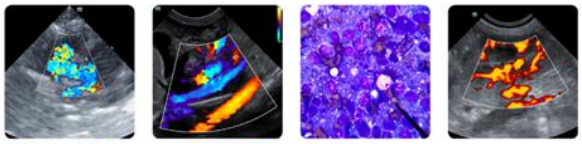


PATIENT

Alice Zug

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

6yr

WEIGHT

3.98kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Lydia Coogan

INVOICE
23144

DATE
12/08/2025

PRESENTING CLINICAL SIGNS

P was taken to rDVM due to lethargy 12/4. Bw done at rdvm demonstrated pancreatitis per O (records/results not available for review at time of admission) 12/4 P given SQ cerenia, convenia, onsior, famotidine and sent P home with miritaz 12/5 P dispensed cerenia tabs and purina EN Presented Sunday 12/7 at 7p for pancreatitis. Refusing to eat, vomited today. PE:Abdominal: Reactive throughout abd but esp in cranial abd otherwise no abnormalities appreciated HAEC intake diagnostics: CBC: WBC 35.33 (H) Neutrophils 18.09 (H) Lymphocytes 15.18 (H) Monocytes 1.68 (H) Platelets 41 (L) Plateletcrit 0.06 (L) In-vue: WBC 35.33 (H) Immature neutrophils 4.5% Neutrophils 31.47 (H) Immature Neutrophils 1.58 Lymphocytes 0.72 (L) Monocytes 1.26 (H) Basophils 0.000 (L) Platelet Estimate 100-150 (mildly decreased) EPOC: pO2 63.0 (H) cSO2 90.3 (H) BE,ECF -7.1 (L) iCal 2.34 (H) Chem15: Ca 14.5 (H) GGT 16 (H) Pancreatic Lipase: 6.2 (H) Urinalysis: USG 1.040, pH 6.0, Protein 500, Blood 250, WBC >50/HPF, RBC >50/HPF, suspect presence Cocci/rods Bacterial Confirmation- no bacteria seen

Abnormal PE/Chem/CBC/UA Results: Rads:CONCLS: 1. Nonspec. fluid opacity within the peritoneum. The amount of and the distribution of the fluid in the peritoneum is not typical for feline panc. Inflamm related to panc does still remain poss. Other nonspec. causes for peritonitis should be considered as well. Fluid within the peritoneum and increased opacity involving the region of the gastrointestinal tract due to underlying infiltrative disease such as with neoplasia or granulomatous fungal disease may be considered as well. 2. No evidence of complete obstruction, can't r/o partial obstruction. 3. Probable early impending diarrhea. 4. Various mineral foci of unknown significance (1) retroperitoneum, 2) superimposed over left kidney, and 3) dorsal abdomen) FELV/FIV/HWT snap - Neg x3 MSU Malignancy Profile - pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

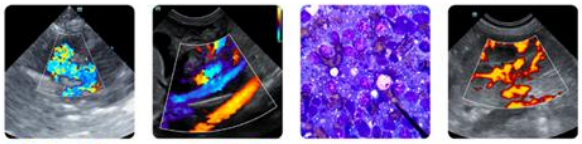
Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A discrete hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. Bilateral areas of mild medullary mineral were present. The left kidney measured 3.8 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape measuring 0.29 cm in width. No obvious pathology in the area of the right adrenal gland.

Spleen



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The spleen exhibited borderline enlargement (1.0 cm in width) a finely textured and mild heterogenous 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.

Liver/Gallbladder

The liver was subjectively borderline enlarged. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. 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 mild thickened wall exhibiting mild indistinct gastric mural detail and mild increased gastric mural echogenicity. The gastric body wall measured 0.40 cm in width.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The duodenum wall measured 0.20 cm width. The jejunum wall measured 0.20 cm width.

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

Pancreas

The pancreas was mildly prominent in size with symmetrical contour and mild hypoechoic parenchyma compared to adjacent hyperechoic omentum.

Free Abdomen

No visualized overt lymphadenopathy.

Generalized hyperechoic omentum and mild volume mildly echogenic peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Bilateral discreet renal medullary rim sign and mild medullary mineral
- Pancreatitis with non-specific gastroenteritis
- Borderline hepatosplenomegaly
- Peritonitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographic evidence of pancreatitis is present yet subjectively appears to be indicating potential for non-specific peritonitis i.e. non-specific inflammation, occult neoplasia, FIP or other. The hepatosplenomegaly may be secondary to sedation, yet occult hepatosplenic disease is not excluded.

Further assessment may include assuming normal clotting status and using 25ga needle, hepatosplenic FNA cytology as well as effusion analysis cytology +/- C/S or FIP titer / PCR. Correlation with pending diagnostics and consideration for CBC pathology review/ flow cytometry given lymphocytosis as well as urine C/S on sterile urine sample is recommended.

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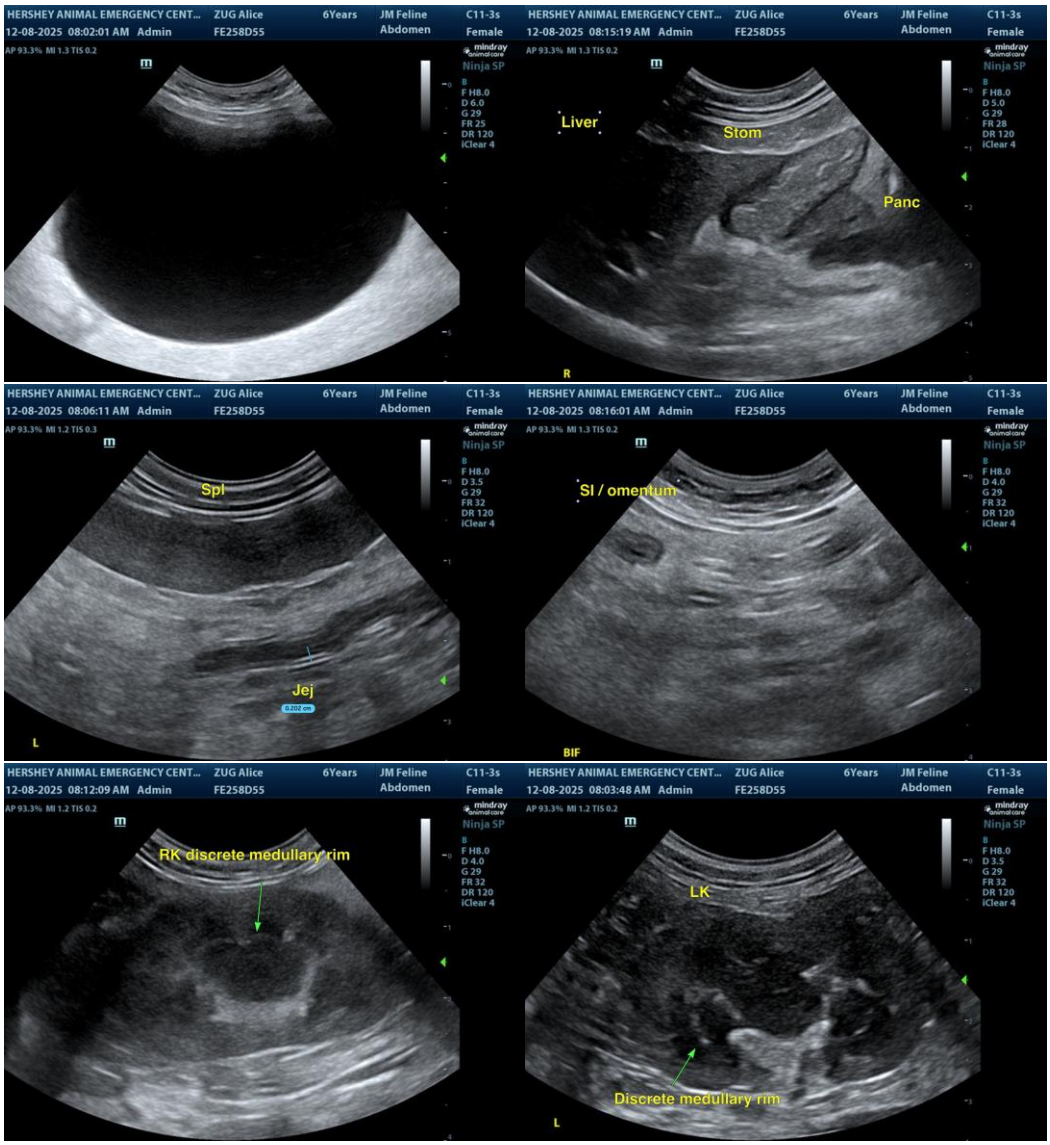

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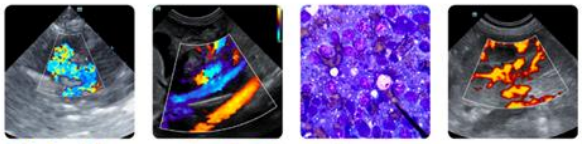

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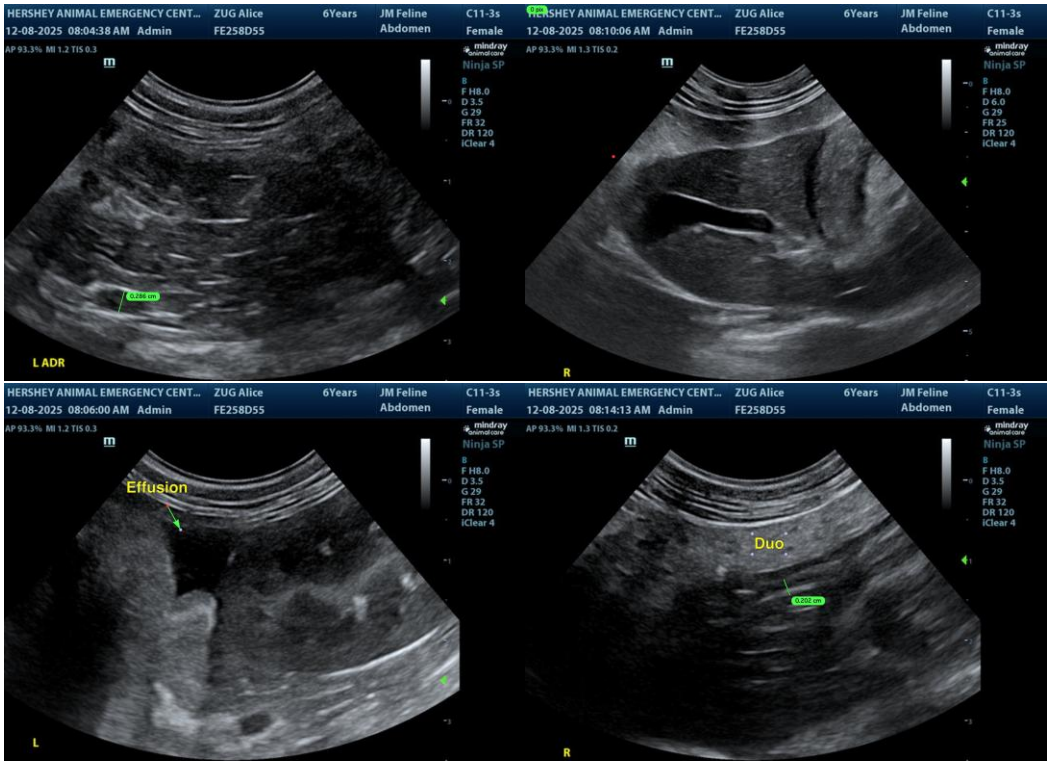

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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