



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Killer Roman	Trichobezoar present, pancreatitis, diabetic
<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.
NM	
<b>AGE</b>	The kidneys exhibited mild generalized enlargement. 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 corticomodullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present in both kidneys. The left kidney measured 4.9 cm in length. The right kidney measured 4.7 cm in length.
13	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
7.7	The left adrenal gland was indistinctly visualized, subjectively measuring 0.43 cm width. The right adrenal gland was not distinctly visualized.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen was not overtly visualized in this study potentially owing to volume contraction or possible displacement secondary to hepatomegaly.
<b>IMAGING PERFORMED BY</b>	<b>Liver/ Gallbladder</b>
Jenn	The liver exhibited moderate generalized enlargement. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.2 cm diameter. Anechoic content was present in the proximal common bile duct.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Rockaway AH	The stomach presented intact yet subjective mild prominent wall layering with minor retained anechoic fluid. The gastric body wall width measured 0.33 cm.
<b>REFERRING VET</b>	<b>DATE</b>
Dr. Maniar	The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with subjective propensity for echogenic to prominent submucosa. The jejunum wall width measured 0.25 cm.
<b>INVOICE</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
12853	
<b>DATE</b>	
12/18/21	



<b>PATIENT</b>	<b><i>Pancreas</i></b>
Killer Roman	The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
<b>SPECIES</b>	
Feline	
<b>BREED</b>	<b><i>Free Abdomen</i></b>
DSh	Small pockets of scant peritoneal free fluid were noted in the mid abdomen adjacent to the small Intestine, as well as around the caudal liver margins. No overt lymphadenopathy was noted. The omentum exhibited generalized, subjectively normal echogenicity.
<b>SEX</b>	
NM	
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
13	<b><i>Primary Findings</i></b>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>• Bilateral mild renomegaly exhibiting maintained 1:3 cortex / medulla ratio and mild pyelectasia</li> <li>• Hepatomegaly exhibiting generalized parenchyma hyperechogenicity - metabolic / reactive / vacuolar (diabetic), hepatopathy, cholangiohepatitis, lipidosis, with less likely potential for round cell neoplasia possible</li> <li>• Pancreatitis</li> <li>• Subjective mild generalized inflammatory gastroenteropathy pattern</li> <li>• Small pockets of scant peritoneal free fluid</li> </ul>
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Jenn	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.
<b>HOSPITAL NAME</b>	Assuming normal clotting status and with vitamin K pretreatment, ultrasound-guided FNA of the liver using a 25-gauge needle could be considered for screening cytology and further clarification.
Rockaway AH	Although not definitive, the gastrointestinal tract exhibited subtle changes which may suggest underlying mild inflammatory gastroenteropathy. However, if no concurrent gastrointestinal signs or evidence of weight loss, this finding is nonspecific. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered If previous or current gastrointestinal signs to assess for or rule out concurrent underlying gastrointestinal disease.
<b>REFERRING VET</b>	
Dr. Maniar	
<b>INVOICE</b>	No overt evidence of significant hairball density was noted within the gastrointestinal tract. Hairball therapy is recommended if clinically indicated.
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12/18/21	



**PATIENT**

Potential Causes of Diabetic Dysregulation

Killer Roman

This is a suggestive checkoff list if faced with an unregulated diabetic patient:

**SPECIES**

UTI

Dietary indiscretion/intolerance

Feline

Pancreatitis

Hyperthyroidism/hypothyroidism

**BREED**

Exogenous steroids (including topical eye meds)

Cushing's

DSh

Acromegaly

Owner compliance

**SEX**

Insulin quality issues

Antibodies to insulin

NM

Underlying Neoplasia

**AGE**

Diffuse liver disease

13

**WEIGHT**

7.7

**INTERPRETED BY**

R. McKenzie Daniel,  
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(Canine and Feline)

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

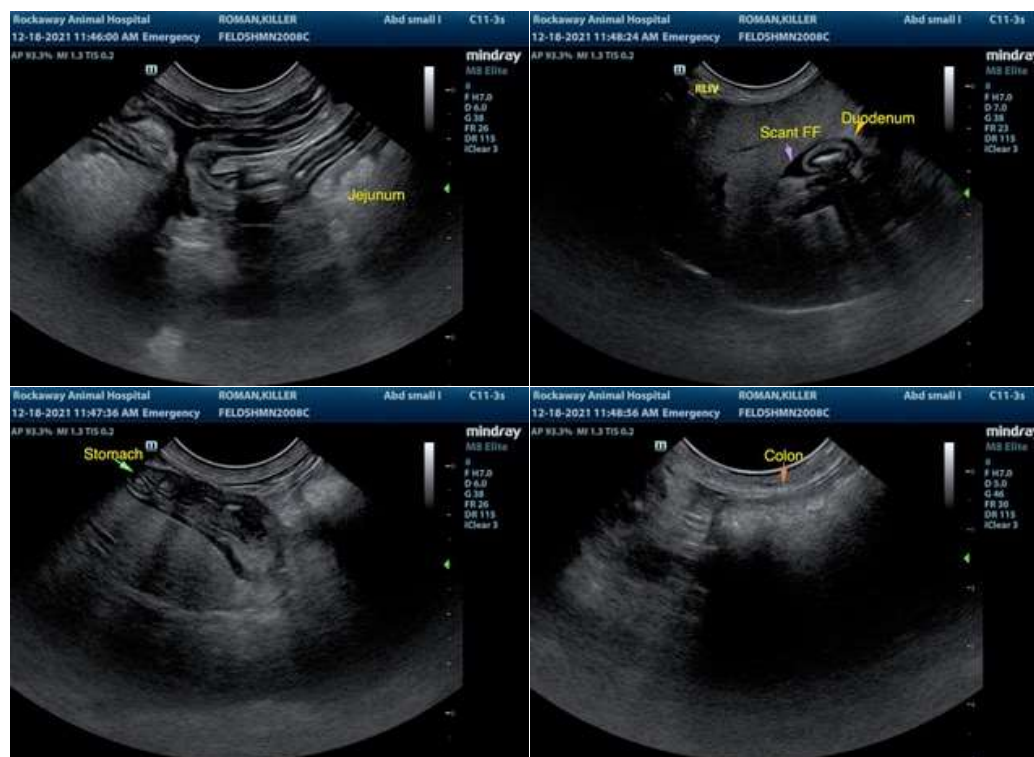
Dr. Maniar

**INVOICE**

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## PATIENT

Killer Roman

## SPECIES

Feline

## BREED

DSh

## SEX

NM

## AGE

13

## WEIGHT

7.7

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway AH

## REFERRING VET

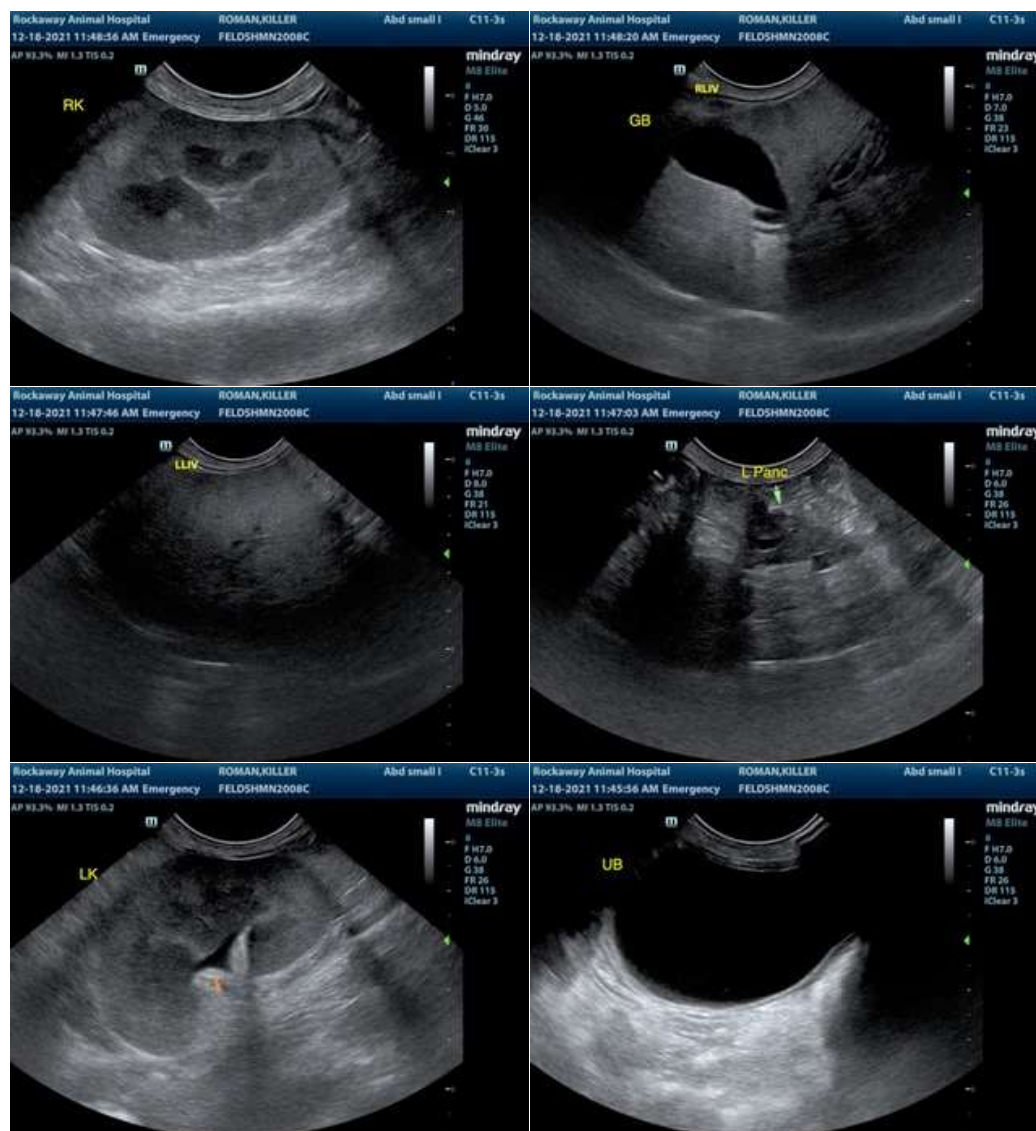
Dr. Maniar

## INVOICE

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## DATE

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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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