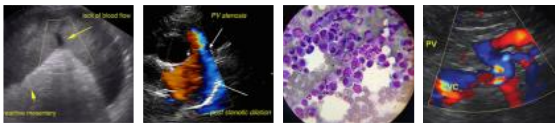


PATIENT

Louie Vaughn

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

11 years

WEIGHT

12.75 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Faithful Friends AC

REFERRING VET

Dr. Stender

INVOICE

16098

DATE

2/9/23

PRESENTING CLINICAL SIGNS

1/16/23 vomit, diarrhea, hyporexia, abd pain. Gallup rhythm. Dx pancreatitis fine until 2/5/23 morning, not eating or drinking, vomit clear, diarrhea mucus, frank blood, abd. pain, tachycardia, Abnormal gallop Current Medications maropitant, buprenorphine, metronidazole, Primary Question/Differential to Be Answered in This Exam cause of weight loss and is pancreas still inflammed. BPS-Size 3 cuff Front left leg 153/117 156/122 148/108 142/107 149/110

Abnormal PE/Chem/CBC/UA Results: 1/16 spec fPL 4.5 hi, cbc, rest of chem 17 and T4 wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended containing anechoic urine with moderate, dependent, mobile, sediment, which may indicate cellular debris / protein, crystalline debris, lipid or mucus. No evidence of urinary bladder tumors or cystitis criteria was noted. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

The left kidney was subnormal in size measuring 2.8 cm in length. The left kidney exhibited asymmetrical margination, irregular mild cortical hypertrophy, reduced medullary volume, mild pyelectasia, and pinpoint nonobstructive medullary mineral.

The right kidney was mildly enlarged in size measuring 5.4 cm in length. The right kidney exhibited mild loss of corticomedullary border demarcation, minor cortical hypertrophy, normal medullary volume, and pinpoint nonobstructive medullary mineral with lateral cortical infarct.

Adrenal Glands

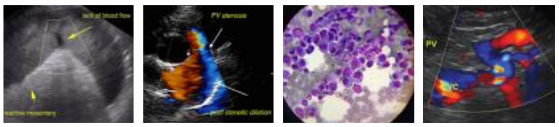
The left adrenal gland was indistinctly visualized without overt pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.28 cm width.

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. The spleen measured 0.84 cm width at the level of the hilus.

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



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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. Minor retained nonshadowing ingesta was noted in the area of the pylorus without evidence of mechanical pyloric outflow obstruction. The pylorus wall width measured 0.23 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical / metabolic ileus, obstruction, or foreign material. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.40 cm width.

The colon exhibited generalized mild distention with diffuse nonformed to liquid fecal matter. Overtly normal colon walls were noted extending to the level of the colorectum.

Pancreas

The left pancreatic limb of the pancreas was borderline to mild prominent in size exhibiting areas of capsule asymmetry with heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Possible minor pancreatic duct dilation was noted.

Free Abdomen

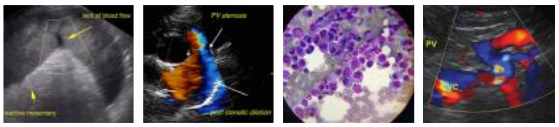
Minor benign or reactive colic lymph nodes were present and not consistent with neoplastic criteria. Subtle evidence of peri ileocolic hyperechoic omentum was noted. No omental masses or evidence of significant lymphadenopathy was noted. No peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Generalized mild distended colon with nonformed fecal matter
- Intact gastrointestinal wall layering with minor nonshadowing gastric ingesta / chyme
- Heterogeneous mildly irregular left pancreas
- Left kidney subnormal size exhibiting marked chronic degenerative changes, and minor medullary mineral
- Right kidney likely mild compensatory hypertrophy with mild chronic renal changes and lateral cortical infarct
- Moderate urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic appearance of the pancreas is not overtly consistent with significant or active pancreatitis and without evidence of pancreatic neoplastic criteria. Persistent low-grade or chronic pancreatitis is suspected.



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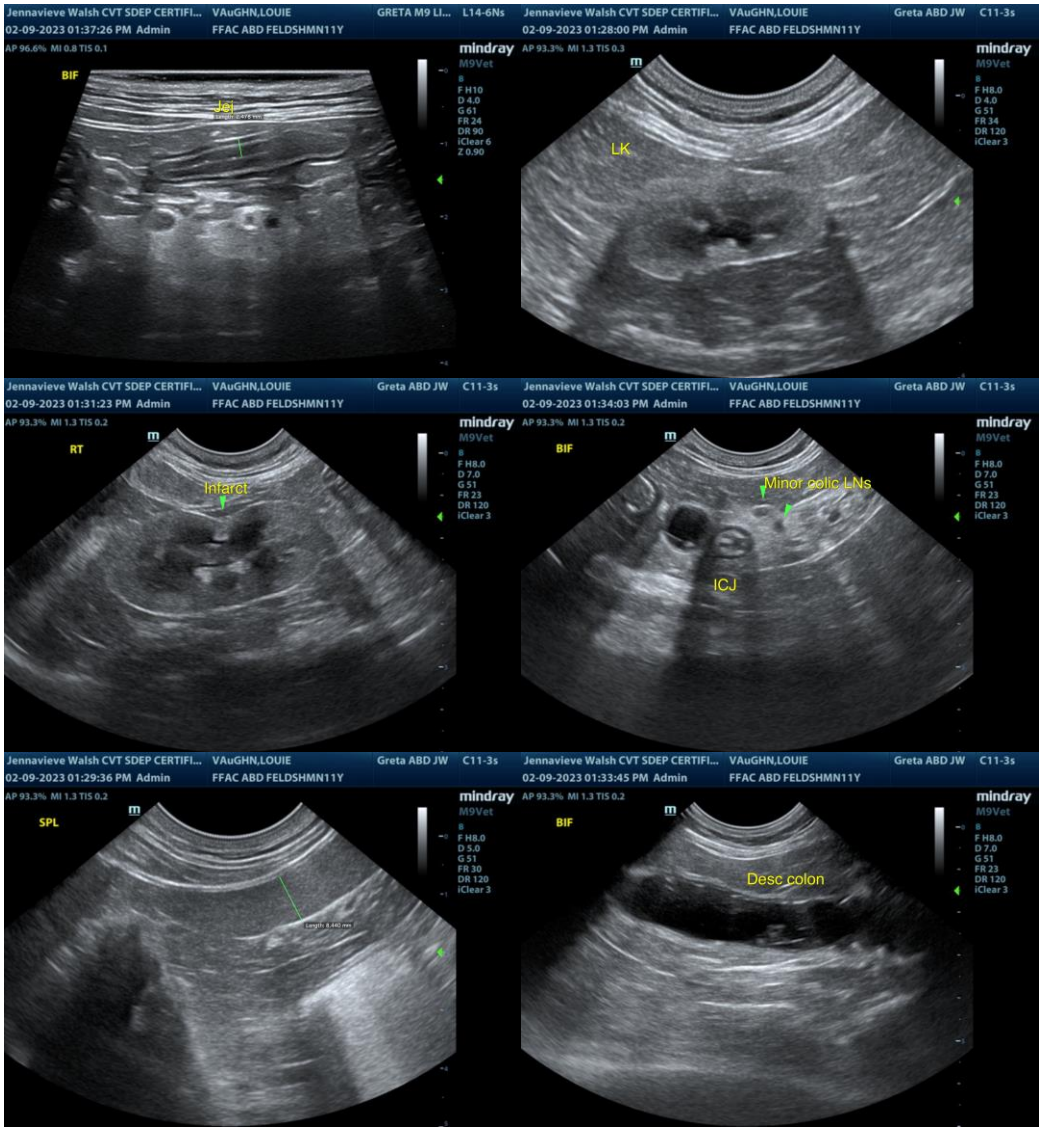
Potential concurrent inflammatory bowel episode, dietary indiscretion, enterotoxic insult, infectious disease, nonstructural inflammatory bowel, and less likely occult infiltrative gastrointestinal neoplasia are all potentials.

Hospitalization with 48-72/hour IV fluid gastrointestinal support protocol, especially if persistent inappetence or evidence of dehydration, is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If not done, three-view chest radiographs are recommended to rule out occult thoracic pathology as a contributing factor to the weight loss.



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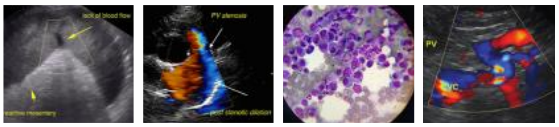

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IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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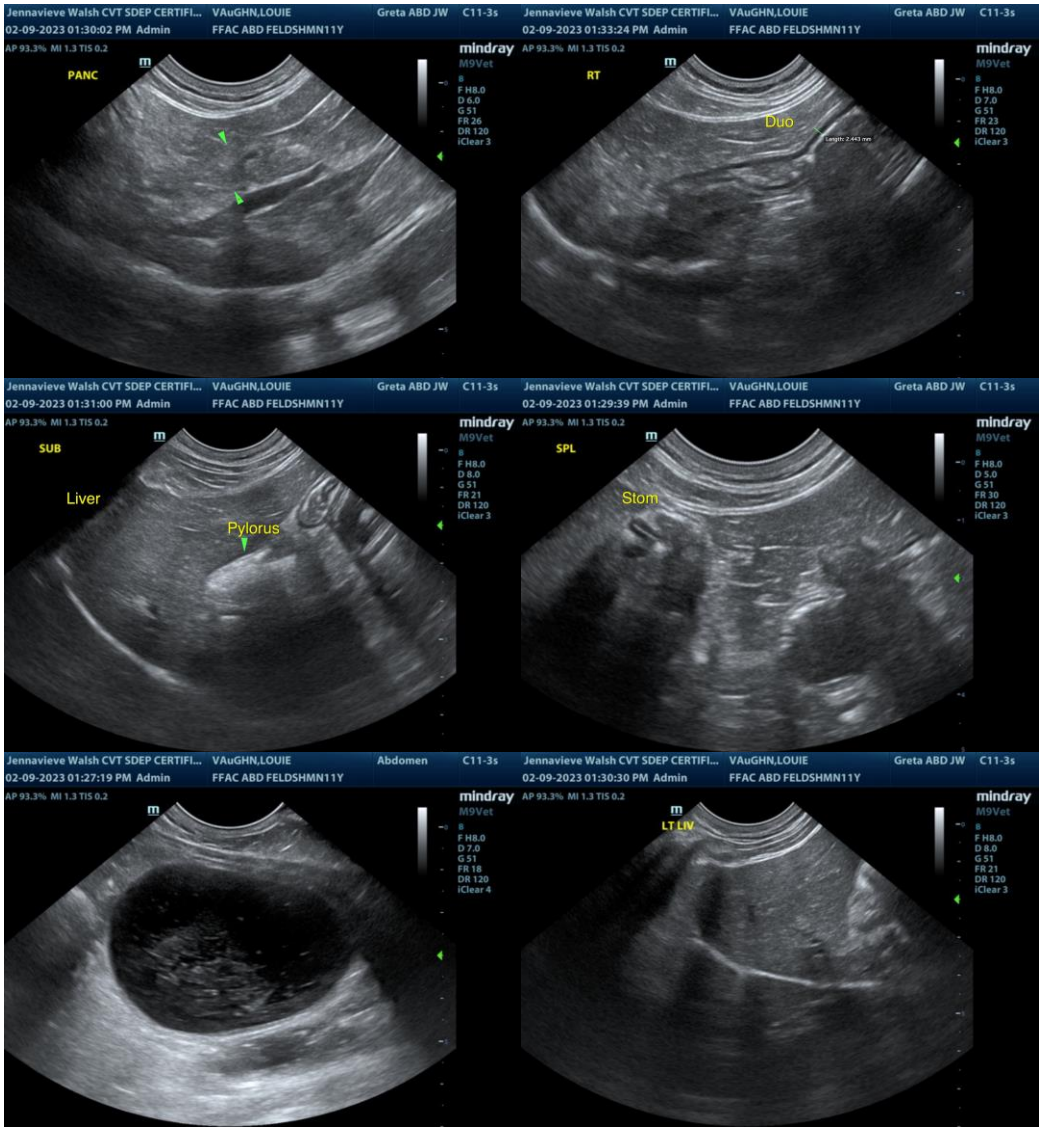

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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