

PATIENT

Gracie Lee

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

10.05

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland
AH

REFERRING VET

Dr. Bugarovich

INVOICE

13324

DATE

2/11/22

PRESENTING CLINICAL SIGNS

Vomiting food and foam 5-6x a week 2/6 parasternal murmur gulping episodes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction 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.

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. Mild right kidney pyelectasia was noted. The left kidney measured 3.3 cm in length. The right kidney measured 3.5 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 0.51 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 cm width.

Spleen

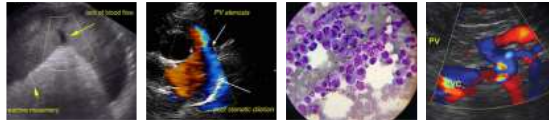
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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 0.2 cm diameter.

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering including mildly prominent rugal folds. Intact wall layering was maintained without loss of gastric wall layering. The gastric body wall width measured 0.30 cm. Mild retained non shadowing digesta / chyme was present in the stomach.



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The small intestine presented intact wall layering and primarily a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis. The jejunum wall width measured 0.28 cm.

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

SPECIES

Pancreas

Feline

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. No overt evidence of neoplasia. Regional peripancreatic to generalized cranial abdominal reactive mesentery was present.

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Free Abdomen

FS

No free fluid was noted.

AGE

ULTRASONOGRAPHIC FINDINGS

14 years

- Pancreatitis with associated regional peripancreatic to cranial abdominal reactive mesentery
- Mild retained gastric ingesta / chyme - gastric hypomotility and suspect secondary mild gastritis
- Possible inflammatory enteropathy
- Mild nonobstructive proximal common bile duct dilation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This CBD 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.

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The small intestine exhibited subjective evidence of subtle mural changes which may suggest inflammatory enteropathy. However, if no evidence of weight loss or diarrhea, this finding is nonspecific.

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The clinical signs in this patient are likely primarily owing to pancreatitis and secondary mild gastritis to gastric hypomotility. No overt evidence of pancreatic neoplastic criteria which is considered unlikely. Empirical therapy for pancreatitis with as-needed gastrointestinal support is recommended. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

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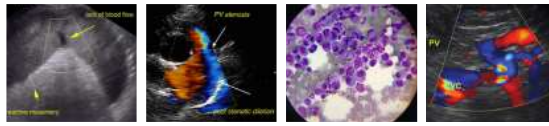
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The right kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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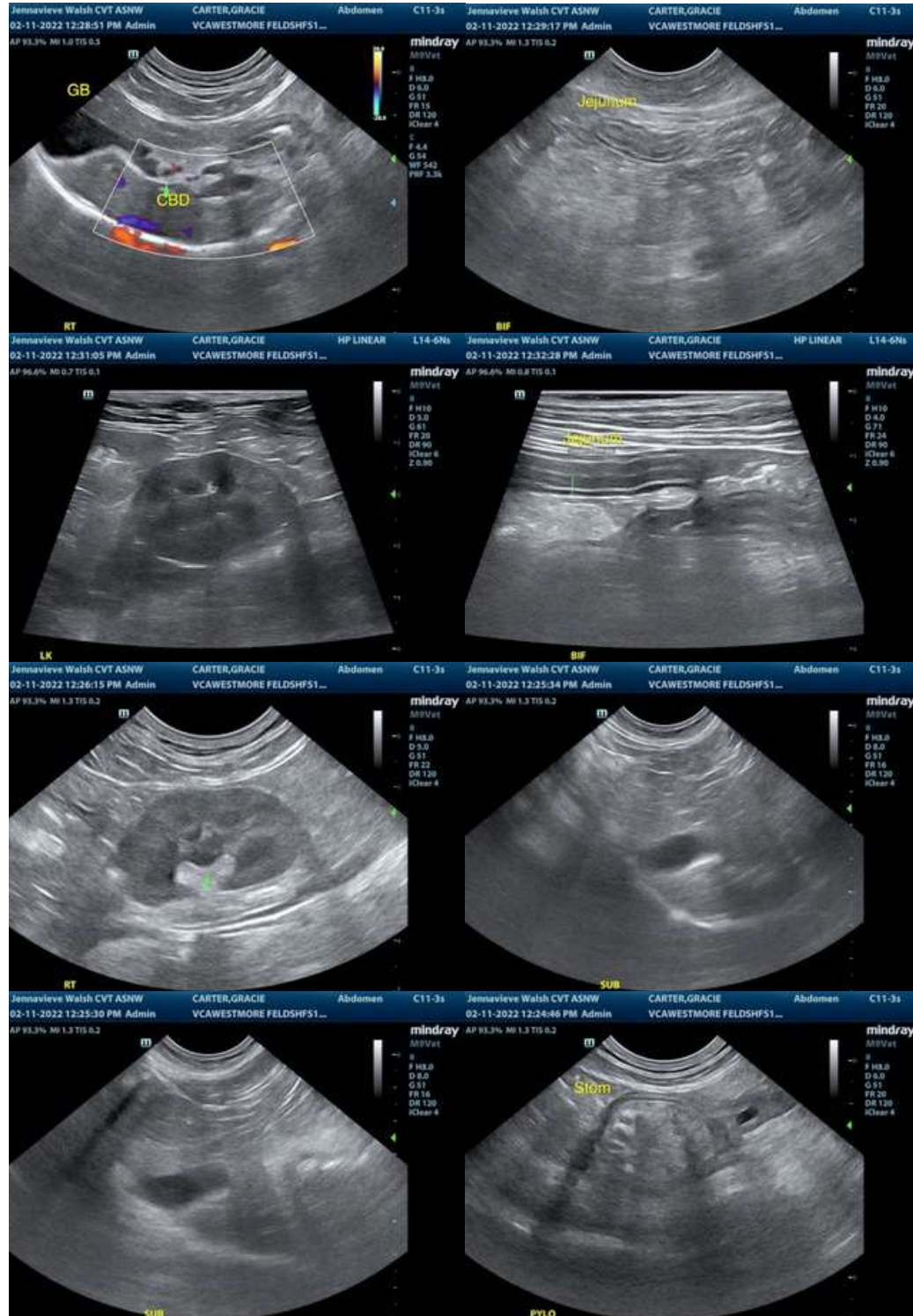
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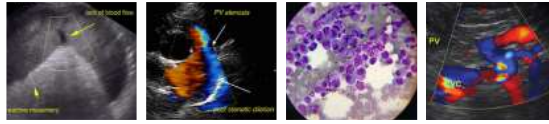
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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