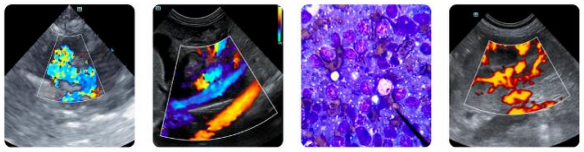


PATIENT

Heidi McFadden

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

14yr

WEIGHT

8

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

SonoPath/Andover Animal Hospital

REFERRING VET

Dr Francesa Mari

INVOICE
24285

DATE
03/24/2026

PRESENTING CLINICAL SIGNS

recheck of chronic active pancreatitis from Jan. wt loss, 2 # appetite only fair, supplementing with syringeable ID, is drinking. every 2-3 day vomiting white froth only. Current UTI signs - frequent urination, chemstrip blood and protein +2. Was treated in Jan, Feb and early March with SQ fluids, cerenia, mirtazapine. not currently on meds.

Abnormal PE/Chem/CBC/UA Results: cbc/chem and UA pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Mild thickened ventral wall, exhibiting symmetrical luminal surface contour and maintained homogenous mural echogenicity was present. Minor particulate urine sediment was present. The ventral urinary bladder wall measured 0.34 cm in width.

Normal size and margination were 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of medullary mineral were present. Cranial right kidney cortical infarct, and caudal left kidney cortical infarct. The left kidney measured 3.0 cm in length. The right kidney measured 3.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

Spleen

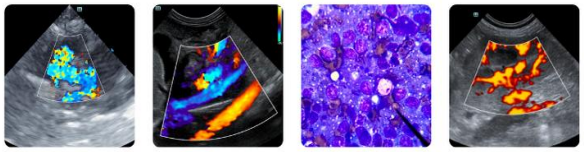
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was normal in size, contour and vascular volume. Mild increased hepatic parenchyma echogenicity exhibiting mild coarse echotexture. The gallbladder was non-distended in size with thin walls and mild non-organized debris. Mild cystic and proximal common bile duct dilation, not consistent with obstructive criteria with mild cystic and common bile duct mucus. Potential for focal discrete common bile duct mineral.

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.



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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 0.21 cm width. The jejunum wall measured 0.21 cm width.

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

Pancreas

The pancreas was normal in size with capsule asymmetry and non-homogenous minor hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild thickened ventral urinary bladder wall - suggestive of mild regional cystitis
- Chronic renal changes exhibiting cortical infarcts
- Structurally unremarkable gastrointestinal tract
- Persistent mild chronic /chronic active pancreatitis
- Mildly echogenic liver with gallbladder and cystic / common bile duct debris- no evidence of post-hepatic obstruction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In conjunction with evidence of persistent mild chronic / chronic active pancreatitis, chronic cholangitis or cholangiohepatitis is of concern. No overt evidence of gastrointestinal mural changes, i.e. IBD, although given weight loss, chronic triad disease is possible.

Correlation with pending lab work and UA +/- renal staging to include C/S or UPC level is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

No overt evidence of neoplastic criteria, which is considered unlikely.

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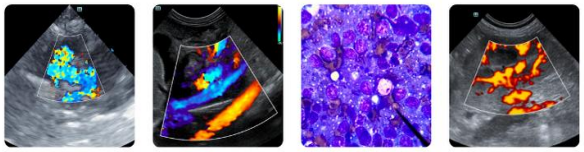

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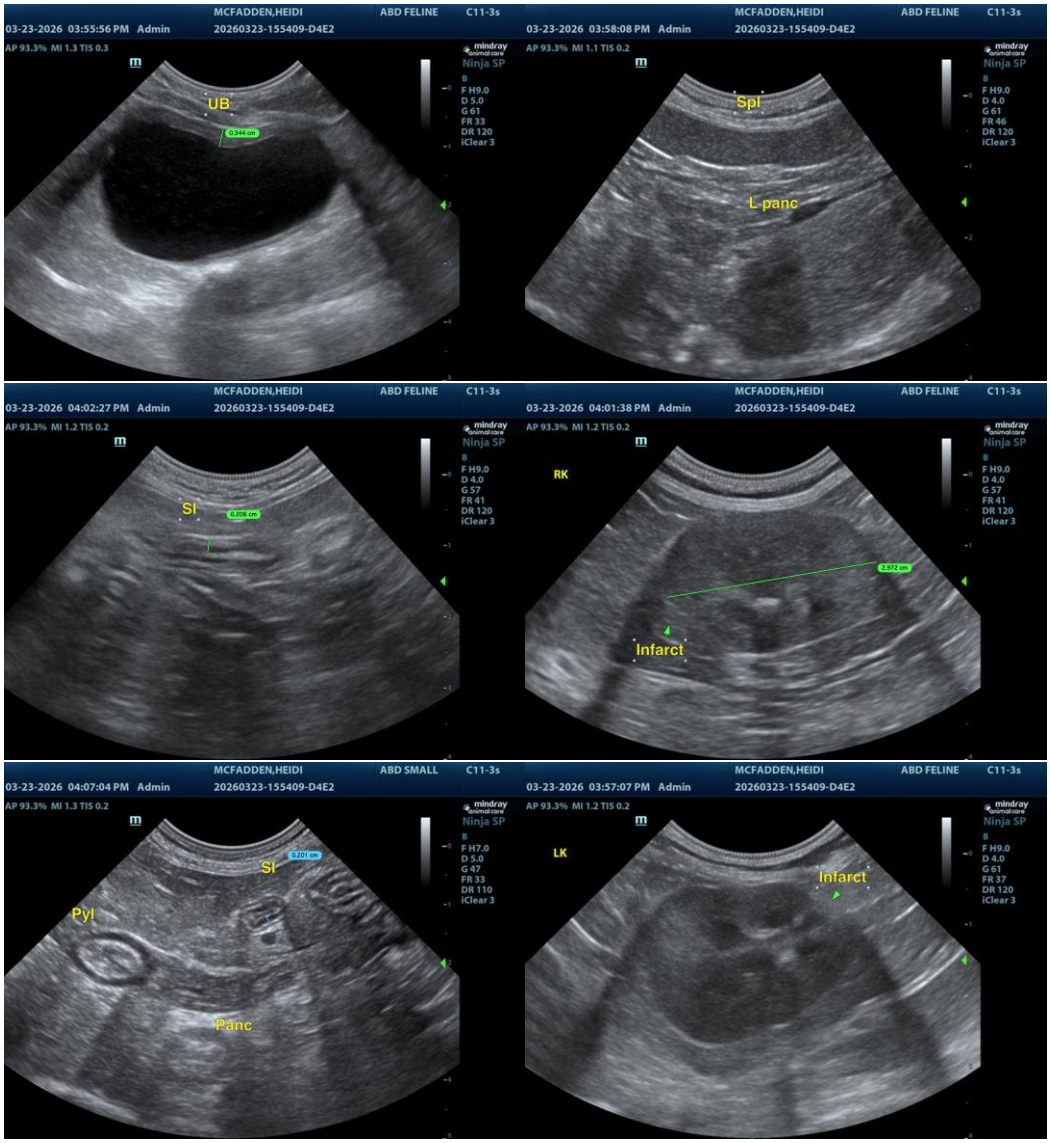

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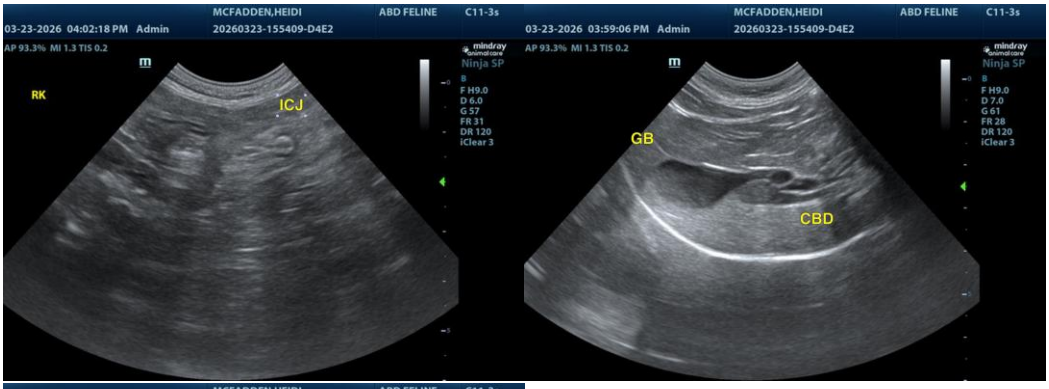

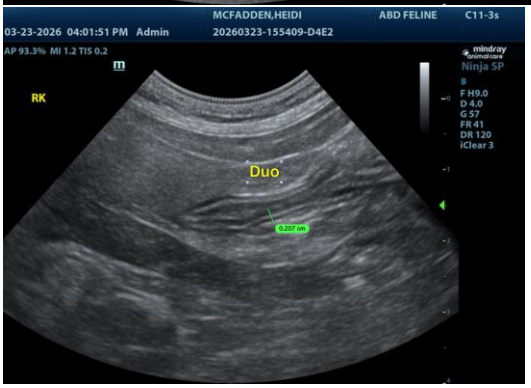

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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