm x 0.65 cm. No evidence of peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis with regional peripancreatic inflammation.
- Mild distended gallbladder, cystic and common bile duct.
- Probable associated duodenitis to generalized enteritis pattern.
- Intermittent mild subjective benign mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hospitalization with continued empirical therapy for pancreatitis including gastrointestinal support and with monitoring of body temperature, calcium level or for evidence of concurrent hepatopathy as hypocalcemia, hypothermia and lipidosis combined with pancreatitis may indicate a guarded to poor prognosis. As needed sonographic monitoring is recommended if no improvement. Potential for emerging pancreatic or intestinal neoplastic criteria which may present in a similar sonographic manner, is thought less likely.



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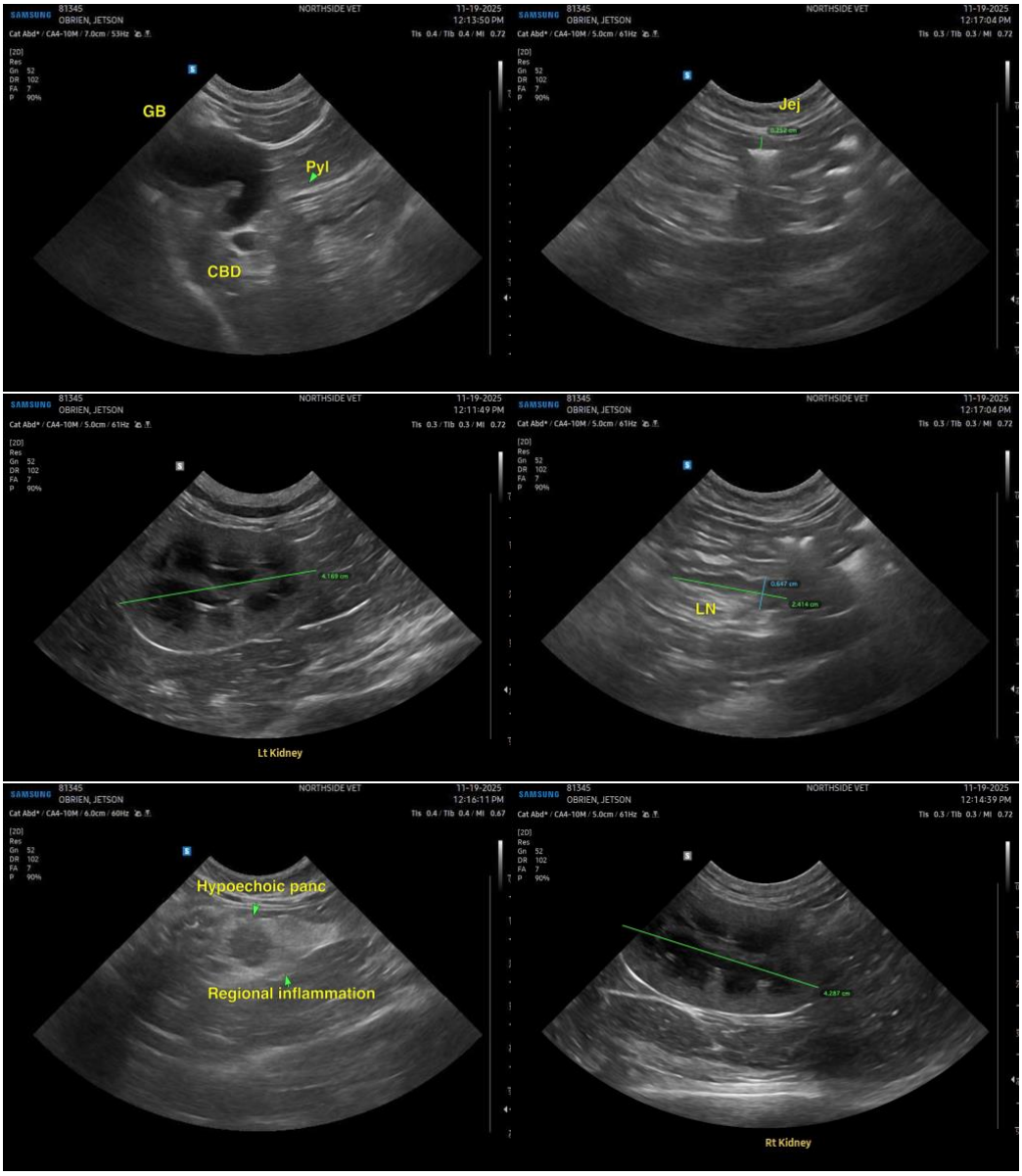

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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