



**PATIENT PRESENTING CLINICAL SIGNS**

Miley Pepriell Increased thirst, decreased appetite, lethargy, URI, tongue ulcer, consistent weight loss, hairloss on paws

**SPECIES** Previously elevated BUN, Phosphorus, and Globulin, recent GGT and TBILI elevation with evidence of pancreatitis. Current lab work pending.  
 Feline

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH Urinary System**

**SEX** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.  
 FS

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

2018 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 3.8 cm in length. The right kidney measured 4.0 cm in length.

**WEIGHT**

9.7

**Adrenal Glands**

**INTERPRETED BY**

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

**IMAGING**

**Spleen**

**PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

The spleen exhibited mild generalized enlargement measuring 1.2-1.3 cm width at the level of the splenic hilus. Mild folding of the cranial spleen was present. A primarily maintained finely textured homogeneous parenchyma with focal shadowing intraparenchymal nodule measuring 0.63 cm width was present.

**HOSPITAL NAME**

**Liver/ Gallbladder**

Brodheads ville VC

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.

**REFERRING VET**

Dr. Goldstein

**INVOICE**

**Gastrointestinal**

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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 width measured 0.25 cm.

**DATE**

4/1/22



**PATIENT** Miley Pepriell  
 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 width measured 0.23 cm. The jejunum wall width measured 0.24 cm.

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

**Feline**  
**Pancreas**

**BREED** The left pancreatic limb was mildly enlarged with mild surrounding reactive peripancreatic mesentery exhibiting subtle to indistinct distal acoustic shadowing. Evidence of left pancreatic mineralization or definitive masses were not noted with neoplastic criteria thought unlikely.

**DSH**  
**Free Abdomen**

**SEX** No omental masses, lymphadenopathy or peritoneal effusion was present.

**FS**  
**ULTRASONOGRAPHIC FINDINGS**

**AGE**  
**Primary Findings**

- Pancreatitis with regional reactive to mildly shadowing peripancreatic mesentery - primarily involving the left pancreatic limb
- Mild splenomegaly exhibiting mild cranial folding and focal shadowing intraparenchymal nodule
- Sonographically unremarkable gastrointestinal tract and kidneys

**WEIGHT**  
 9.7

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

The pancreatic presentation is consistent with active to chronic active pancreatitis with likely secondary to associated peripancreatic reactive mesentery. This may be the primary contributor to the patient's decreased appetite, lethargy, and consistent weight loss. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate for correlation with the pancreatic presentation, as well as assessment for occult gastrointestinal disease.

**IMAGING PERFORMED BY**

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The mild splenomegaly was nonspecific with considerations including generalized hyperplasia, hematopoiesis, patient variant, incidental splenitis, while given the patient's weight loss, potential for emerging splenic neoplastic disease could be present. The focal shadowing splenic nodule is not overtly pathological with considerations including mineralization, fibrosis, and previous mineralized infarction. Assuming normal clotting status and using a 25-gauge needle, ultrasound-guided FNA of the spleen could be considered for screening cytology, given the patient's weight loss.

**HOSPITAL NAME**

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Dr. Goldstein

No evidence of post hepatic stasis or obstruction was noted. Empirically, medical therapy for pancreatitis and assessment of clinical response would be reasonable.

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**PATIENT**

Miley Pepriell

**SPECIES**

Feline

**BREED**

DSH

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**HOSPITAL NAME**

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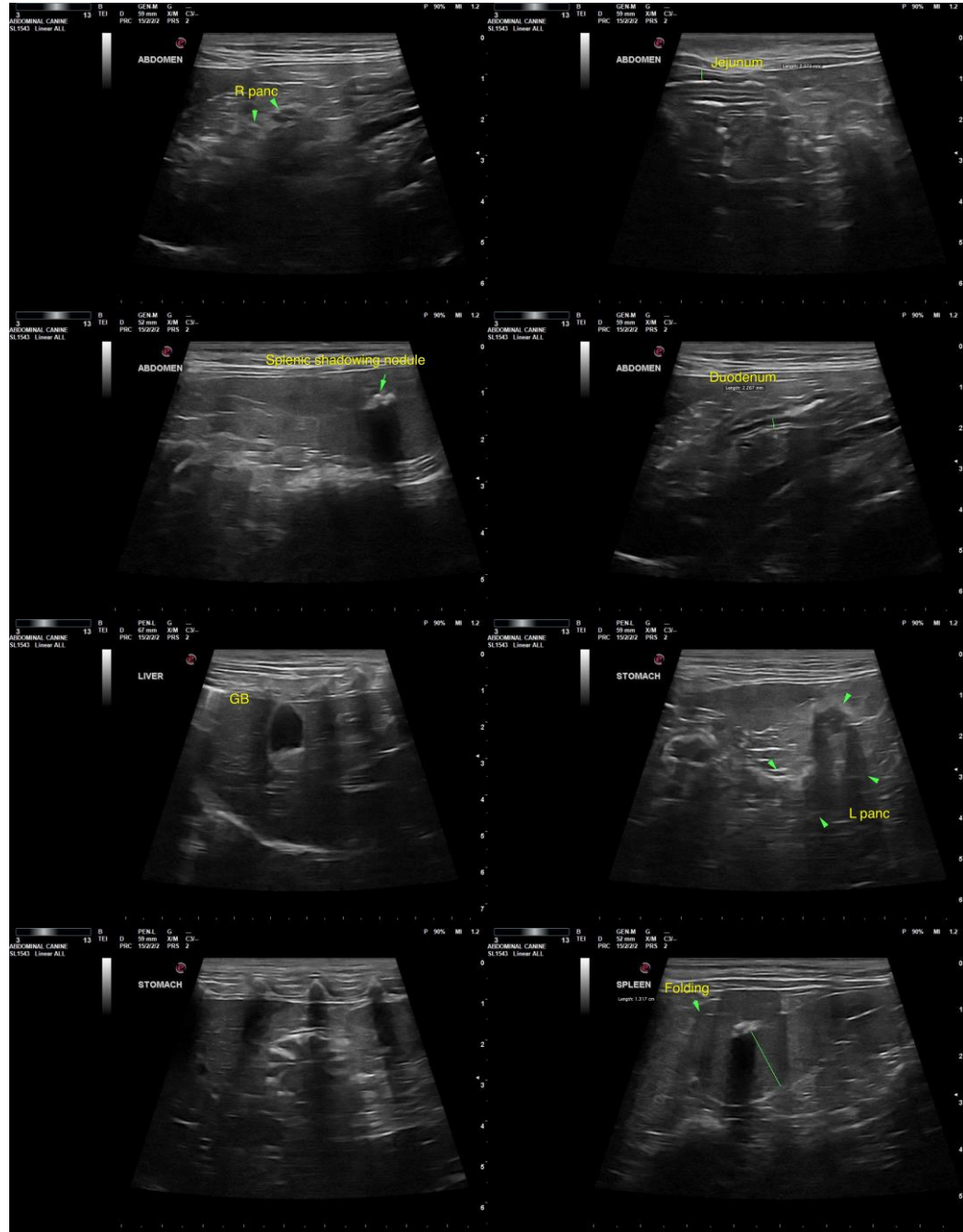
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**SPECIES**

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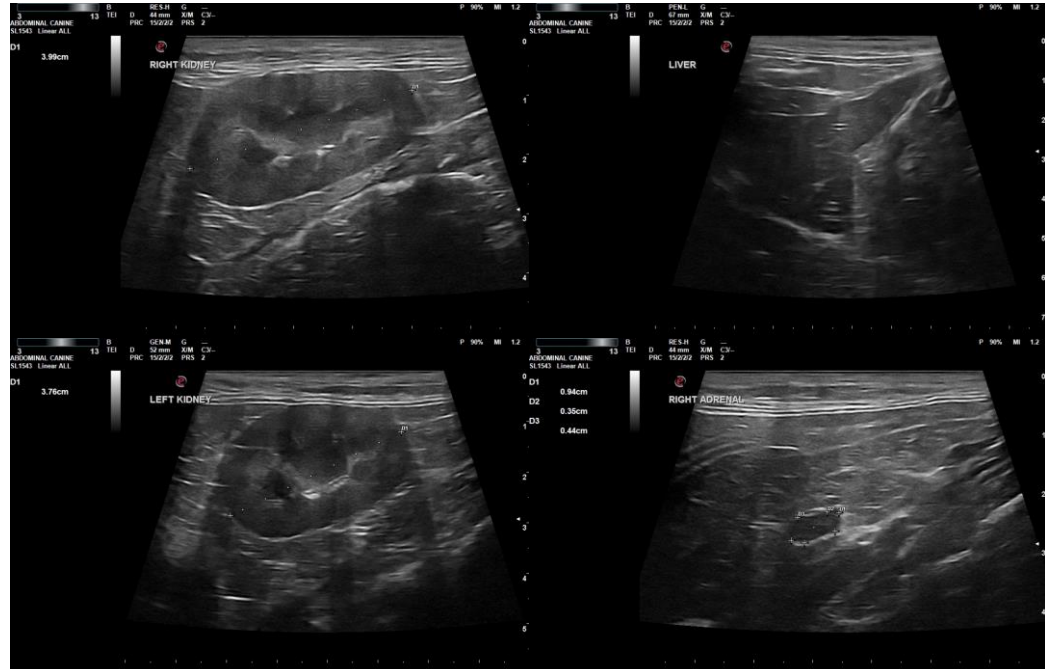
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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