



PATIENT

PRESENTING CLINICAL SIGNS

Miss Bea Mottershead

Came in dehydrated and not eating last week. Has some abdominal discomfort as well with deep palpation. Suspicious of mass. No meds.

SPECIES

Abnormal PE/Chem/CBC/UA Results: N/A

Feline

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

DSH

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.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

10 years

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 4.5 cm in length. The right kidney measured 4.3 cm in length.

WEIGHT

12.32 lbs.

Adrenal Glands

INTERPRETED BY

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

R. McKenzie Daniel,
DVM, DABVP

Spleen

IMAGING PERFORMED BY

Crystal Hill

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

Millen Road AH

Liver/ Gallbladder

REFERRING VET

Dr. Sandhu

The liver was subjectively mildly enlarged in size yet primarily maintained a symmetrical capsule contour and homogeneous normoechoic parenchyma. Focal to possible intermittent nondisruptive, nonhomogeneous to cystic hepatic intraparenchymal nodules were present with an example measuring 2.3 cm diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

16226

Gastrointestinal

DATE

2/21/23

The stomach presented intact mildly prominent wall layering. The lumen of the stomach was empty with mild luminal gas. The gastric body wall width measured 0.30 cm.

The small intestine presented intact, segmental mildly prominent wall layering with a maintained 1:3 muscularis/mucosa ratio. Minor segmental nonobstructive jejunal ileus was present. The jejunum wall



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measured up to 0.31 cm width. No overt pathology was noted at the level of the ileocolic junction, measuring 0.28 cm width.

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

SPECIES

Feline

Pancreas

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 and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia. Mild pancreatic duct dilation was noted.

BREED

DSH

Free Abdomen

SEX

FS

No omental masses, evidence of significant lymphadenopathy, or peritoneal effusion were noted. Intermittent areas of mild nonuniform omental echogenicity were noted.

ULTRASONOGRAPHIC FINDINGS

AGE

10 years

- Pancreatitis with regional peripancreatic hyperechoic to mildly nonuniform omentum
- Concurrent enteritis pattern with minor nonobstructive jejunal ileus
- Mild age-related kidneys
- Nonspecific yet subjective benign hepatic nodules - suggestive of benign cystic biliary adenomas

WEIGHT

12.32 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of overt intraabdominal neoplastic criteria or intraabdominal masses was noted.

Medical therapy for pancreatitis with as-needed gastrointestinal support would be appropriate. A GI panel to include PLI/TLI/Cobalamin/Folate as well as a full CBC/Chemistry panel and urinalysis are recommended for further assessment. Sonographic reassessment of the pancreas and gastrointestinal tract is recommended if persistent / progressive clinical signs consistent with pancreatitis or intestinal disease are noted despite empirical therapy.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Millen Road AH

REFERRING VET

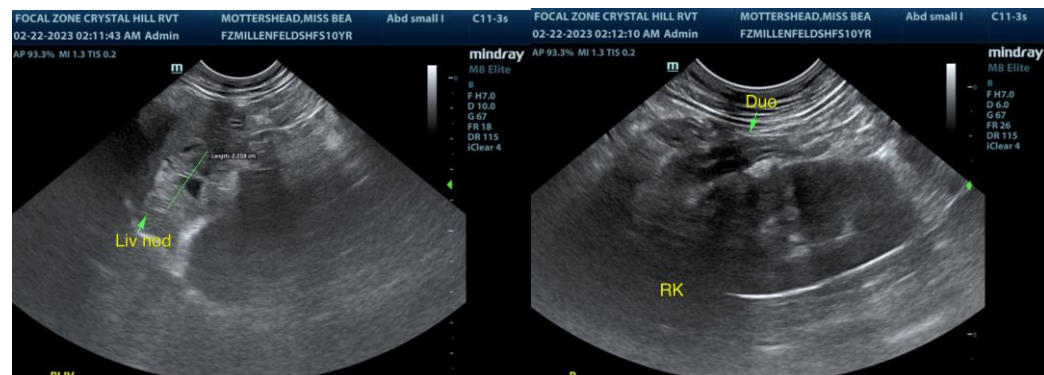
Dr. Sandhu

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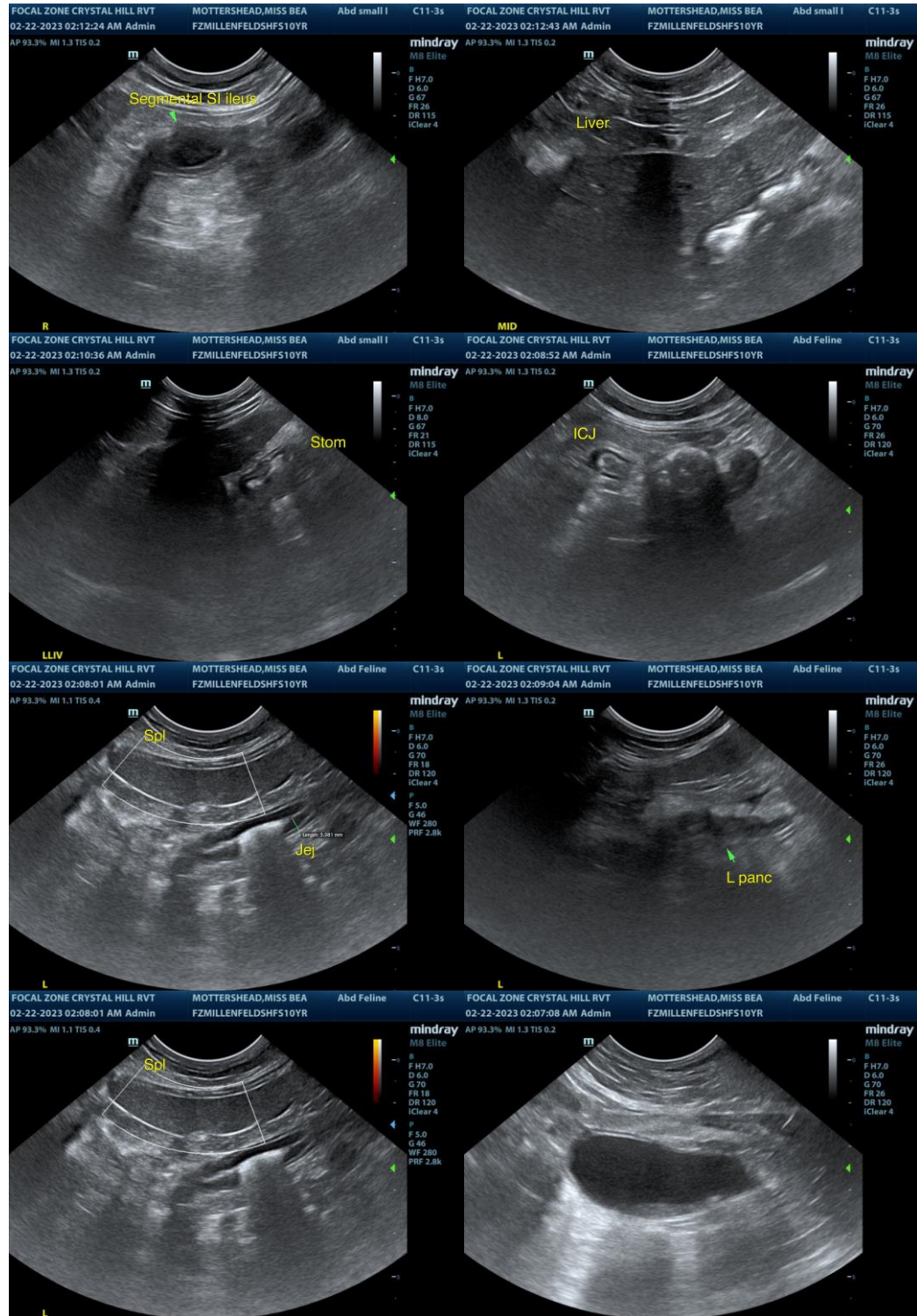
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

BREED

DSH

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.

SEX

FS

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

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10 years

WEIGHT

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R. McKenzie Daniel,
DVM, DABVP

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