



PATIENT

Herv Dersch

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9 years

WEIGHT

7.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Riverdale Integrative
VC

REFERRING VET

Dr. Hirsch

INVOICE

16563

DATE

4/11/23

PRESENTING CLINICAL SIGNS

Concern for pancreatitis, not eating, avoiding walking, seems to have hind-end weakness. FeLV positive. Current meds: CBD, had convenia injection, digestive enzymes, colloidal silver

Abnormal PE/Chem/CBC/UA Results: Cl 110, ALT 19, AST 15, Creatine Kinase 5, Spec fPL 5.4, WBC 36.6, Neuts 32.098, Mono 1.281

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, nondependent, particulate 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. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

The area of the aortic trifurcation was free of pathology.

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 3.9 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

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 0.46 cm width.

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 0.82 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.



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Gastrointestinal

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 0.24 cm.

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 0.23 cm width. The ileocolic wall measured 0.28 cm width.

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

Pancreas

The pancreas was normal in size with primarily symmetrical to subtly asymmetrical pancreatic contour exhibiting minor uniform hypoechoic pancreatic parenchyma compared to adjacent nonreactive or inflamed peripancreatic omentum.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Mildly hypoechoic pancreas
- Sonographically unremarkable gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of gastrointestinal mural pathology or mechanical / metabolic gastrointestinal ileus was noted.

Sonographically, the appearance of the pancreas is suggestive of potential low-grade inflammation, although sonographic evidence of significant pancreatic inflammatory criteria or other pathology was not present. Correlation with abdominal palpation to assess for evidence of discomfort within the area of the cranial abdomen, which may coincide or allude to sonographic low-grade pancreatitis is suggested.

Thorough muscular/skeletal and neurological examination is suggested to assess for potential extra-abdominal contributing factor to the patient's clinical signs. CBC pathology review is suggested. Empirically, as-needed gastrointestinal support and therapy for mild pancreatitis would be reasonable. No evidence of intraabdominal neoplastic criteria was noted.



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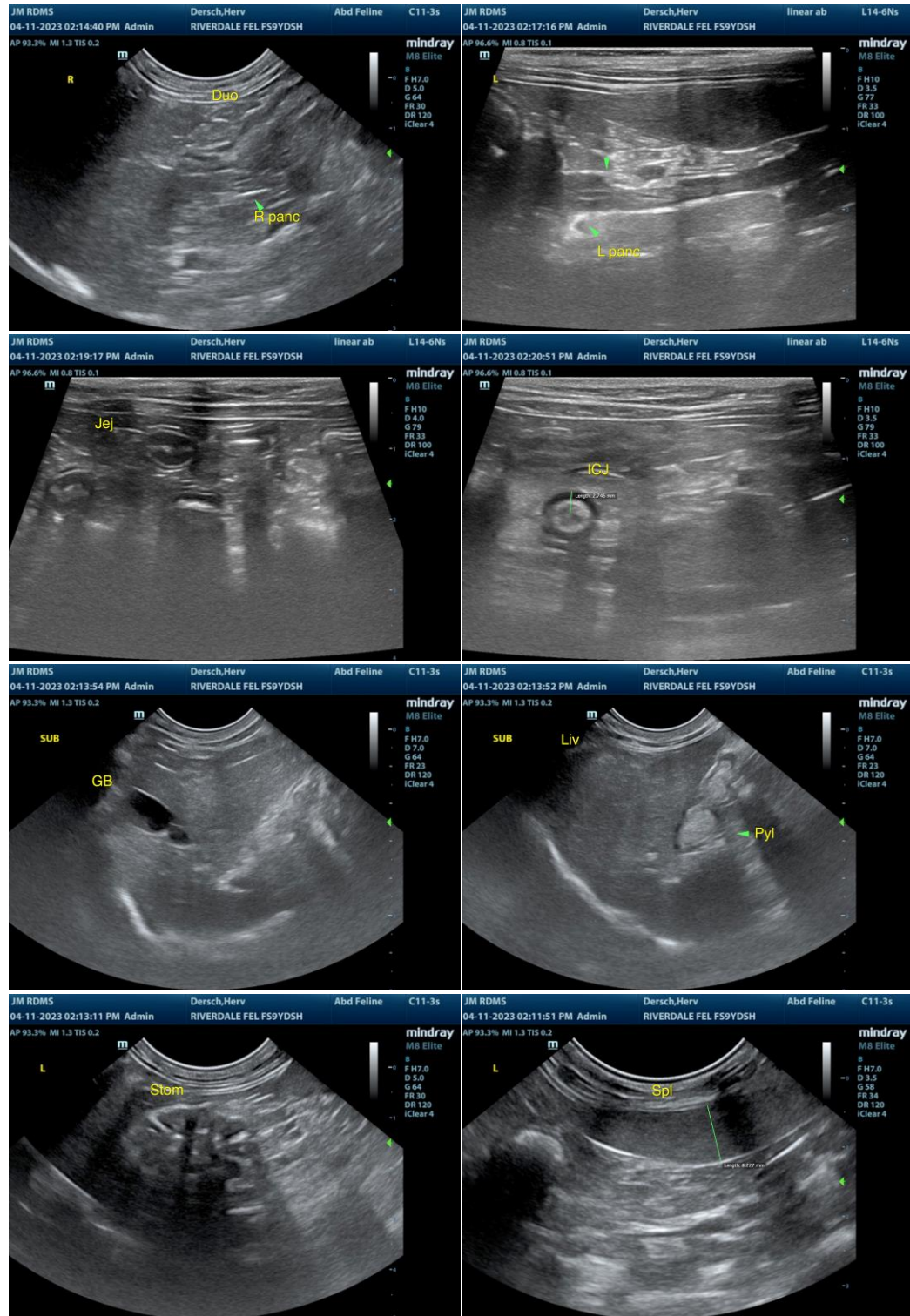
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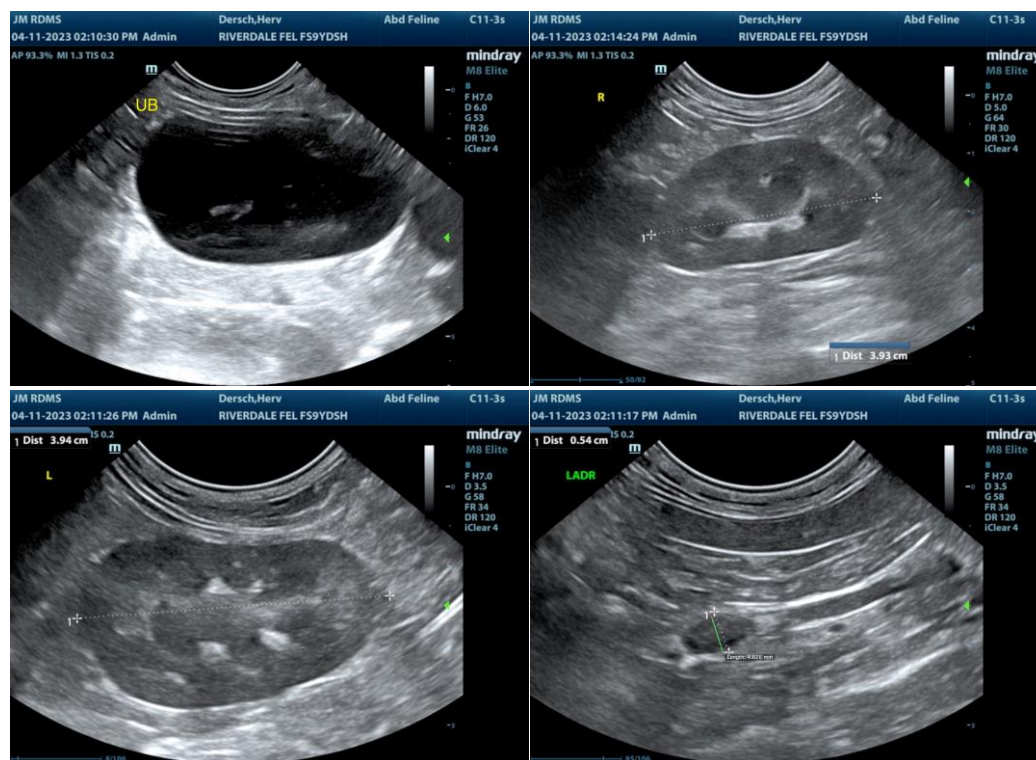
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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