

## PATIENT

Marshall Dixon

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

12

## WEIGHT

26.0

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Judy McFarlen

## HOSPITAL NAME

Westview Veterinary  
Hospital

## REFERRING VET

Dr. Judy McFarlen

## INVOICE

13671

## DATE

02/09/26

## PRESENTING CLINICAL SIGNS

- vomiting yellow bile, extremely lethargic, heavily breathing
- This patient is usually fractious and is entirely flat-will lay in lateral recumbency without resistance and is crying in pain when moved. He is shocky, severely dehydrated and 4.4 abdominal pain. Bladder not palpable. no evidence of thrombus in legs, rectal temp 38.1 hr 210, resp 70 rapid with increased effort but not dyspneic.
- Noted is previous asthma history and also pancreatitis episodes. His clinical signs this time are more severe for sure.
- BW: ARF (note dehydration with no urine in bladder even after fluids administered iv suggests possible anuric status) or severe prerenal azotemia-no urine could be gathered to confirm.
- Given the breathing-checked for pleural effusion and LAE and the LA was compressed due to lack of volume-supportive of severe dehydration. No pleural effusion.

Abnormal PE/Chem/CBC/UA Results: SDMA 37 (0-14) CREAT 695 (71-212) UREA 16 (5.7-12.9) :IOASE 1583 (100-1400)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention with no evidence of pathology. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 change were noted.

A portion of the prostate measured 5.3 cm x 3.9 cm.

Normal size and margination was 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 4.1 cm in length. The right kidney measured 4.4 cm in length.

### Adrenal Glands

No obvious pathology in the areas of the left and 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 nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs



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of congestion. A mid liver thinly walled cyst was present and contained anechoic fluid measuring 2.7 cm in diameter.

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 was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with maintained wall layer ratio. Mild duodenal corrugation without evidence of intestinal mechanical/metabolic ileus to the level of the colon.

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

### **Pancreas**

The pancreas was markedly to asymmetrically enlarged exhibiting nonhomogenous cystic to nodular parenchyma. Surrounding hyperechoic omentum.

### **Free Abdomen**

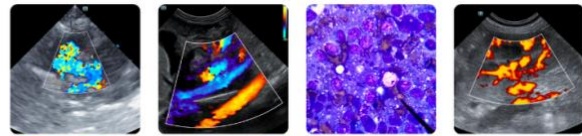
No visualized significant or swollen mesenteric lymphadenopathy or peritoneal effusion was present. Scant pockets of peripancreatic effusion are probable.

## ULTRASONOGRAPHIC FINDINGS

- Diffusely enlarged nonhomogenous cystic to nodular pancreas- highly suspect pancreatic neoplastic criteria i.e. carcinoma with potential concurrent pancreatic cysts, necrosis and inflammation.
- Mild chronic renal changes.
- Hepatic cyst.
- Mild gastroduodenitis pattern.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using 25-gauge needle, pancreatic FNA cytology could be considered for further clarification. Hospitalization with empirical therapy for pancreatitis including gastrointestinal support, analgesia, +/- antibiotics with close clinical and as needed sonographic monitoring could be considered, however, given concern for pancreatic neoplastic criteria, extremely guarded prognosis is indicated, in conjunction with patient's clinical presentation.



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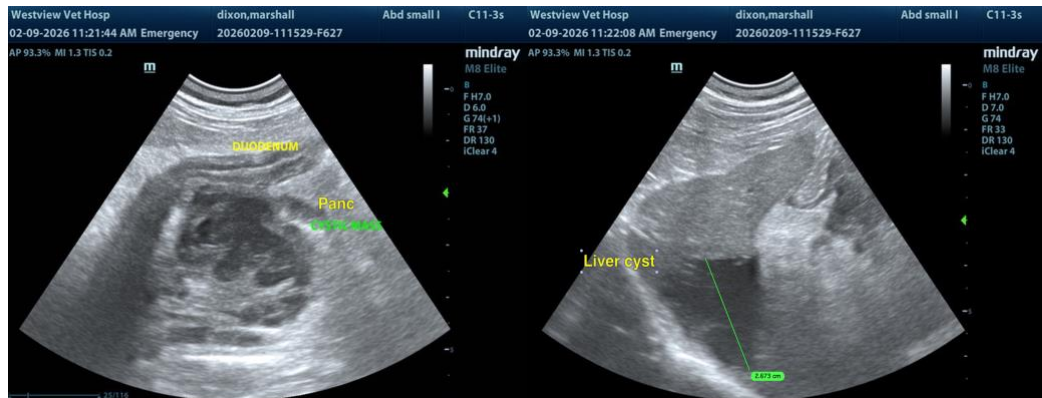
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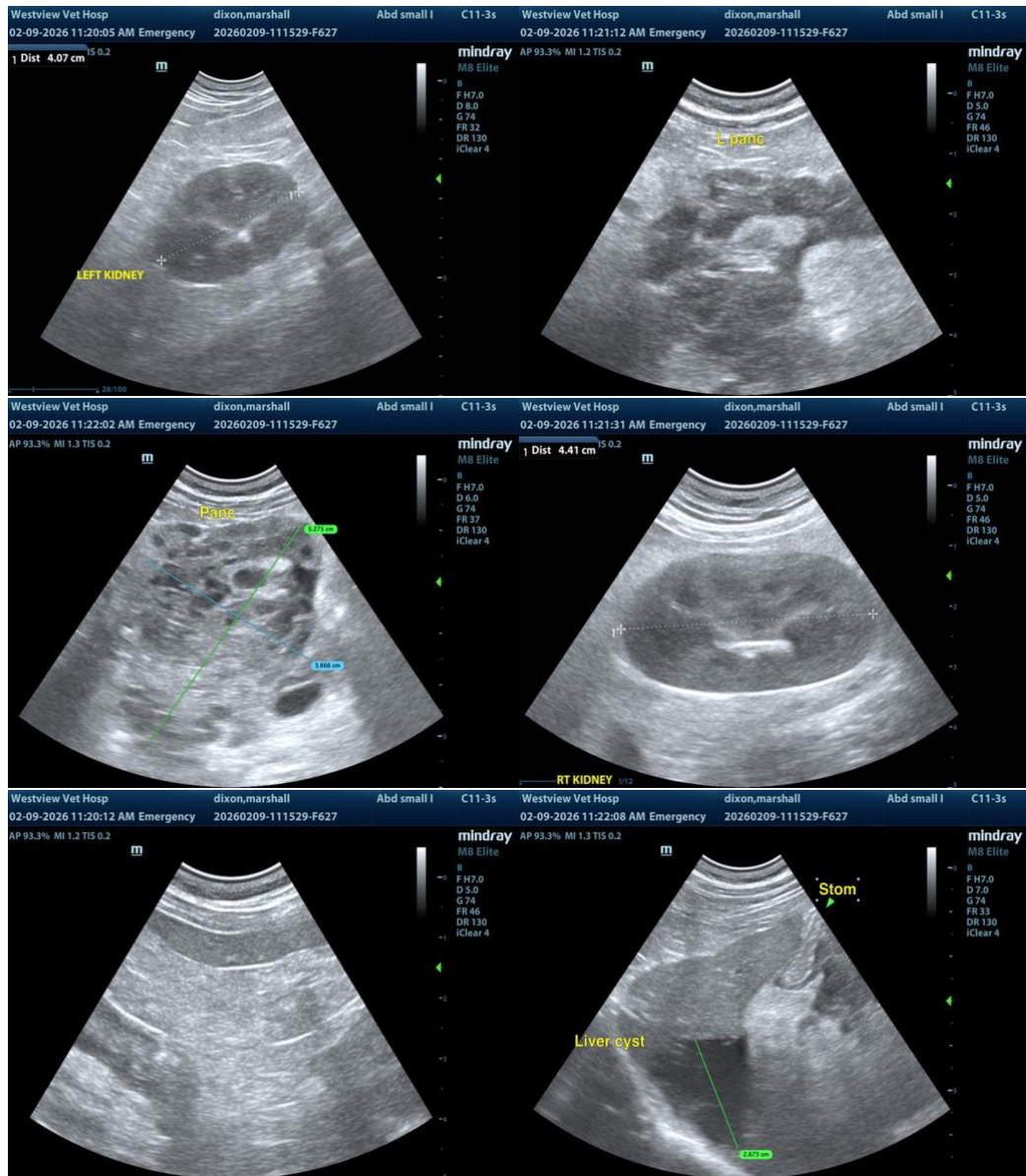
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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