



PATIENT

Bert Parekh

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

5.88 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Dani

INVOICE

14478

DATE

03/19/26

PRESENTING CLINICAL SIGNS

- Presenting Complaint: Lethargy, hiding, vomiting, and decreased appetite.
- History:
- 2-day history of lethargy, reclusive behavior (hiding under the bed), and vomiting. He has vomited 3-4 times in the last 48 hours. He has a chronic history of poorly responsive asthma and is managed with an inhaler and oral prednisolone.
- PE: Intermittent gallop rhythm, upper airway stertor, inspiratory wheezing, cranial abdominal pain, mild epistaxis upon handling
- POCUS: Mild amount of peritoneal effusion present
- CBC/Chem: NSF, T4 normal, ProBNP normal
- Possible mass effect palpated on the left cranial side of abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild 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.

The area of the aortic trifurcation was free of pathology.

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 4.3 cm in length. The right kidney measured 4.1 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 0.38 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 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 mild thickened wall. Intact wall layering was maintained and distinct. The gastric body wall measured 0.33 cm width. The stomach contained a moderate amount of retained echogenic gastric fluid and nonshadowing chyme. No evidence of obstruction to pyloric outflow.

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 ileus, obstruction or foreign material. The duodenum wall measured 0.22 cm wall width. The jejunum wall measured 0.21 cm wall width.

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. The surrounding omental fat around the enlarged to hypoechoic pancreas was echogenic indicative of reactive change, adhesions, focal peritonitis, or saponification. Mild localized free fluid was present around the abnormal pancreas. Mild volume of primarily peripancreatic effusion.

Free Abdomen

No visualized significant or swollen mesenteric lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Irregular hypoechoic to swollen pancreas with regional peripancreatic peritonitis- severe active possibly necrotizing pancreatitis with regional peritonitis with potential for pancreatic neoplasia.
- Probable associated hypomotile gastritis, sonographically unremarkable empty small intestine.
- Normal liver/gallbladder- No evidence of posthepatic stasis.

Secondary Findings

- Mild chronic renal changes.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hospitalization with aggressive therapy for significant pancreatitis and peritonitis with close clinical and as needed sonographic monitoring is recommended. Assuming normal clotting status and using a 25-gauge needle, screening pancreatic FNA cytology +/- culture and sensitivity could be considered for further clarification. Extremely guarded prognosis is suspected.



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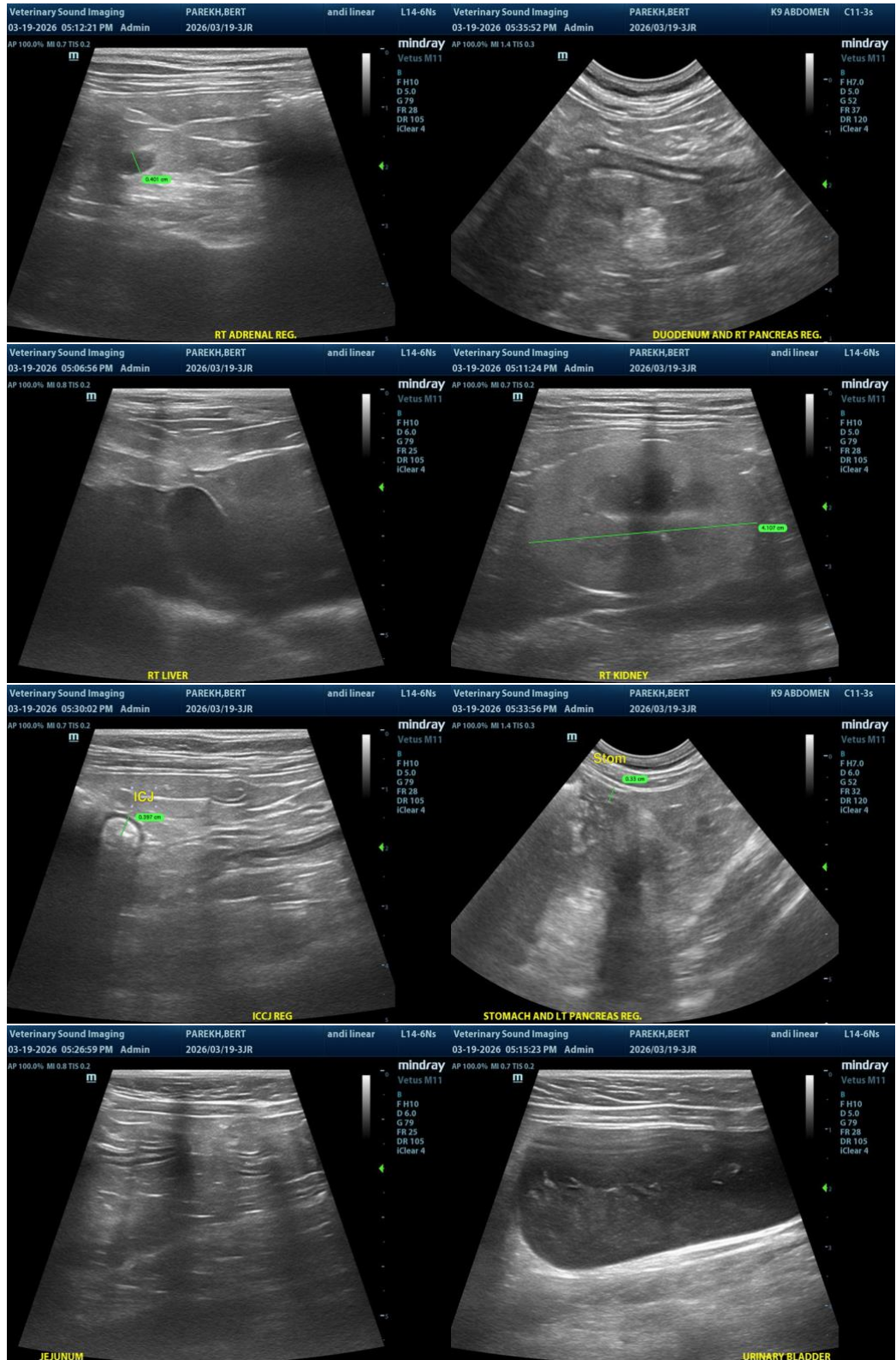
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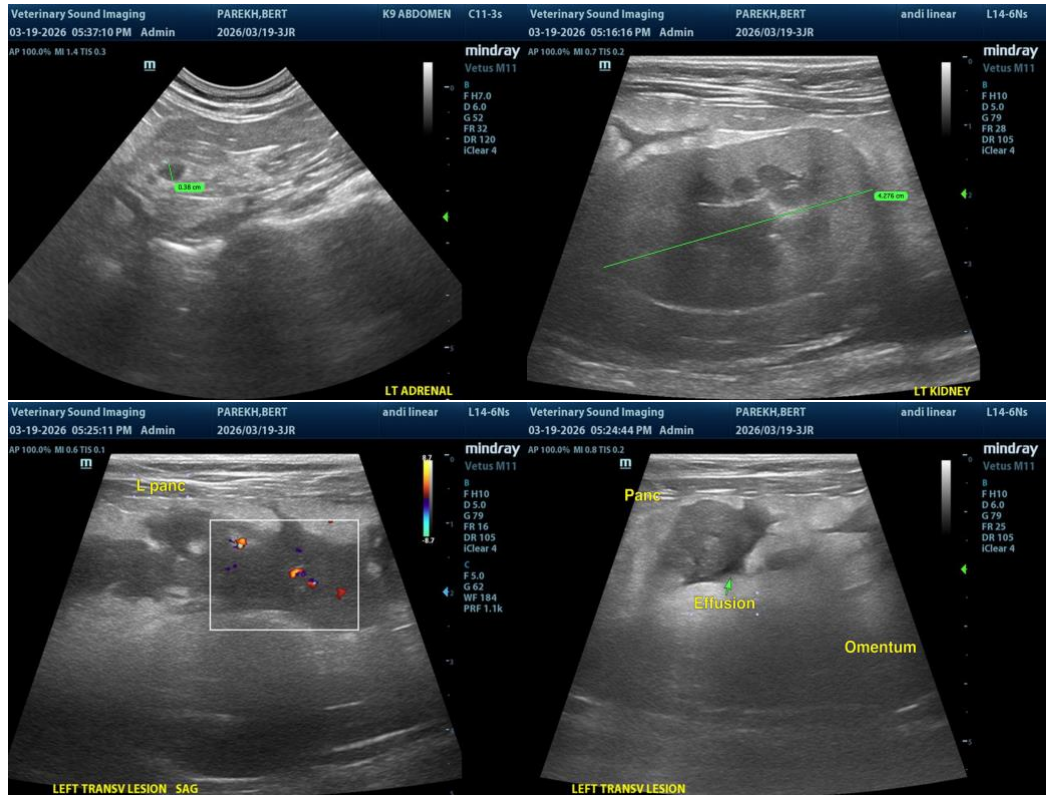
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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