

**PATIENT**

Gus Devaney

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

6 Years

**WEIGHT**

7.5kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Callihan/AEC

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

Dr. Drummond/AEC

**INVOICE**

50738

**DATE**

3-6-22

**PRESENTING CLINICAL SIGNS**

Presented last night 3/4 for acute onset vomiting, had possibly bitten into/chewed on a bag containing Stargazer lily bulbs. No significant health history, was adopted in Nov 2021.

Abnormal PE/Chem/CBC/UA Results: BCS 7/9; painful abdomen CBC normal other than high HCT 52%; chems were normal other than mild elev glob (5.7) and elev chol 346 Serum was \*profoundly\* lipemic Urine was not able to be collected until this morning but was very concentrated with USG > 1.050, no bacteria, some epithelial cells present; lots of amorphous debris A sample of the free abdominal fluid was pink and lipemic in appearance, cyto spun sample with lots of mature lymphocytes, neutrophils, occasional reactive mesothelial cells, numerous rbc's.

**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. Nondependent nonmineralized 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.

No evidence of pathology in the area of the aortic trifurcation.

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 4.9 cm in length. The right kidney measured 5.0 cm in length.

*Adrenal Glands*

No overt pathology in the area of the left or right adrenal glands.

*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 0.84 cm width at the level of the hilus.

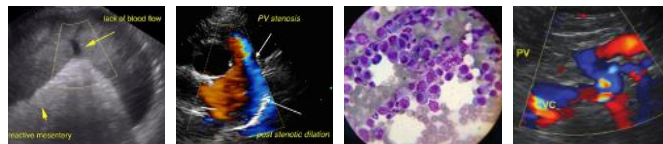
*Liver / Gallbladder*

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.

*Gastrointestinal*

The stomach presented intact yet mild prominent walls and mild gastric stasis exhibited by mild retained anechoic gastric fluid. No evidence of ileus, obstruction or foreign material. The gastric body wall width measured 0.30 cm.

The duodenum exhibited intact yet moderate prominent wall layering with mild duodenal ileus. The jejunum and ileum to the level of the colon were sonographically unremarkable and without evidence of



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concurrent mural changes or metabolic/mechanical ileus. The duodenum wall width measured 0.32 cm. The jejunum wall width measured 0.27 cm.

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

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***Pancreas***

The pancreas exhibited generalized enlargement with swollen mild asymmetrical contour and hypoechoic mildly nonhomogeneous parenchyma with surrounding reactive to inflamed hyperechoic mesentery. The visible pancreatic duct was normal.

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***Free Abdomen***

Mild volume peritoneal free fluid was noted.

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Focal hyperechoic shadowing structure within the mid abdominal omentum measuring 0.8 cm in diameter was present.

No overt lymphadenopathy was present.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Active pancreatitis with regional reactive to inflamed mesentery.
- Associated gastroduodenitis - moderate duodenitis pattern with concurrent mild ileus.
- Mild volume peritoneal free fluid.

**Secondary**

- Focal nodular fat necrosis or Bates body - incidental, not clinically significant.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Hospitalization with aggressive therapy for active pancreatitis recommended.

Monitoring of body temperature and calcium levels suggested as hypothermia and hypocalcemia may be negative prognostic indicators in cats with pancreatitis.

Recheck sonogram may be considered pending clinical response to therapy to assess for progressive inflammatory pancreatic or upper gastrointestinal changes if clinical signs of pancreatitis persist.

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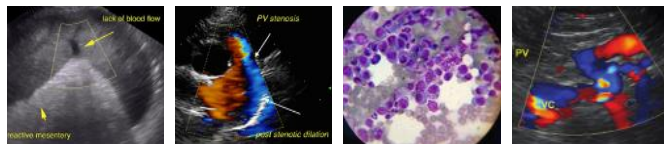
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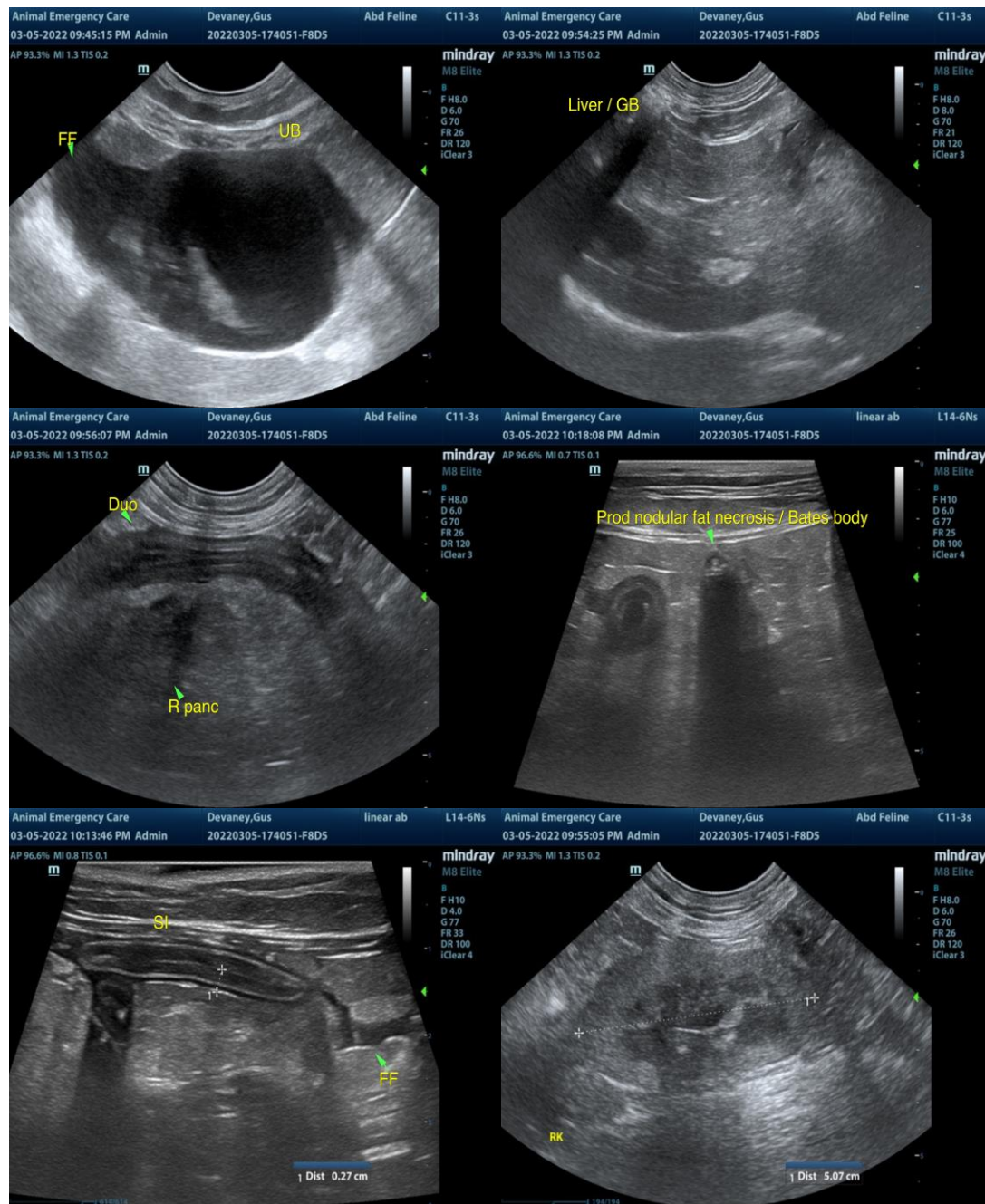
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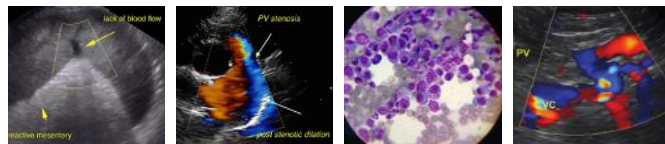


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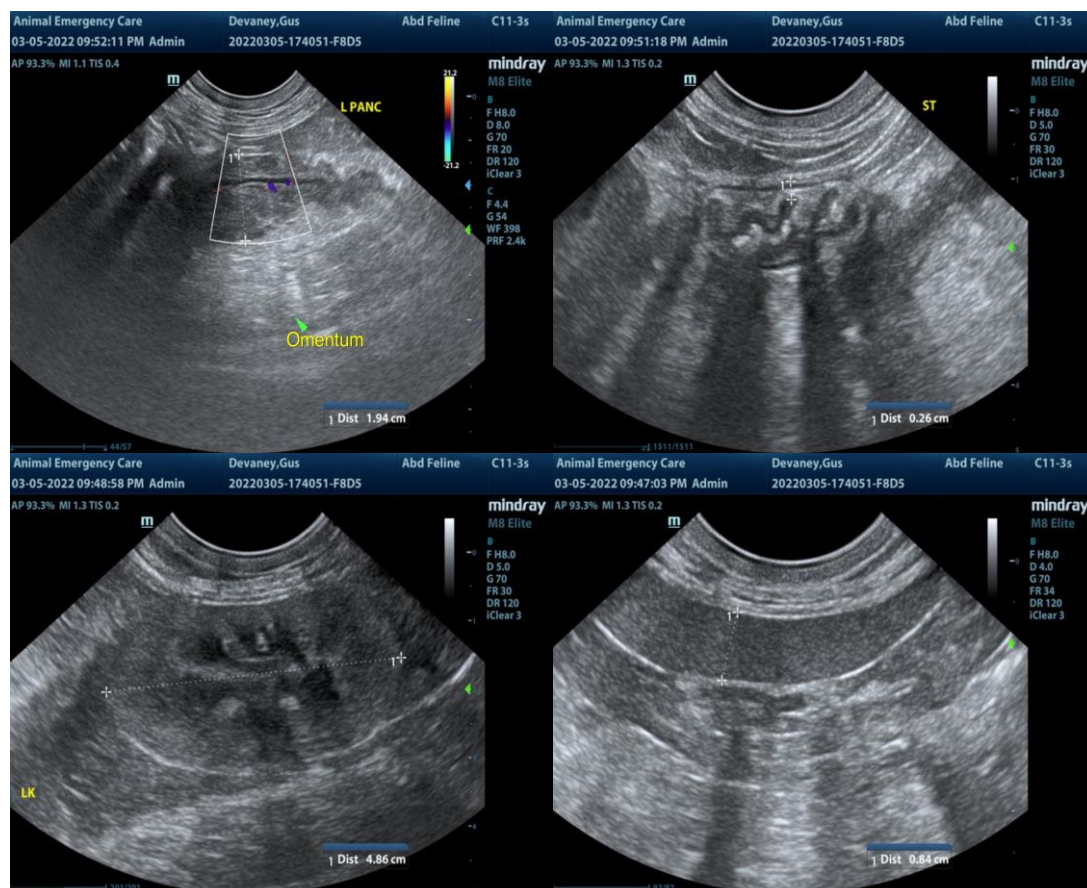
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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