



**PATIENT**

Pixie Stewart

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

13 years

**WEIGHT**

6.3 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Andover AH

**REFERRING VET**

Dr. Vanderbogart

**INVOICE**

12759

**DATE**

12/7/21

**PRESENTING CLINICAL SIGNS**

decreased appetite, wt loss since 8/21. Responds to convenia per owner. R/O pancreatitis.

Abnormal PE/Chem/CBC/UA Results: CPL 2025, glob 5.7 in Aug 2021; UA: protein 2+, USPG 1.063

**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. Mild, non-dependent, particulate 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 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 3.6 cm in length. The right kidney measured 3.6 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 0.41 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. The spleen measured 0.60 cm in width.

**Liver/ Gallbladder**

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 proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.22 cm diameter.

**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 pylorus wall width measured 0.27 cm.



<b>PATIENT</b>	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 0.22 cm. The jejunum wall width measured 0.20 cm. The ileocolic wall width measured 0.33 cm.
Pixie Stewart	
<b>SPECIES</b>	
Feline	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>BREED</b>	<b><i>Pancreas</i></b>
DSH	The left and right pancreatic limb exhibited subtle prominent size with mild asymmetrical contour and hypoechoic to mildly heterogeneous parenchyma compared to adjacent nonreactive or inflamed peripancreatic omentum.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
FS	No omental masses, lymphadenopathy or peritoneal effusion were present.
<b>AGE</b>	
13 years	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>WEIGHT</b>	<b><i>Primary Findings</i></b>
6.3 lbs.	<ul style="list-style-type: none"> <li>• Low-grade to chronic active pancreatitis - subjectively mild</li> <li>• Sonographically unremarkable gastrointestinal tract</li> <li>• Mild chronic renal changes</li> <li>• Minor urinary bladder sediment</li> <li>• Mild non-obstructive proximal common bile duct dilation</li> </ul>
<b>INTERPRETED BY</b>	
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<b>IMAGING PERFORMED BY</b>	
Diane McFadden	
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Andover AH	This proximal common bile duct dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.
<b>REFERRING VET</b>	Potential for structurally insignificant inflammatory bowel disease, given the mild presentation of pancreatic inflammation yet in light of the patient's weight loss, cannot be definitively excluded. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Three view chest radiographs are recommended to rule out occult thoracic pathology.
Dr. Vanderbogart	
<b>INVOICE</b>	
12759	The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.
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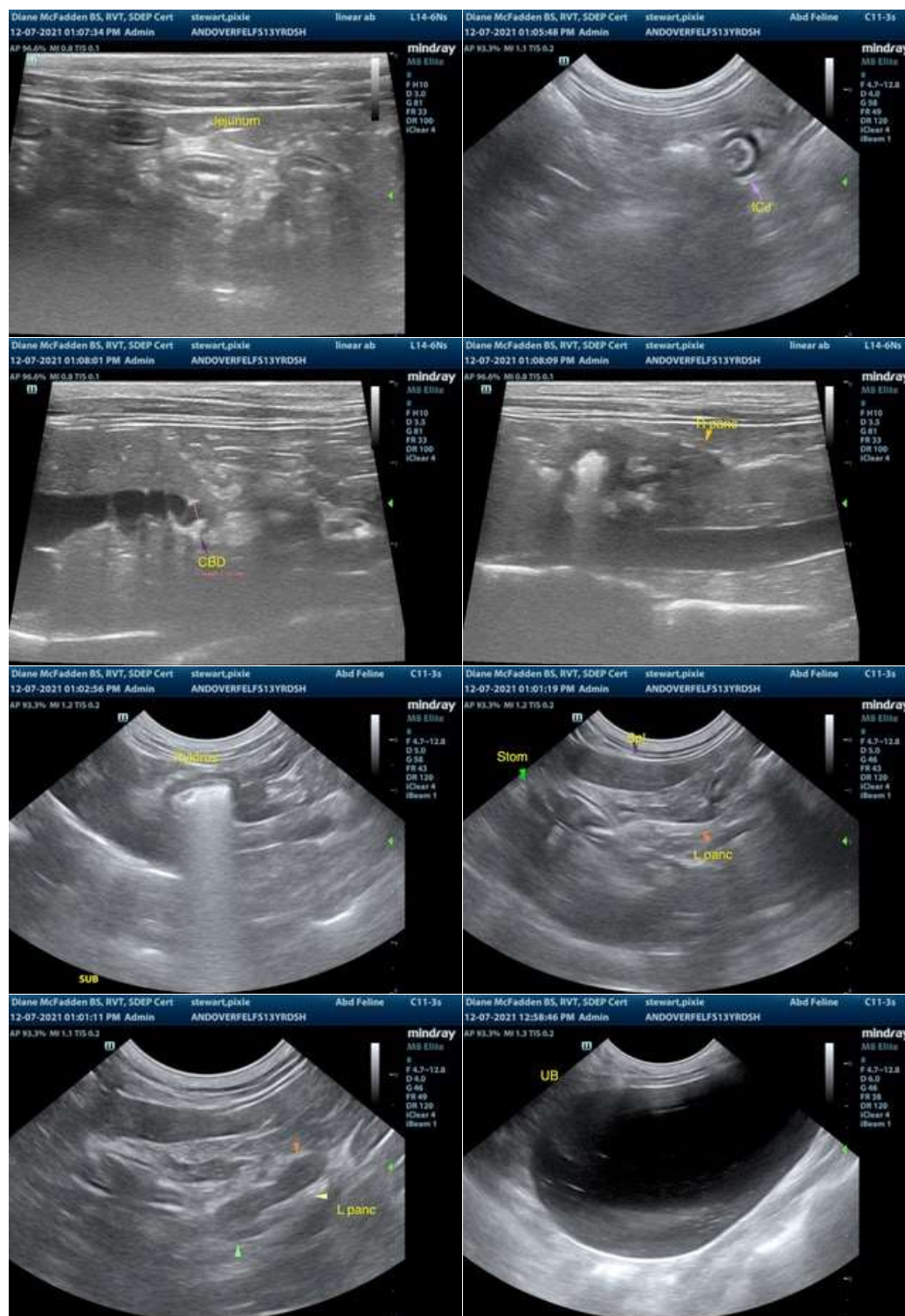
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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