



**PATIENT PRESENTING CLINICAL SIGNS**

Gabby Heabner Re evaluate adrenal, pancreas Spironolactone 6.25 BID, PotGluc 1mg

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **Urinary System**

**BREED** The urinary bladder, trigone, and cystourethral junction 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 changes was noted.

**SEX** The area of the aortic trifurcation was free of pathology.

FS Normal renal size with asymmetrical margination were present in both kidneys.

**AGE** Both kidneys exhibited nonhomogeneously echogenic cortex with cortical thickening. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Previously noted cortical infarctions were present in both kidneys. Mild bilateral pyelectasia was noted in both kidneys. Small cortical cysts were present in the medial left kidney. The left kidney measured 3.6 cm in length. The right kidney measured 3.5 cm in length.

**WEIGHT** **Adrenal Glands**

A progressive left adrenal mass exhibiting asymmetrical contour was present. Nonhomogeneous to hypoechoic parenchyma including focal parenchymal mineralization was noted. The left adrenal mass measured 2.0 cm x 1.3 cm.

**INTERPRETED BY**

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**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 0.95 cm width.

**HOSPITAL NAME**

Maple Hills VH

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were 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.

**REFERRING VET**

Dr. Banzhof

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**DATE**

3/29/22



**PATIENT**

***Gastrointestinal***

Gabby Heabner

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.

**SPECIES**

Feline

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.

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

**BREED**

DSH

***Pancreas***

**SEX**

FS

The pancreas presented generalized enlargement with capsule asymmetry exhibiting hypoechoic to nonhomogeneous parenchyma generally with intermittent hypoechoic nodular changes including previously noted cystic lesion present in the left pancreatic limb, measuring 2.0 cm in diameter. The cystic lesion contained primarily anechoic fluid with mild cellular component.

**AGE**

2006

***Free Abdomen***

Regional reactive mesentery around the pancreas was present. No overt lymphadenopathy or free fluid was noted.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

10.2

***Primary Findings***

- Moderate to mildly progressive bilateral chronic renal changes with previously noted small cortical infarctions and mild bilateral pyelectasia
- Progressive left adrenal mass exhibiting parenchymal mineralization
- Chronic active pancreatitis pattern with remodeled to nodular parenchyma, subjective static left pancreatic limb cystic lesion - left pancreatic limb cyst, abscess, necrosis possible, potential for pancreatic neoplasia is considered a less likely differential diagnosis yet cannot be definitively excluded

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Maple Hills VH

The pyelectasia in both kidneys may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein:creatinine ratio on sterile urine sample is recommended. No overt evidence of neoplastic renal criteria was noted, which is considered less likely.

**REFERRING VET**

Dr. Banzhof

The previously noted enlarged left adrenal gland has progressed into a definitive mass exhibiting parenchymal mineralization and consistent with neoplastic criteria. Aldosterone levels and monitoring of systemic blood pressure empirically would be reasonable.

**INVOICE**

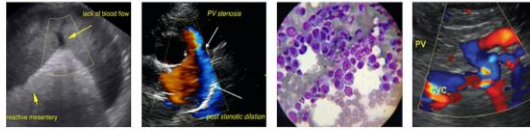
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Ultrasound-guided FNA of the pancreatic parenchyma, as well as centesis of the cystic lesion for screening cytology, fluid analysis +/- culture and sensitivity are warranted.

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Continued conservative monitoring of the abnormalities would be a more conservative approach.



**PATIENT**

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Feline

**BREED**

DSH

**SEX**

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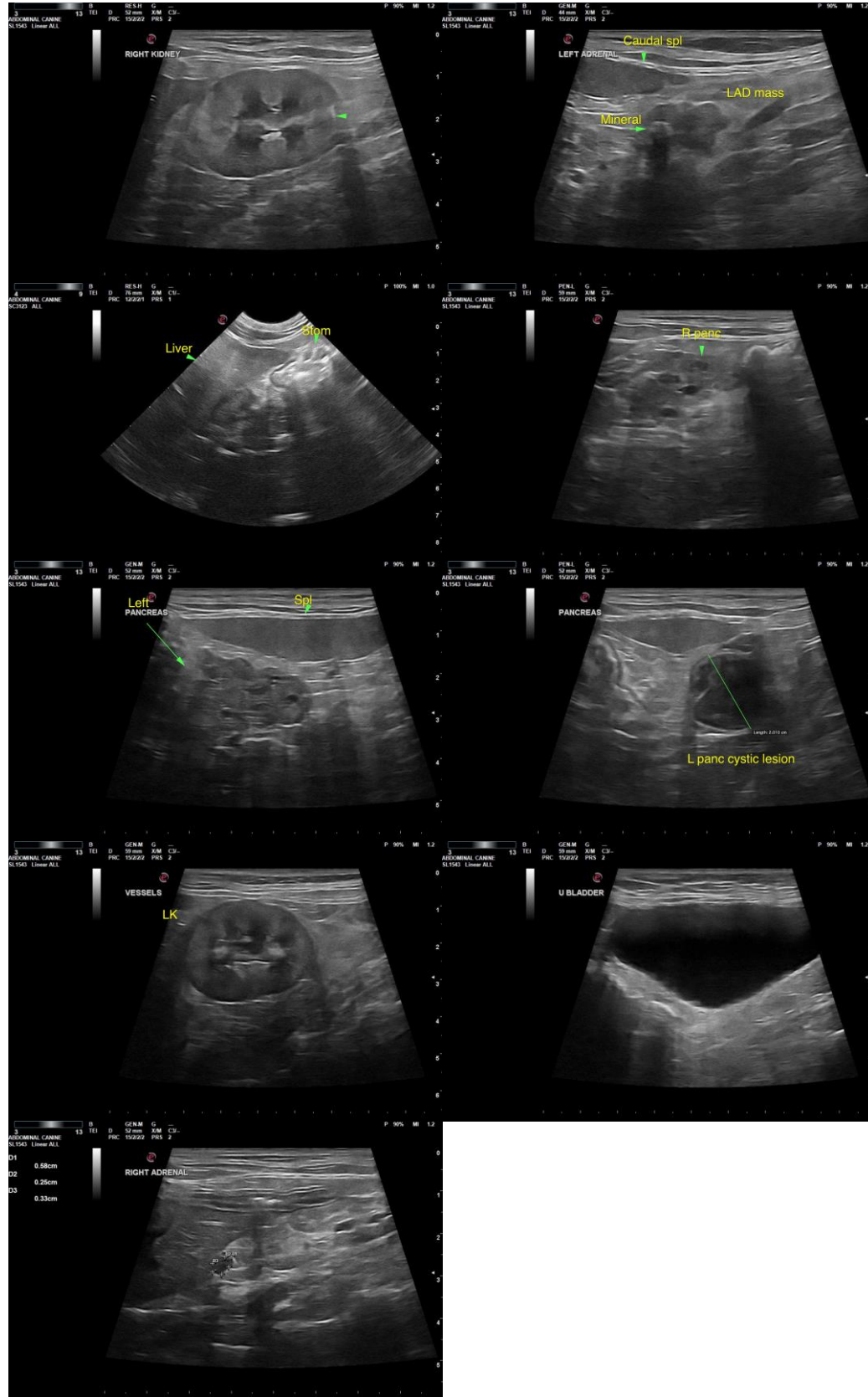
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**PATIENT**

Gabby Heabner

**SPECIES**

Feline

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.

**BREED**

DSH

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.

**SEX**

FS

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