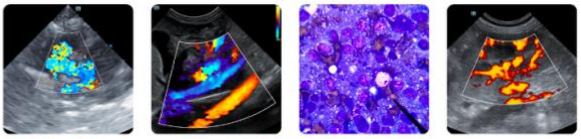


PATIENT

Sarge Wilks

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 10 Months

WEIGHT

8.86 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Britannia Kingsland Veterinary Clinic

REFERRING VET

Dr. Katie

INVOICE

14302

DATE

03/13/26

PRESENTING CLINICAL SIGNS

- Sarge, a cat with a history of allergies, presented for a decreased appetite, hiding, and lethargy. The primary concerns are potential pancreatitis and ruling out neoplasia.
- Yesterday, Sarge presented with a decreased appetite, although he was still eating small amounts, and was noted to be hiding more and was generally not himself. A physical exam at that time revealed cranial abdominal pain. Blood work performed yesterday was largely unremarkable, with a normal amylase level, though a mild, questionable hypokalemia (3.1) was noted but not possible artifact is possible. As of today, he has not eaten. He has been treated with Cerenia and buprenorphine.
- Sarge has a pre-existing history of allergies and is managed on a hydrolyzed protein diet. No other concurrent medical issues were reported.

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. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent minor sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and margination was 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. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width.

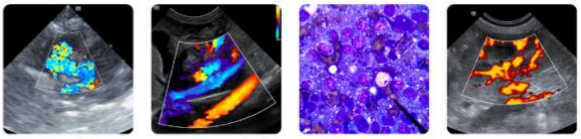
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

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 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.



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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 mild primarily nonshadowing ingesta without signs of obstruction or foreign material. Within the nonshadowing ingesta, areas of hyperechoic progressively shadowing ingesta or content were present with an example measuring approximately 1.5 cm in diameter.

The small intestine presented intact nonthickened wall exhibiting propensity for mildly prominent jejunal muscularis layer. The duodenum wall measured 0.25 cm wall width. The jejunum wall measured 0.22 cm wall width. The ileocolic wall measured 0.34 cm wall width. Segmental nonshadowing intestinal echogenic fluid/chyme without obstructive pattern or shadowing content to the level of the colon.

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

Pancreas

The parenchyma of the right pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. The pancreas was normal in size. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild nonshadowing gastric ingesta and potential nonobstructive hairball type densities.
- Intact nonthickened small intestinal wall exhibiting subjective mildly prominent jejunal muscularis layer with concurrent mild segmental nonobstructive intestinal ileus.
- Suspect chronic pancreatitis or possible pancreatic fibrosis.
- Mild urine sediment.
- Normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstructive pattern. The stomach may indicate mild metabolic or functional gastric ileus secondary to chronic pancreatitis or possible low-grade to emerging non-specific enteropathy. Possible small non-obstructive gastric hairball densities are not definitively excluded. Document 12-hour fast and sonographic reassessment of the gastrointestinal tract would be ideal. Correlation with a GI panel to include PLi, TLI, cobalamin and folate is suggested.

Gastrointestinal support, empirical therapy for chronic pancreatitis +/- hairball therapy with clinical and as needed sonographic monitoring is recommended. No suspicion of neoplastic criteria.

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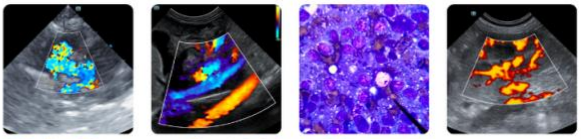

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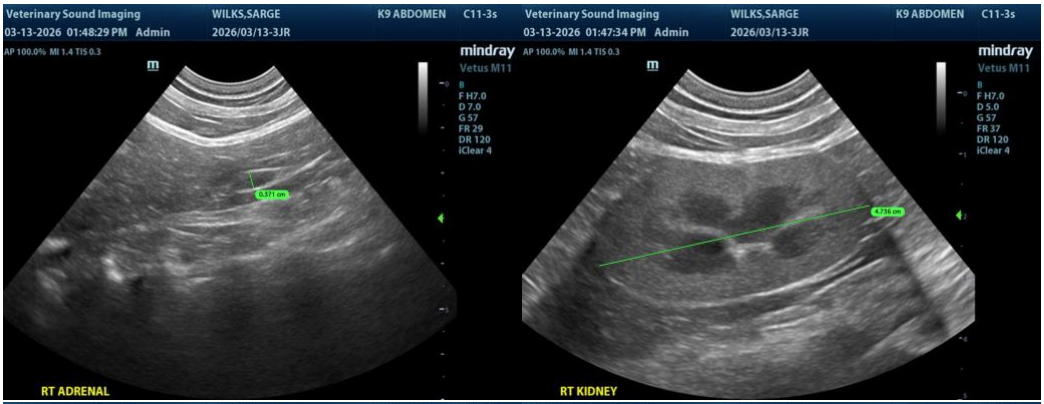

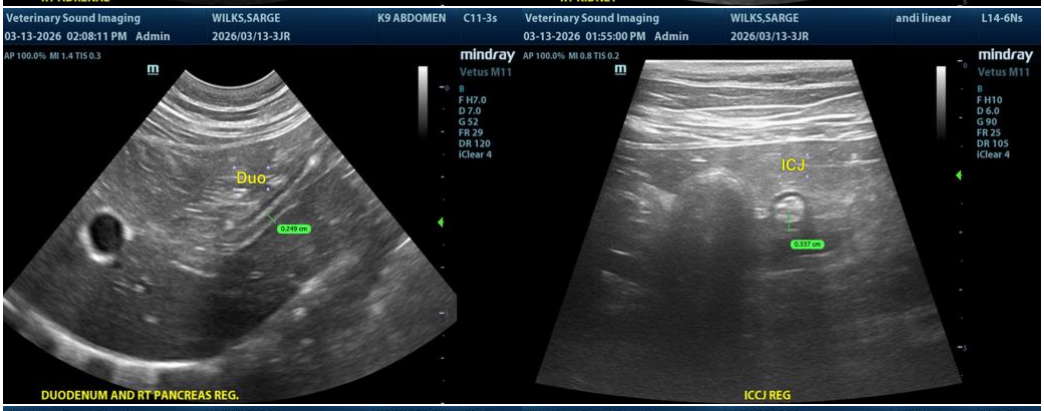

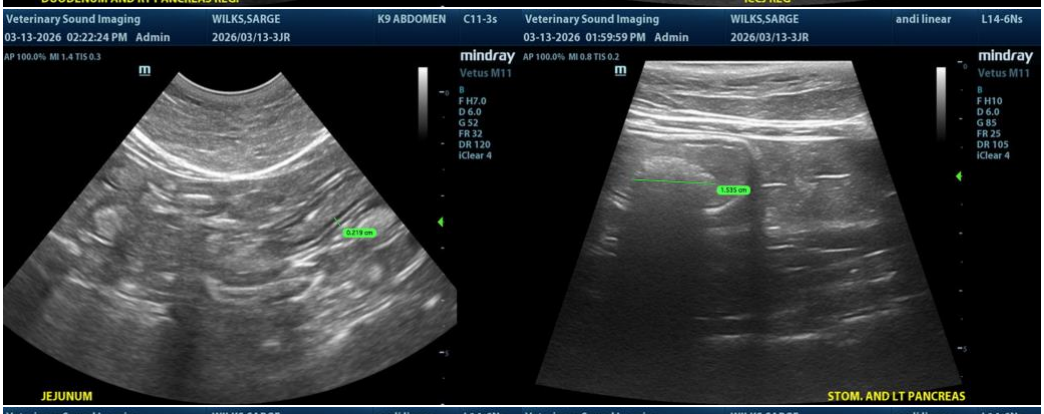

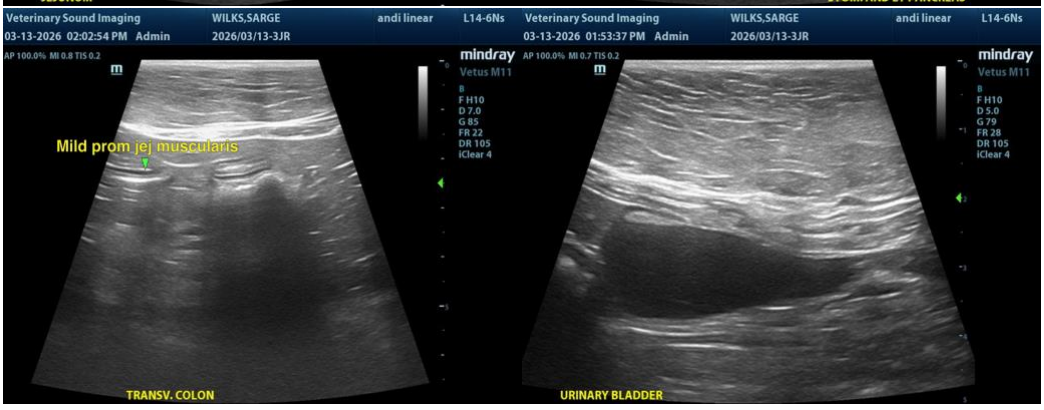

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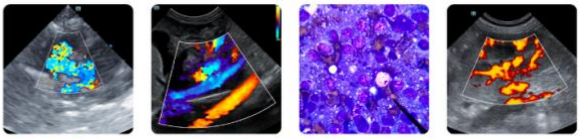

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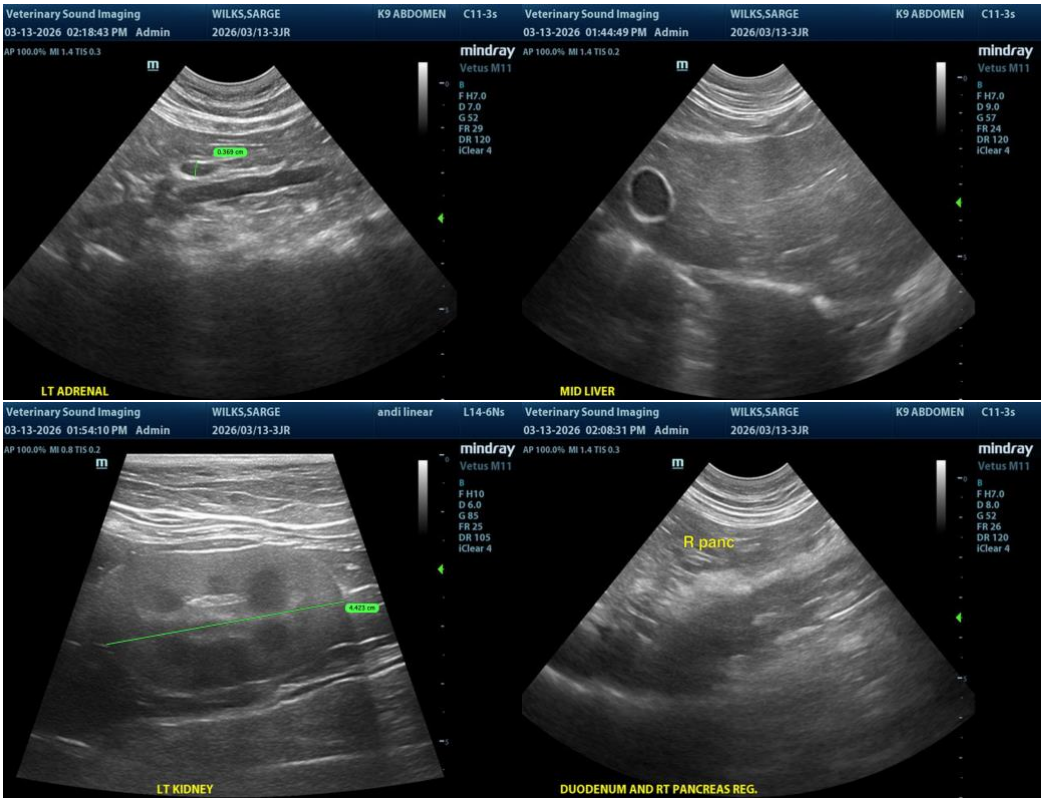

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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