



PATIENT

Ossie Ordway

SPECIES

Feline

BREED

DLH

SEX

SF

AGE

16 years 5 months

WEIGHT

11.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Emma Herderner

HOSPITAL NAME

Eastgate VC

REFERRING VET

Dr. Emma Herderner

INVOICE

13146

DATE

2/2/22

PRESENTING CLINICAL SIGNS

History of IVDD, LS disease and osteoarthritis in elbows; FORLs on 309; previous extractions. No signs of overt pancreatitis.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/UA 1/27/22: overall nsf aside from elevated PSL

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. 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Both kidneys exhibited subtle cortical hypertrophy and pinpoint areas of focal to medullary mineral. Focal caudal cortical infarction was present in the left kidney. The left kidney measured 3.7 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

No overt pathology was noted In the area of the left or right adrenal glands.

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 cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibited mild progressive distal acoustic shadowing. No overt evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.24 cm.



PATIENT

Ossie Ordway

The small intestine presented intact yet subjective generalized prominent wall layering without evidence of loss of intestinal wall layering or intestinal masses. The jejunum wall width measured 0.30 cm. The ileocolic wall width measured 0.43 cm.

SPECIES

Feline

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

Pancreas

BREED

DLH

The pancreas was normal in size and contour with heterogeneous to regionally hyperechoic parenchyma with nonspecific focal hypoechoic parenchyma present in the proximal right pancreatic limb medial to the upper duodenum. No signs of active inflammation or neoplasia.

SEX

SF

Free Abdomen

AGE

16 years 5 months

Intermittent, mid abdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.56 cm diameter. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

11.1 lbs.

Primary Findings

- Moderate chronic renal changes with pinpoint to focal medullary mineral and caudal left kidney cortical infarction
- Generalized heterogeneous to mixed echogenic pancreas, focal hypoechoic parenchyma in right pancreatic limb- nonspecific, age-related or patient variant with parenchymal remodeling, potential for low-grade subclinical chronic to chronic active pancreatitis or possible focal active pancreatitis in right pancreatic limb vs. emerging cyst or nonspecific nodule, no overt evidence of pancreatic neoplastic criteria
- Intact yet subjective mild prominent small bowel walls
- Intermittent subjectively reactive / benign mesentery lymph nodes

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Emma Herderner

HOSPITAL NAME

Eastgate VC

REFERRING VET

Dr. Emma Herderner

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for low-grade chronic to chronic active pancreatitis or focal right limb active pancreatitis would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. However, given the lack of clinical signs suggestive of pancreatitis, age-related pancreatic changes and remodeling with potential for emerging benign right pancreatic limb cyst may be present.

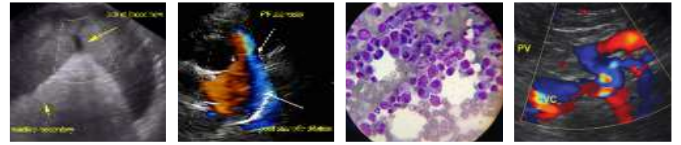
INVOICE

13146

DATE

2/2/22

Although nonspecific, potential for mild inflammatory enteropathy may be considered if previous history of gastrointestinal signs or going forward if gastrointestinal signs or weight loss are noted. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Recheck sonogram is recommended if clinical signs suggestive of pancreatitis or if gastrointestinal signs develop to reassess for progressive inflammatory pancreatic or small intestinal changes.



PATIENT

Ossie Ordway

SPECIES

Feline

BREED

DLH

SEX

SF

AGE

16 years 5 months

WEIGHT

11.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Emma Herderner

HOSPITAL NAME

Eastgate VC

REFERRING VET

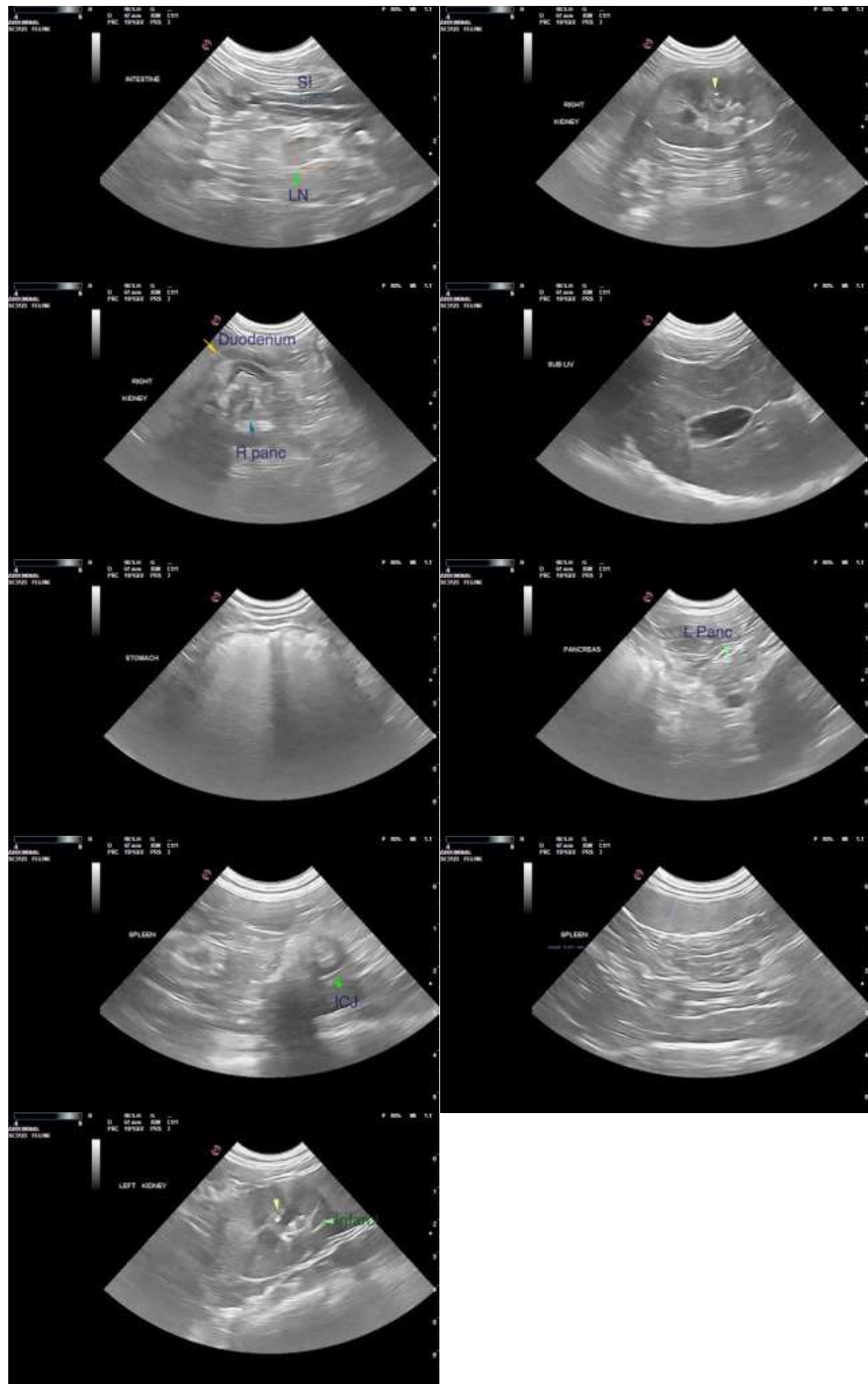
Dr. Emma Herderner

INVOICE

13146

DATE

2/2/22





PATIENT

Ossie Ordway

SPECIES

Feline

BREED

DLH

SEX

SF

AGE

16 years 5 months

WEIGHT

11.1 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Emma Herderner

HOSPITAL NAME

Eastgate VC

REFERRING VET

Dr. Emma Herderner

INVOICE

13146

DATE

2/2/22

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