



## PATIENT

Henry Pincock

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

11 years

## WEIGHT

7.05 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenna Walsh, CVT

## HOSPITAL NAME

West Eugene AH

## REFERRING VET

Dr. Powers

## INVOICE

12498

## DATE

11/1/21

## PRESENTING CLINICAL SIGNS

Hyporexia, weight loss, and lethargy for the past 3 weeks. Urinating outside of the litter box. No vomiting or diarrhea. Will stand over the water bowl, but is drinking less. Severely dehydrated upon exam on 10/29/21. Pale pink to slightly icteric mucous membranes. Abdomen doughy, but soft and non-painful.

Abnormal PE/Chem/CBC/UA Results: ALT 14, AMY 1789, TBili 1.4, BUN 41, CRE 2.7, T4 0.7, LYM 1.08, RBC 4.95, HGB 6.2, HCT 21.21, MCHC 29.5, PLT 58 (clumped), MPV 10.2. UA pending.

## 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 changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild pyelectasia was noted in both kidneys. The left kidney measured 3.6 cm in length. The right kidney measured 3.2 cm in length.

### Adrenal Glands

No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

### Spleen

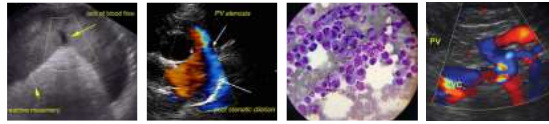
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen exhibited subnormal size, likely owing to volume contractions. The spleen measured 0.59 cm in width.

### Liver/ Gallbladder

The liver exhibited subjective mild generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma



<b>PATIENT</b>	was uniform with a 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 visualized abdominal caudal vena cava was sonographically unremarkable.
Henry Pincock	
<b>SPECIES</b>	The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of post hepatic obstruction was noted
Feline	
<b>BREED</b>	<b><i>Gastrointestinal</i></b>
DSH	The stomach presented mildly prominent yet intact wall layering owing to mild gastric mucosa hypertrophy. Moderate, retained, primarily anechoic fluid and mild echogenic chyme was present. No evidence of gastric foreign material or mechanical pyloric outflow obstruction.
<b>SEX</b>	
MN	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The duodenum exhibited generalized nonobstructive ileus. The duodenum wall width measured 0.24.
<b>AGE</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
11 years	
<b>WEIGHT</b>	<b><i>Pancreas</i></b>
7.05 lbs.	The pancreas exhibited generalized enlargement with mild asymmetrical to swollen capsule contour and generalized hypoechoic to heterogeneous parenchyma compared to adjacent omentum. Mild pancreatic duct dilation was noted. The pancreatic enlargement was most prominent in the pancreas base and left pancreatic limb.
<b>INTERPRETED BY</b>	<b><i>Free Abdomen</i></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt lymphadenopathy was present. The omentum exhibited generalized mildly nonuniform increased echogenicity along with concurrent moderate peritoneal free fluid. The peritoneal free fluid was primarily anechoic with subjective potential for mild cellular component. No overt evidence of distinct omental masses.
<b>IMAGING PERFORMED BY</b>	Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.
Jenna Walsh, CVT	
<b>HOSPITAL NAME</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
West Eugene AH	<b><i>Primary Findings</i></b>
<b>REFERRING VET</b>	<ul style="list-style-type: none"> <li>• Pancreatitis - subjectively mild to moderate, active</li> <li>• Bilateral moderate chronic renal changes with mild pyelectasia</li> <li>• Mild nonspecific hepatomegaly with minor, likely incidental gallbladder debris - possible acute to emerging hepatopathy given the short half-life of hepatic enzymes in cats</li> <li>• Gastroduodenitis with gastric and duodenal hypomotility</li> <li>• Generalized peritonitis exhibited by diffusely echogenic to hyperechoic omentum and concurrent peritoneal free fluid</li> </ul>
<b>DR. POWERS</b>	
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia in both kidneys may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein:creatinine ratio on sterile urine sample is recommended.

Recommend abdominocentesis, rapid cytospin and rapid slide preparation of the sediment to conserve the integrity of the cells would be recommended in order to optimize the cytological interpretation. Culture of the fluid can also be considered if any suspicion of inflammatory elements is noted. FIP is technically a potential; therefore, FIP titers on the fluid are essential; however, given the age of the patient FIP is less likely. Diffuse abdominal inflammation, potentially owing to pancreatitis or possible neoplasia such as carcinomatosis, lymphomatosis or similar are considered primary differentials.

The free fluid has mild echogenic changes to it. Given no reported subnormal albumin that would diminish oncotic pressures to the point of causing free fluid as well as no overt evidence of passive congestion with hepatic vasculature or vena cava and no significant, overt, diffuse hepatic disease is noted as well as no evidence of congestive cardiomyopathy, or intestinal perforation or other pathology that would be responsible for effusion of this nature, diffuse intraabdominal inflammation potentially owing to pancreatitis or lymphatic obstruction owing to nonobvious neoplasia such as carcinomatosis, lymphomatosis or similar is of primary concern.

Assuming normal clotting status, screening hepatic FNA could also be considered for screening cytology. A very guarded prognosis is warranted.





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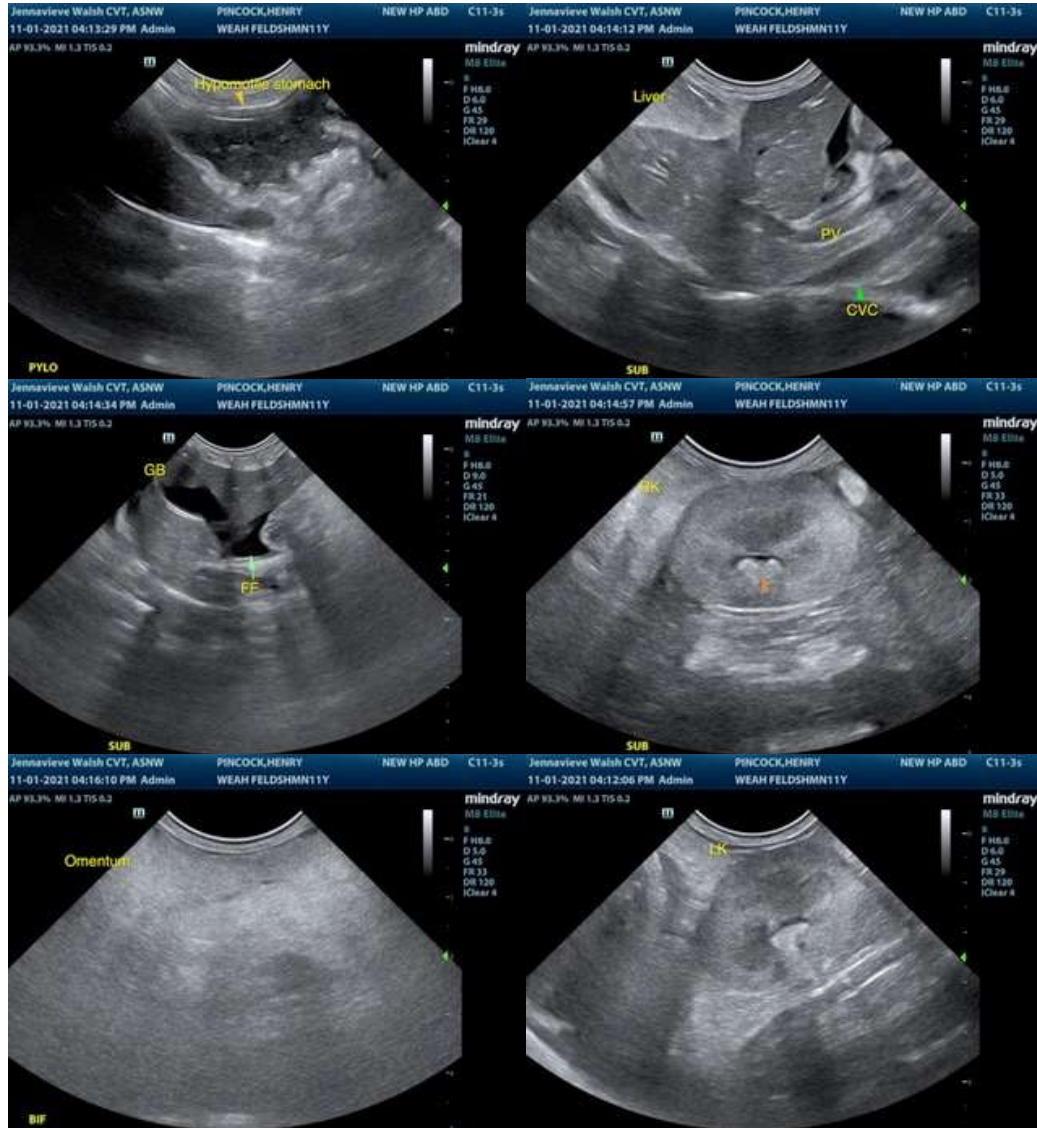
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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