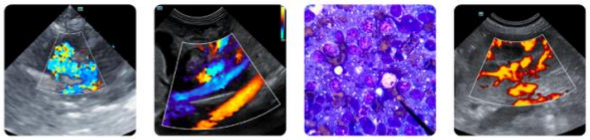


PATIENT

Cindy Ramos

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years 6 Months

WEIGHT

10.8 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Nader

INVOICE

12138

DATE

11/06/25

PRESENTING CLINICAL SIGNS

Presented for ongoing pancreatitis, chronic vomiting, inappetence. Pet was treated supportively less than 10 days ago and no improvement.

Abnormal PE/Chem/CBC/UA Results: PE: Mild dental calculus, mild discomfort on abdominal palpation.

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. Primarily anechoic urine was present in the lumen. Nondependent particulate mild to 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 area of the aortic trifurcation was free of pathology.

Normal size and margination was 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. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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.

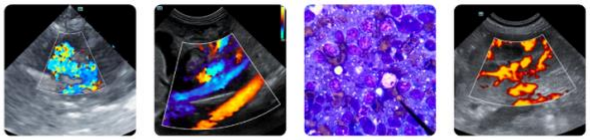
Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was 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 non-distended in size with thin walls and primarily anechoic luminal content. 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 was empty with no signs of ileus, 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 0.24 cm wall width.



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

Pancreas

The left pancreas exhibited normal to borderline prominent size, mild capsule asymmetry and mild heterogeneous remodeled parenchyma with mildly prominent pancreatic duct.

Free Abdomen

No visualized significant omental lymphadenopathy, masses or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment.
- Chronic renal changes.
- Sonographically unremarkable gastrointestinal tract/colon.
- Chronic pancreatitis with remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from sonographic evidence of chronic pancreatitis, nonstructural concurrent gastrointestinal disease may present sonographically normal. Correlation with a GI panel to include PLI, TLI, cobalamin and folate is recommended. Continued gastrointestinal support is indicated. Sonographic reassessment is recommended if progressive clinical signs or weight loss. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Screening three view chest radiographs are suggested if not done to rule out thoracic pathology as a contributing factor.

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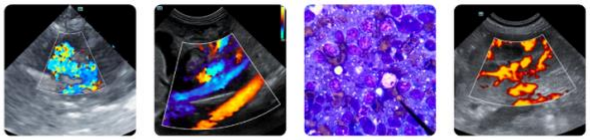

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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