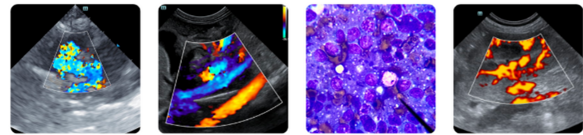


SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE
www.animalsoundsnw.com
info@animalsoundsnw.com
541.357.9423

PATIENT

Cinder Drost

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10y

WEIGHT

13.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

INVOICE

13259

DATE

3/6/26

PRESENTING CLINICAL SIGNS

History:

- Vomiting, mild inappetence, r/o: pancreatitis, IBD, emerging FUO event, open, mild dental disease
- ABNORMAL Lab work Values
- N/A blood went out, no results yet
- Current Medications: Cerenia injection, Mirtazapine 15mg, Enrofloxacin 68mg tablets

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. 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.

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 3.7 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

No obvious pathology in the area of the left and right adrenal glands. The left adrenal gland subjectively measured 0.39 cm. The right adrenal gland subjectively measured 0.38 cm.

Spleen

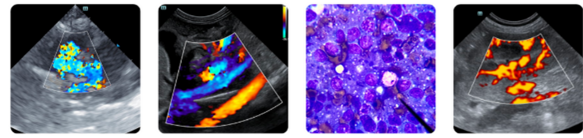
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver

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 wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas. Pylorus wall measured 0.31 cm.



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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 ileus, obstruction or foreign material. Jejunum wall measured 0.24 cm and duodenum wall measured 0.26 cm.

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

Pancreas

The left pancreas was normal in size with capsule asymmetry with isoechoic to mild heterogeneous parenchyma compared to adjacent omentum. The right pancreas was normal in size with capsule asymmetry exhibiting non-homogeneous, hyperechoic parenchyma.

Free Abdomen

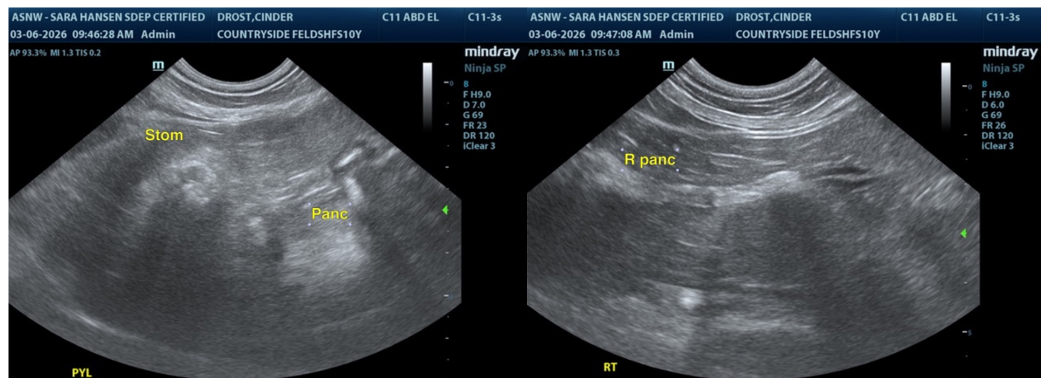
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal empty gastrointetsinal tract
- Possible mixed pattern chronic/chronic active pancreatitis
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointetsinal obstructive pattern or mural pathology. Assessment for evidence of cranial abdomen/subxiphoid discomfort on palpation which may correlate with chronic-to-chronic active pancreatitis is recommended. Underlying gastrointestinal disease may present sonographically unremarkable. Correlation with a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Screening 3-view chest radiographs to rule out intrathoracic or esophageal pathology may be considered if not done. Pending additional diagnostics, gastrointestinal support and empirical therapy for possible chronic-to-chronic active pancreatitis is recommended.



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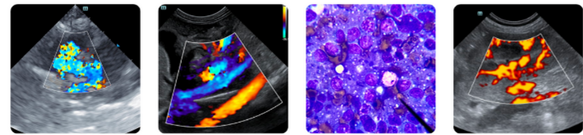

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Educational Teleconsultation Services™

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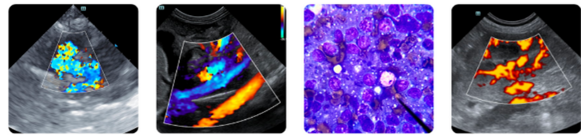

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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