

**PATIENT**

Lynx Peterson

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

13 years

WEIGHT

9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Westerhof

INVOICE

12513

DATE

11/2/21

PRESENTING CLINICAL SIGNS

Not eating well and is diabetic. Going in and out of the litterbox. Did eat this morning 1/4 can.

Abnormal PE/Chem/CBC/UA Results: WBC 21.22, lymph 0.97, neut 18.75, ALP 101, ALT 369, BUN 38, CREA 2.2, Ca 13.7, GLU 342, TP 8.3

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 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. Mild pyelectasia was noted in both kidneys. The left kidney measured 3.5 cm in length. The right kidney measured 3.3 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 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 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/ Gallbladder

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 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 minor gallbladder wall edema extending into the cystic biliary duct. The cystic biliary duct and proximal common bile duct exhibited mild torturous dilation containing primarily anechoic fluid. A mild amount of gallbladder mineral, as well as focal, nonobstructive common bile duct mineral, was noted.

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Gastrointestinal

The stomach was sonographically unremarkable yet contained a moderate amount of retained echogenic, nonshadowing fluid and chyme. Focal hyperechoic to shadowing echo was noted in the area of the gastric antrum yet not overtly obstructive to pyloric outflow, measuring approximately 2.1 cm in diameter.

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 width measured 0.25 cm width. The jejunum wall width measured 0.25 cm. The ileocolic wall width measured 0.33 cm.

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

Pancreas

The pancreas exhibited mild prominent size most notable in the area of the left pancreatic limb with left pancreatic limb nodular to cystic parenchymal changes. An example of a moderately sized cyst containing anechoic fluid with potential concurrent cellular component in the left pancreatic limb measured 1.8 cm in width. Subtle regional peripancreatic reactive mesentery was noted.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Nodular to cystic pancreas
- Cholangitis / cholangiohepatitis pattern with nonobstructive gallbladder and focal common bile duct mineral
- Mild chronic renal changes with bilateral mild pyelectasia
- Retained gastric fluid / chyme with focal, subjectively nonobstructive echogenic to shadowing echo - possible hairball density or similar

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.

Suspect chronic to chronic active pancreatitis with nodular to cystic changes which may correlate with parenchymal cysts and areas of nodular hyperplasia. A minor potential for emerging abscess in the left pancreatic limb, while pancreatic neoplasia is considered a less likely differential diagnosis. Sonographic monitoring, specifically in the left pancreatic limb +/- ultrasound-guided FNA / centesis and correlation with a Spec fPL are warranted.



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Some degree of metabolic gastric stasis is suspected. Hairball therapy may be considered if clinically indicated, while either sonographic or radiographic monitoring for evidence of normal gastric emptying is suggested.

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Hepatosupportive medications including Ursodiol +/- appropriate cholangiohepatitis protocol with monitoring of hepatic enzymes and recheck sonogram if increasing evidence of cholestasis or icterus.

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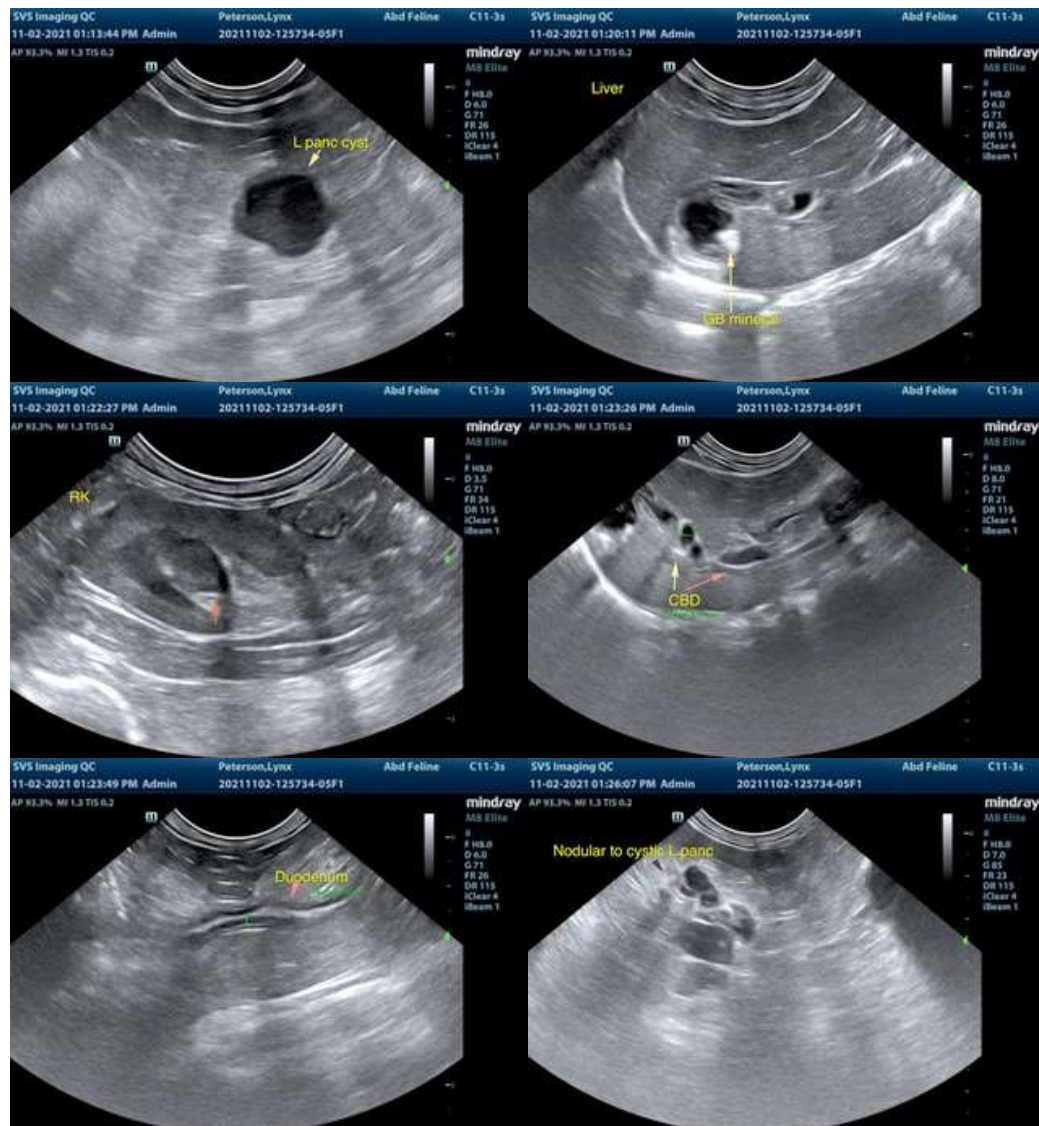
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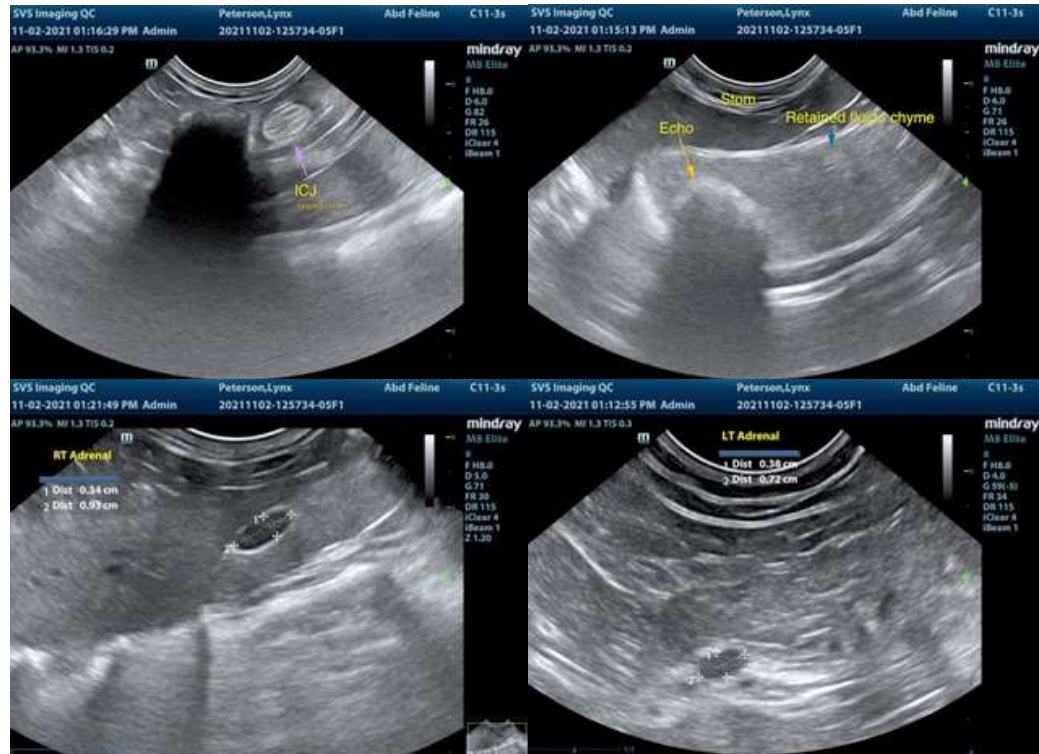
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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