



PATIENT

Tilley Cassette

PRESENTING CLINICAL SIGNS

Suspected pancreatitis, no improvement.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: fPL abnormal, rest of BW WNL except K 3.3.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DLH

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 changes were noted.

SEX

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Normal size and margination were 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 4.2 cm in length. The right kidney measured 4.2 cm in length.

AGE

13yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

11.1lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was indistinctly visualized subjectively measuring 0.38 cm in width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Karen Ebersole DVM

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Scanvet

Gastrointestinal

REFERRING VET

Dr. McGarvey

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 gastric body wall measured 0.24 cm in width.

INVOICE

13353ag

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 0.23 cm width. The jejunum wall measured 0.22 cm width.

DATE

03/31/2023

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

Pancreas



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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

SPECIES

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Free Abdomen

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

BREED

DLH

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen.

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral, specifically GI mural pathology as a definitive cause of the patient's clinical signs. No evidence of significant/ active pancreatitis. Low grade to chronic pancreatitis may at time present sonographically normal. If GI signs or weight loss are present in this patient, cobalamin and folate levels to assess for non-structural or occult intestinal disease as a contributing factor may be considered. As needed continued GI support is recommended.

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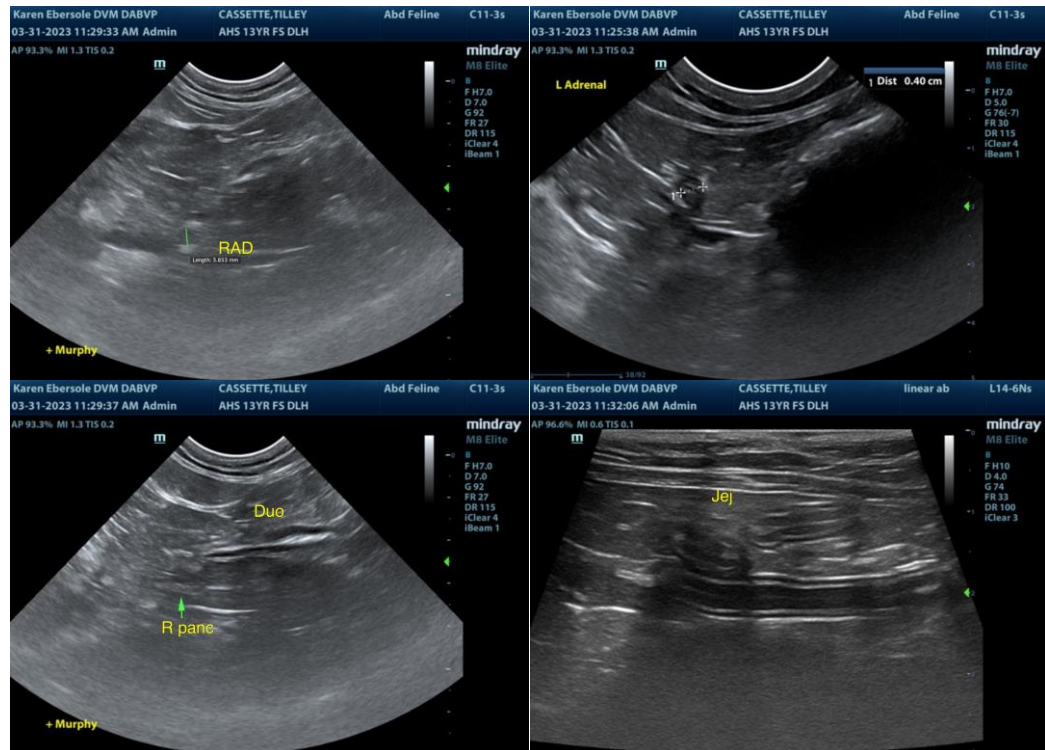
Dr. McGarvey

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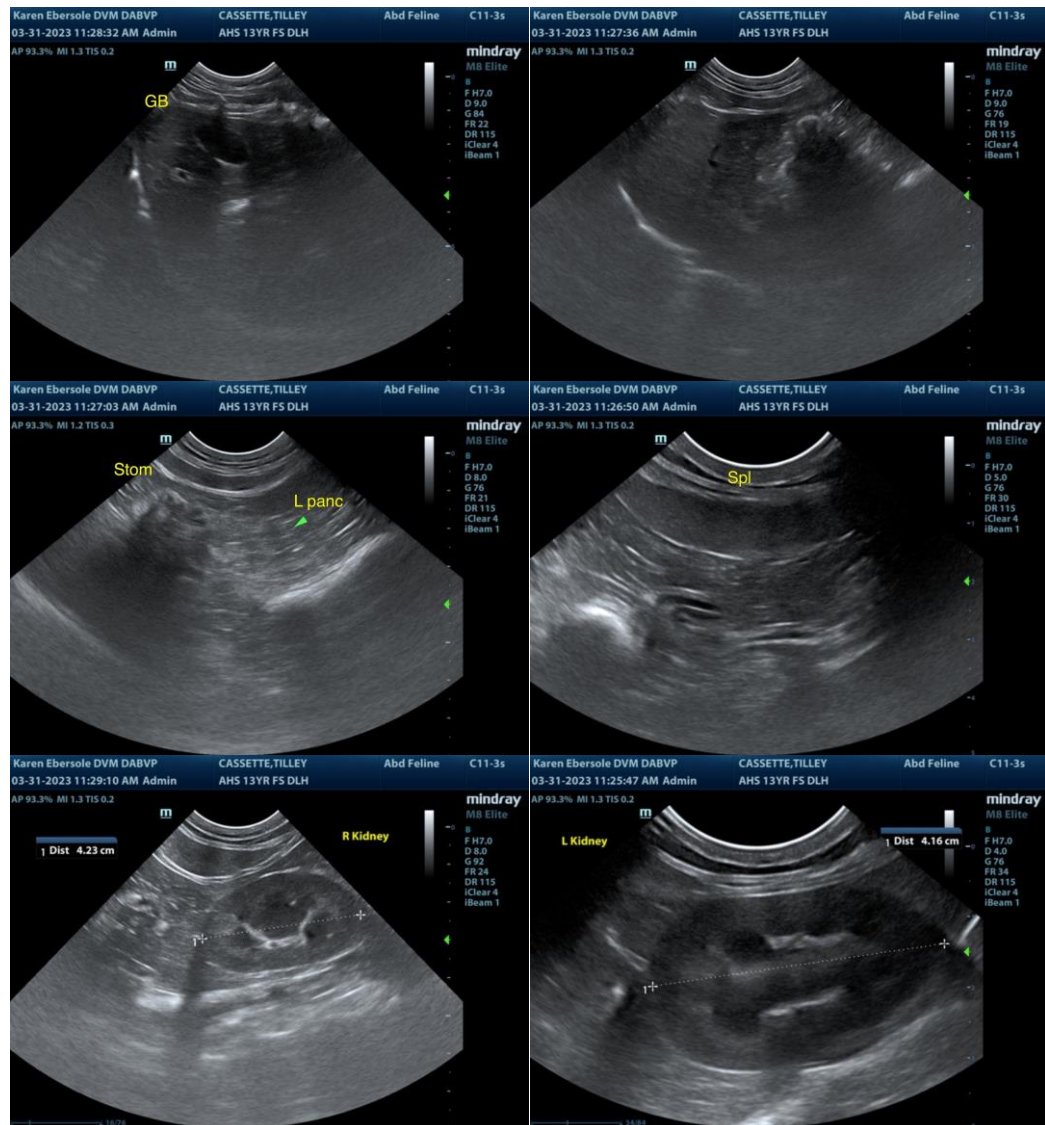
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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