



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Molly Marconi	Abnormal PE/Chem/CBC/UA Results: elevated Glu, Bili, CK low Creat, TP, Glob
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	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.
DSH	
<b>SEX</b>	The area of the aortic trifurcation was free of pathology.
FS	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. Nonobstructive areas of medullary mineral were present in the left kidney. No evidence of pelvic dilation was present. The left kidney was mildly subnormal in size compared to the right, measuring 2.8 cm in length. The right kidney measured 4.4 cm in length. The potential for mild compensatory hypertrophy was present in the right kidney.
<b>AGE</b>	
13 years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
6 kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP	The spleen exhibited borderline enlargement with 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 measured 1.0 cm in width.
<b>IMAGING PERFORMED BY</b>	<b>Liver/ Gallbladder</b>
Kelly Reshny, RVT	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 to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic content. The cystic biliary duct was mildly distended yet without evidence of concurrent common bile duct dilation.
<b>HOSPITAL NAME</b>	
Nelson AH	
<b>REFERRING VET</b>	
Dr. Frederick	
<b>INVOICE</b>	
12675	
<b>DATE</b>	
11/29/21	


**PATIENT**
***Gastrointestinal***

Molly Marconi

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. The gastric body wall width measured 0.25 cm.

**SPECIES**

Feline

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 jejunum wall width measured 0.25-0.27 cm.

**BREED**

DSH

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

**SEX**

FS

***Pancreas***

The focal to regional left pancreatic limb was mildly enlarged with subtle swollen contour and mildly hypoechoic parenchyma compared to adjacent reactive to mildly echogenic peripancreatic omentum. No overt evidence of neoplasia.

**AGE**

13 years

***Free Abdomen***

Scant free fluid primarily noted around the spleen was present. No overt lymphadenopathy was noted.

**WEIGHT**

6 kg

**ULTRASONOGRAPHIC FINDINGS**
***Primary Findings***

- Bilateral chronic renal changes with potential mild right kidney compensatory hypertrophy and mild left kidney nonobstructive medullary mineral
- Mild active to chronic active pancreatitis primarily present in the left pancreatic limb
- Associated regional peripancreatic reactive mesentery
- Mild hepatic parenchymal remodeling, sonographically unremarkable gallbladder / common bile duct
- Sonographically unremarkable gastrointestinal tract
- Borderline splenomegaly - reactive splenomegaly, hyperplasia, hematopoiesis, or incidental splenitis suspected, no overt splenic neoplastic criteria

**INTERPRETED BY**

 R. McKenzie Daniel,  
 DVM, DABVP

**IMAGING  
 PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Nelson AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
**REFERRING VET**

Dr. Frederick

Fructosamine levels are recommended if previous history or persistent hyperglycemia. Potential for Triad Disease may be possible in this patient, given the elevated, nonobstructive bilirubin levels or if previous history of hepatic enzyme elevation. However, no overt evidence of gastrointestinal mural pathology was noted. No overt evidence of pancreatic neoplastic criteria, which is considered unlikely.

**INVOICE**

12675

Medical therapy for mild active to chronic active pancreatitis with as-needed gastrointestinal support and assessment of clinical response is recommended.

**DATE**

11/29/21



**PATIENT**

Molly Marconi

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

13 years

**WEIGHT**

6 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Nelson AH

**REFERRING VET**

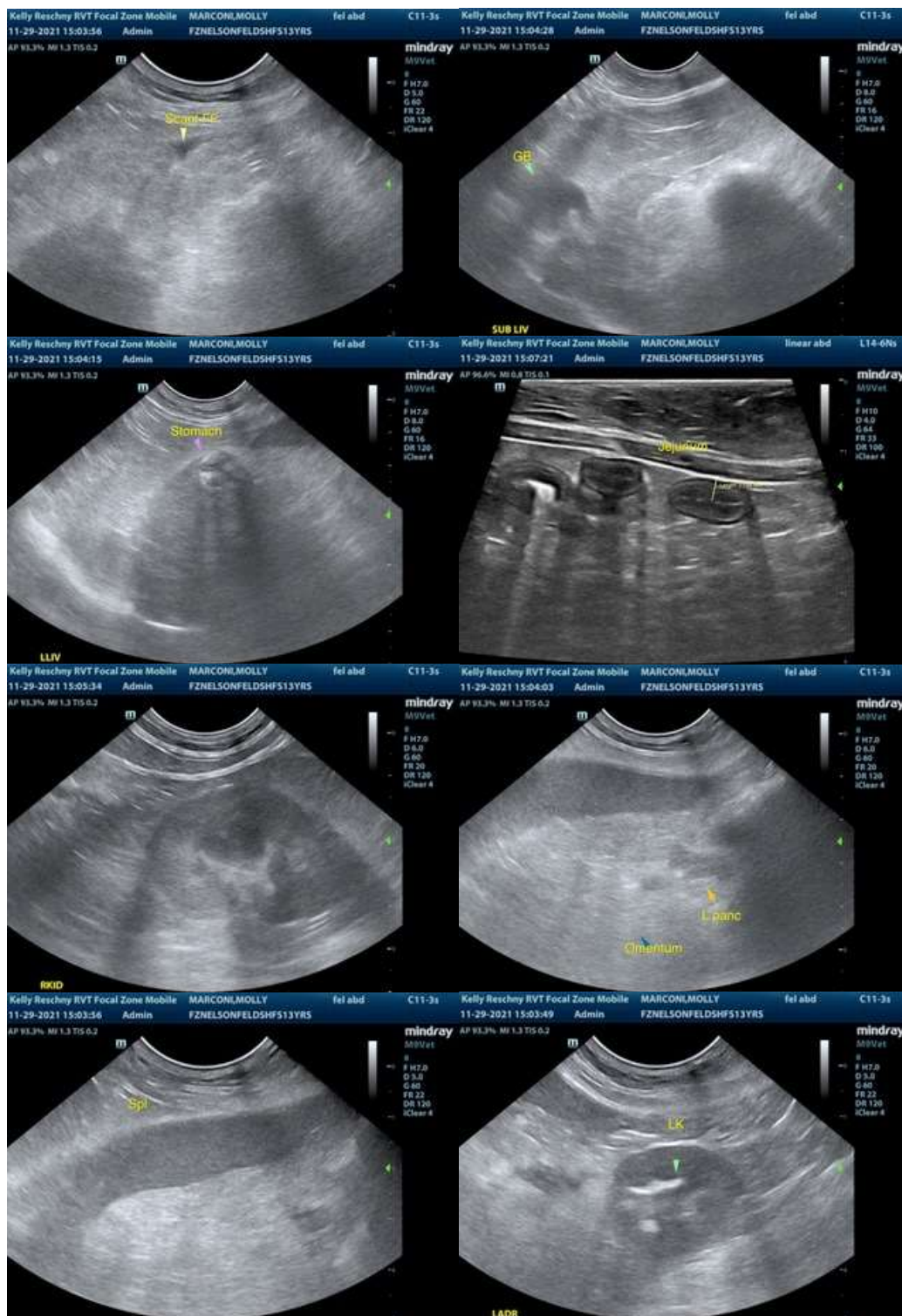
Dr. Frederick

**INVOICE**

12675

**DATE**

11/29/21



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.



**PATIENT**

Molly Marconi

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.

**SPECIES**

Feline

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**info@SonoPath.com**

**BREED**

DSH

**SEX**

FS

**AGE**

13 years

**WEIGHT**

6 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Nelson AH

**REFERRING VET**

Dr. Frederick

**INVOICE**

12675

**DATE**

11/29/21