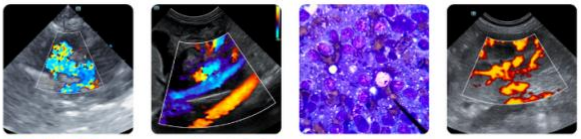


PATIENT

Rango Ellingson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years 11 Months

WEIGHT

5.4 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Dr. Raul Casas-Dolz

HOSPITAL NAME

State Avenue Vet Clinic

REFERRING VET

Dr. Raul Casas-Dolz

INVOICE

15195

DATE

04/17/26

PRESENTING CLINICAL SIGNS

1.5 weeks ago not feeling right, pet is eating off and on, eats better after Pred is given, didn't eat this morning, nibbled some today. Constipated, last BM Hard, 3;30 today

Abnormal PE/Chem/CBC/UA Results: EOS 0.91, RBC 5.57, HGB 9.4, HCT 26.53, MCH 17.0, MCHC 35.6, PLT 44 PLT looks adequate due to clumping seem on a slide, CBC/chemistry: HCT 26%, platelets 44,000/µL (clumping on smear), bilirubin 1.2 mg/dL, glucose 271 mg/dL, ALT 168 U/L. - Blood smear: Platelet clumping, no RBC agglutination. - Saline agglutination test: Negative. - Abdominal ultrasound: Liver WNL, gallbladder with mild echogenic material, questionable pancreas, mildly thickened duodenum; images/videos sent for radiologist review. - Awaiting radiologist interpretation of abdominal ultrasound (pending).

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 change 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 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 4.0 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized with no obvious pathology.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

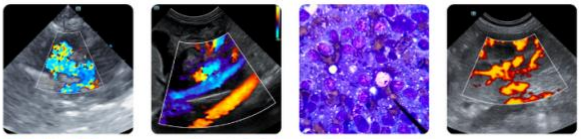
Spleen

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 0.78 cm width level of the mid spleen.

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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta and mild lumen gas without signs of obstruction or foreign material. No evidence of obstruction to pyloric outflow. The pylorus wall measured 0.26 cm wall width.

The small intestine presented intact wall layering with maintained wall layer ratio. Borderline thickened small intestine wall with segmental mild nonshadowing intestinal ingesta without obstructive pattern to the level of the colon. Mild duodenal corrugation. The duodenum wall measured 0.26 cm wall width. The jejunum wall measured 0.25 cm wall width.

Normal visible colon wall layers were present with formed fecal matter.

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic to overall generalized mid cranial abdomen mild hyperechoic omentum.

Free Abdomen

No obvious visualized significant omental lymphadenopathy was present. Scant cranial abdomen to peripancreatic/periduodenal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal stomach with gastric ingesta- ingesta most suggestive of food echogenicity.
- Intact borderline thickened small intestinal wall with mild duodenal corrugation.
- Suspect probable mild pancreatitis.
- Peripancreatic to mid cranial abdomen mild hyperechoic omentum and scant effusion.
- Nondistended gallbladder with mild sediment.
- Sonographically normal liver- suggestive of mild benign hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with most recent meal ingestion is recommended. Given NPO prior to the ultrasound, some degree of metabolic or non-obstructive gastric stasis or delayed gastric emptying is suspected without evidence of mechanical obstruction. The borderline thickened small intestine, and mild duodenal corrugation is nonspecific and may indicate patient variant or nonspecific enteropathy with possible suppression of intestinal mural changes secondary to prednisolone. Correlation with a GI panel to include PLI, TLI, cobalamin and folate is warranted. Mild cholangiohepatitis is favored.

Assuming normal clotting status and using a 25-guage needle, hepatic FNA cytology could be considered to assess for inflammation. A definitive cause of anemia was not obvious. Gastrointestinal support, monitoring of gastric motility and empirical therapy for pancreatitis/cholangiohepatitis with clinical and sonographic monitoring would be reasonable.

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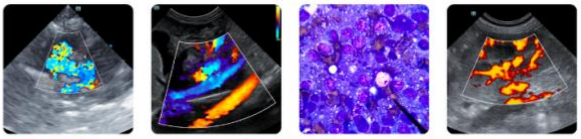

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Educational Teleconsultation Services™

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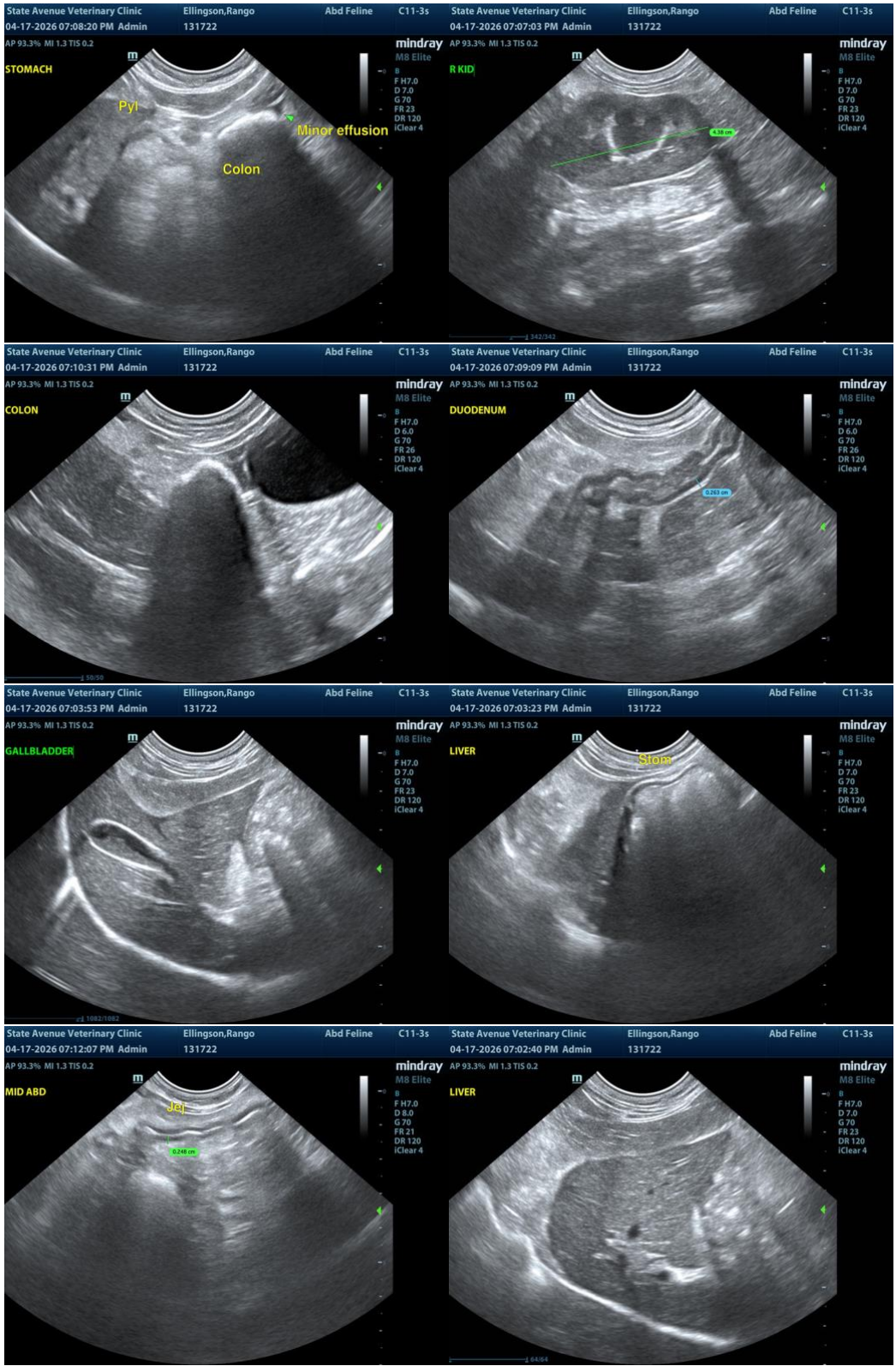

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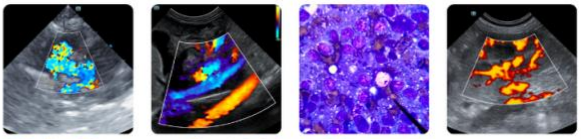

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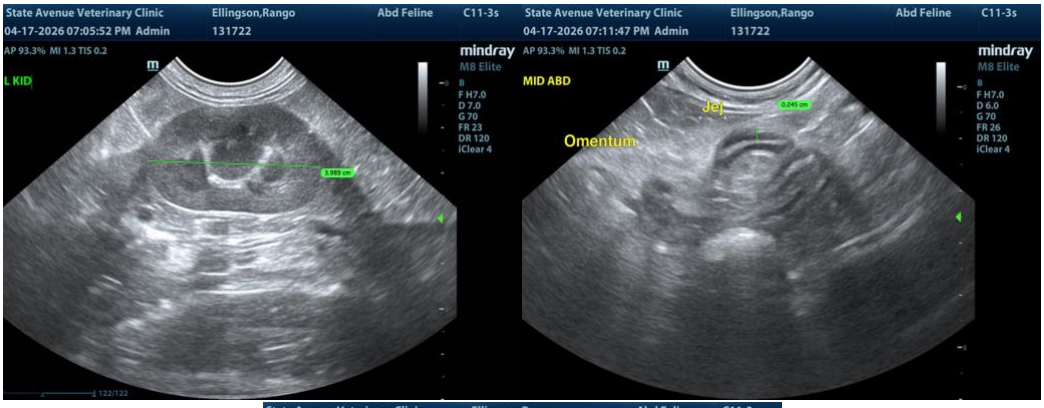

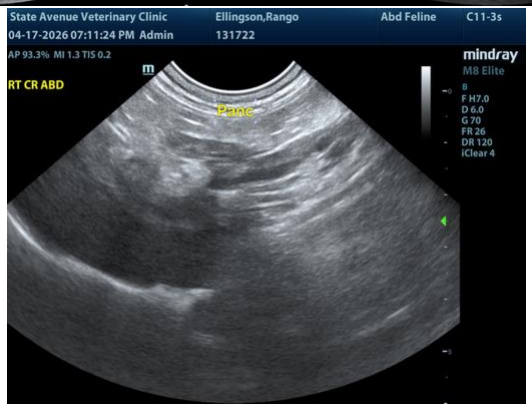

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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