



PATIENT	PRESENTING CLINICAL SIGNS
Peaches Berlanga	Previous history of pancreatitis. Started vomiting 10/24, Lethargic, overweight, significant dental disease, grade 3 of 4 dental tartar, tooth resorptive lesions, many extractions. Treated symptomatically at that visit. Returned on 11/22 with same complaint and exam findings. Radiographs of abdomen unremarkable. Senior profile -Normal CBC and chemistries. T4- normal. UA- 2+ proteinuria, ph -9.0
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Overweight. Grade 3 pf 4 dental tartar. lethargy, reduced appetite. See above for lab findings.
BREED	
DLH	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
SF	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.
AGE	
14 years 2 months	The area of the aortic trifurcation was free of pathology.
WEIGHT	
11.5	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. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 3.8 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt pathology was noted in the area of the left or right adrenal glands.
IMAGING PERFORMED BY	Spleen
Dr. Nottingham	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.
HOSPITAL NAME	Liver/ Gallbladder
All Creatures AH of South Hill, INC	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.
REFERRING VET	Gastrointestinal
Dr. Preston	The visualized gastric walls were sonographically unremarkable, exhibiting intact wall layering. The lumen of the stomach contained mild to moderate ingesta exhibiting nearfield mildly hyperechogenicity with progressive distal acoustic shadowing. The pylorus wall width measured 0.24 cm. No evidence of mechanical pyloric outflow obstruction was noted.
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DATE	
12/2/21	



PATIENT	The visualized 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 0.24 cm. The duodenum wall width measured 0.27 cm. The ileocolic wall width measured 0.42 cm.
Peaches Berlanga	
SPECIES	
Feline	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	<i>Pancreas</i>
DLH	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
SEX	<i>Free Abdomen</i>
SF	A subjective amount of intraabdominal fat was present. No overt lymphadenopathy or peritoneal effusion was noted. No evidence of omental masses was present.
AGE	
14 years 2 months	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<i>Primary Findings</i>
11.5	<ul style="list-style-type: none"> • Echogenic to progressively shadowing gastric ingesta • Overtly normal small bowel and colon • Mild heterogeneous pancreas
INTERPRETED BY	<i>Secondary Findings</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Mild chronic renal changes
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Nottingham	Overall, no overt evidence of significant visceral pathology was present.
HOSPITAL NAME	The appearance of the pancreas was overtly suggestive of active or significant pancreatitis with low-grade to chronic pancreatitis suspected.
All Creatures AH of South Hill, INC	The presence of echogenic to shadowing gastric ingesta is nonspecific and may correlate with recent meal ingestion with dense ingesta. However, given the patient's history, some degree of metabolic gastric stasis is possible. The potential for hairball density or foreign material in the stomach cannot be definitively excluded.
REFERRING VET	
Dr. Preston	Correlation with recheck abdominal x-rays and monitoring of gastric emptying, If radiographic evidence of retained ingesta, may be considered. Spec fPL or a full GI panel to include PLI/TLI/Cobalamin/Folate may be considered for further assessment of the pancreas and potentially structurally insignificant gastrointestinal disease. In the meantime, continued conservative GI support is recommended. Baseline UPC is suggested if consistent proteinuria.
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PATIENT

Peaches Berlanga

SPECIES

Feline

BREED

DLH

SEX

SF

AGE

14 years 2 months

WEIGHT

11.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Nottingham

HOSPITAL NAME

All Creatures AH of
South Hill, INC

REFERRING VET

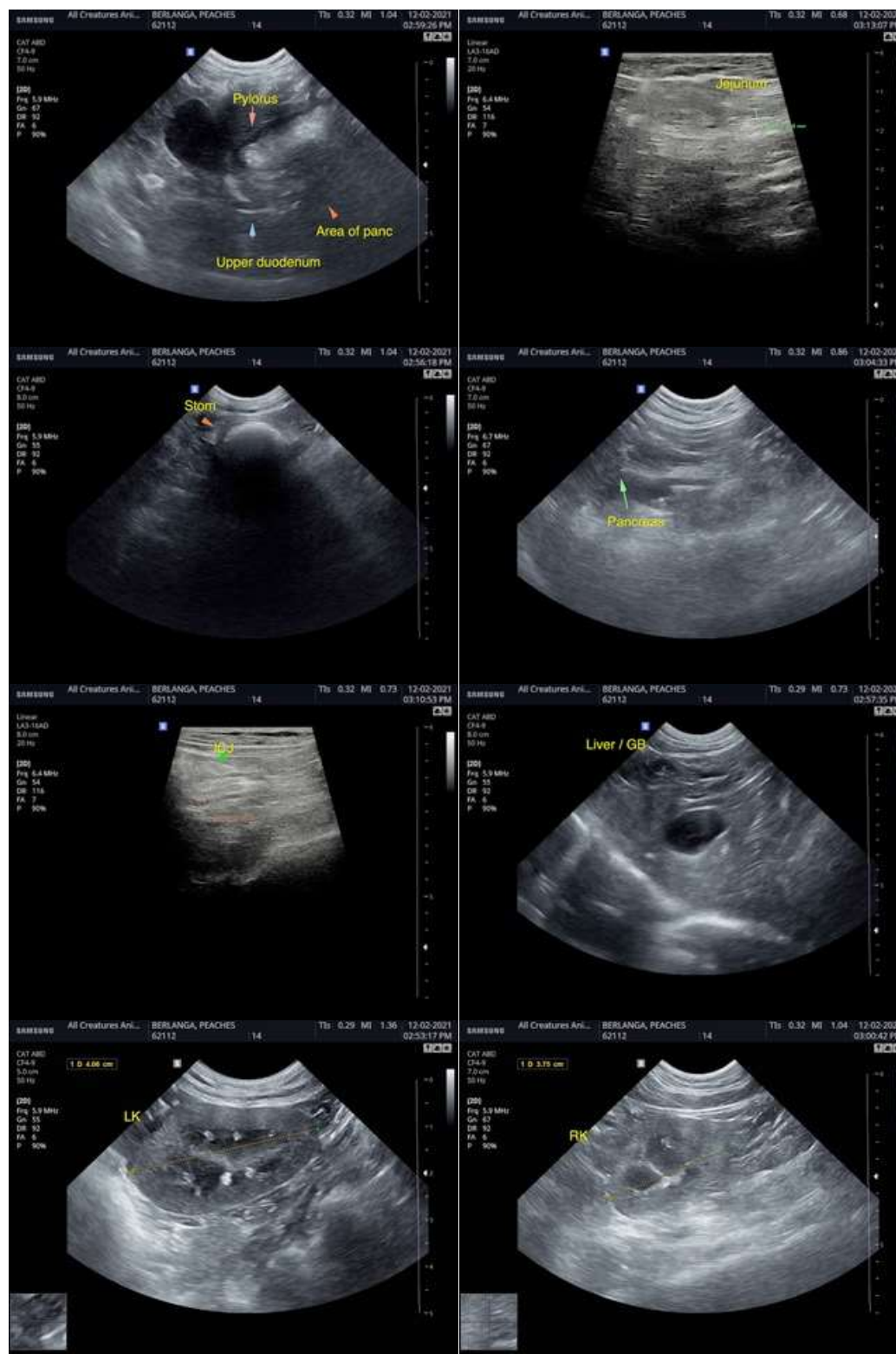
Dr. Preston

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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



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SPECIES

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AGE

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**IMAGING
PERFORMED BY**

Dr. Nottingham

HOSPITAL NAME

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REFERRING VET

Dr. Preston

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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)
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