



PATIENT

Samus Challner

SPECIES

Feline

BREED

DSH

SEX

F/S

AGE

7

WEIGHT

4.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Alpine 24/7

REFERRING VET

Dr. Nelson

INVOICE

16227

DATE

2/21/23

PRESENTING CLINICAL SIGNS

Vomiting anorexic and hyperglycaemic Responded to insulin and dextrose Suspect transient diabetes

Abnormal PE/Chem/CBC/UA Results: Hyperglycaemic ketonuria mild elevation of liver enzymes Renal enzymes normal

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 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 or pyelectasia. The right kidney exhibited a solitary, caudal lateral cortical infarct. The left kidney measured 4.1 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size with normal contour and homogeneous parenchyma. No evidence of adrenal tumors was noted. Suspect patient variant or stress adrenal hyperplasia. The left adrenal gland measured 0.54 cm width. The right adrenal gland measured 0.52 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 presented as mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing anechoic content with mild echogenic gallbladder debris. The common bile duct was mildly dilated, yet not consistent with post hepatic obstruction.



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Gastrointestinal

The stomach presented intact mildly prominent wall layering. The lumen was empty with mild luminal gas.

The duodenum presented intact mildly prominent wall layering with no evidence of duodenal ileus. The jejunum and ileum to the level of the ileocolic junction was sonographically normal.

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

Pancreas

Diffuse enlargement of the pancreas with ill-defined, hypoechoic to heterogeneous parenchyma and asymmetrical contour was present. Regional mild nonuniform hyperechoic peripancreatic omentum and intermittent small pockets of scant peripancreatic free fluid were present.

Free Abdomen

Focal to intermittent pancreaticoduodenal and colic 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).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Active pancreatitis with regional peripancreatic peritonitis
- Associated mild gastroduodenitis
- Intermittent subjective benign / reactive pancreaticoduodenal and colic lymphadenopathy
- Mild hepatomegaly - benign
- Mild gallbladder debris - no evidence of post hepatic obstructive criteria

Secondary Findings

- Right kidney cortical infarct

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for emerging necrotic pancreatitis or pancreatic neoplasia is considered a less likely differential diagnosis at this stage. Potentially, pancreatic FNA cytology could be considered for further clarification assuming normal clotting status.

Suspect primary or secondary benign metabolic, reactive, vacuolar, or possible low-grade inflammatory hepatopathy.

Hospitalization with pancreatitis protocol, monitoring of blood glucose levels with as-needed insulin hepato-gastrointestinal support, monitoring of clinical response, and ideally sonographic monitoring of the pancreas is recommended. Concurrent monitoring of calcium levels and body temperature is recommended as hypocalcemia with concurrent hypothermia may be negative prognostic indicators in cats with pancreatitis. A guarded prognosis is indicated.



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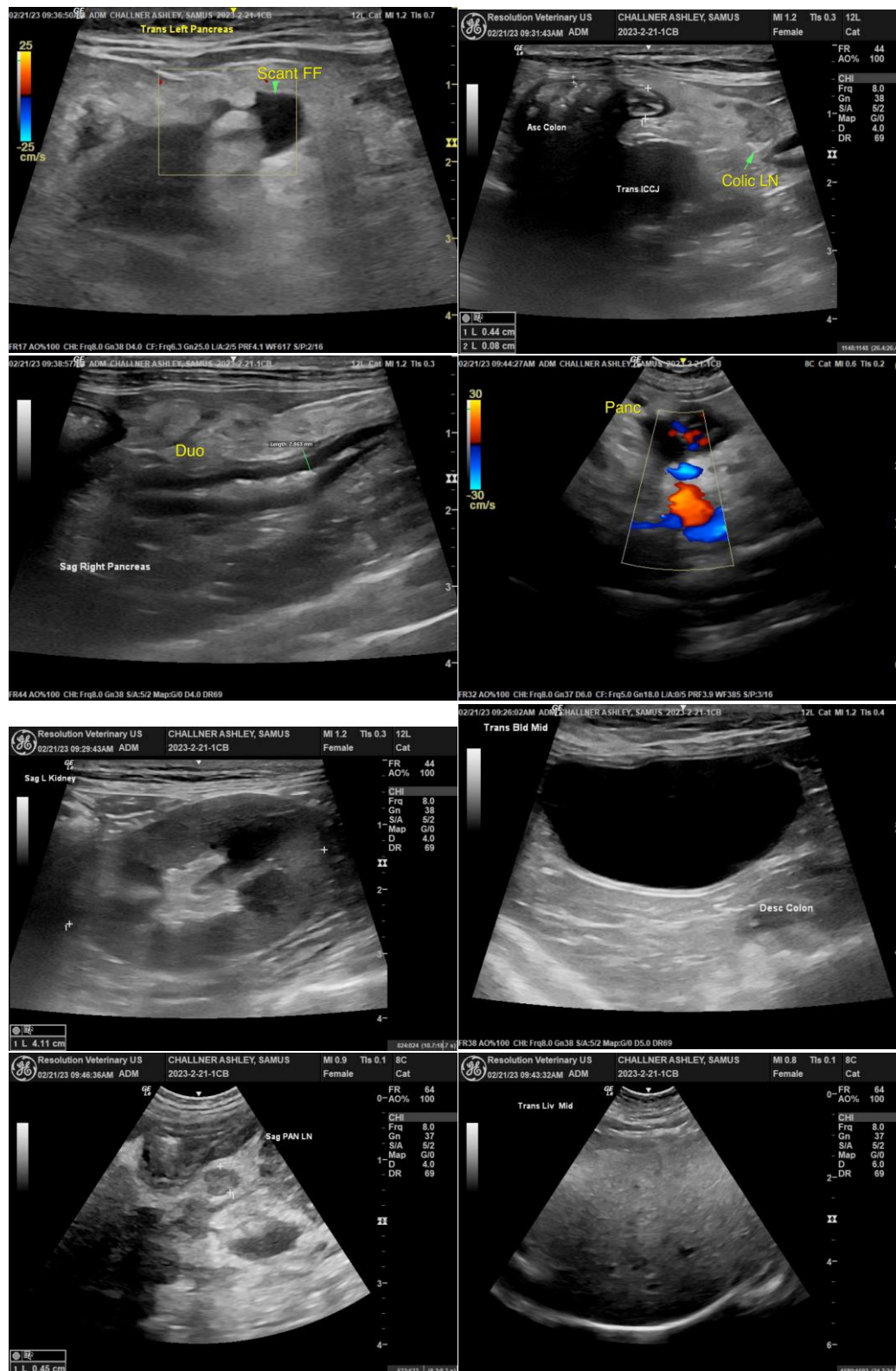
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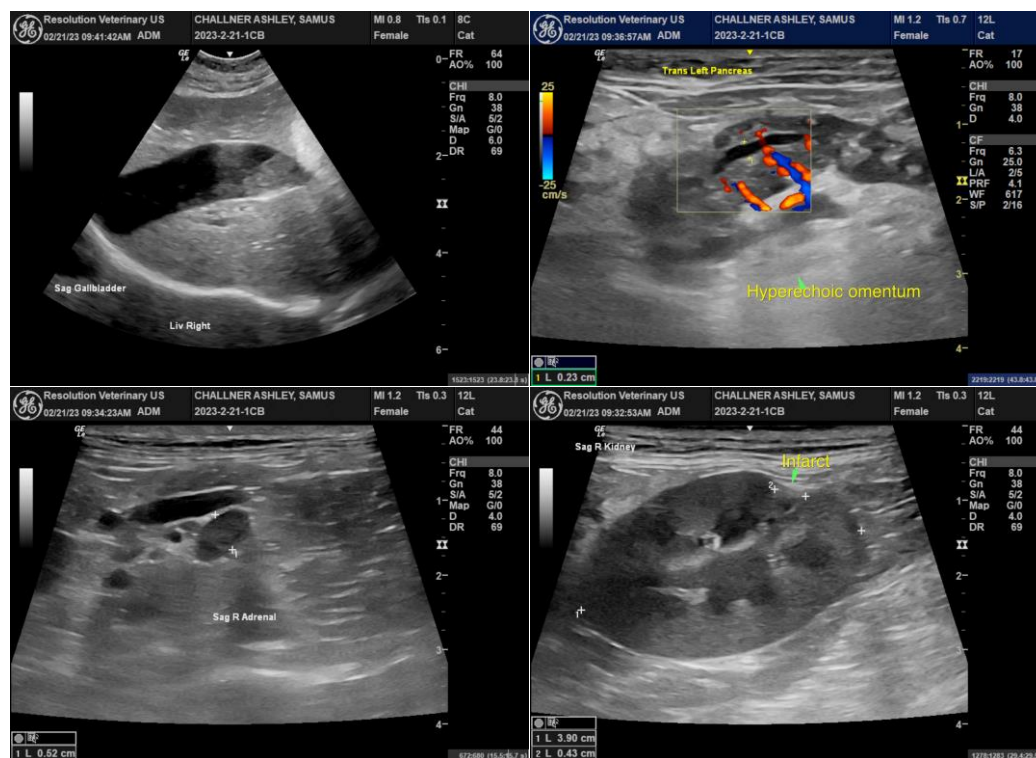
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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