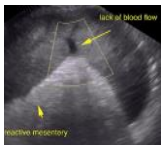
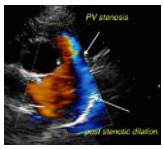
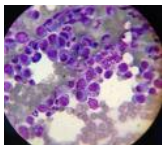
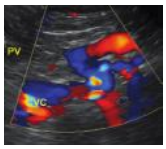
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**
Gus Steele

**SPECIES**
Feline

**BREED**
DSH

**SEX**
Neutered male

**AGE**
15 years

**WEIGHT**
4.8 kg

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

**IMAGING PERFORMED BY**
Dave Stasiuk

**HOSPITAL NAME**
Resolution Veterinary Ultrasound

**REFERRING VET**
Dr. Vanesse Gruffydd

**INVOICE**
10423ag

**DATE**
04/18/2022

## PRESENTING CLINICAL SIGNS

History: Abdominal pai. Anorexia. Dehydration. Abnormal pancreas/liver on in-house AFAST.

Abnormal PE/Chem/CBC/UA Results:

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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

The area of the aortic trifurcation was free of pathology.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm in width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 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.

### *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.

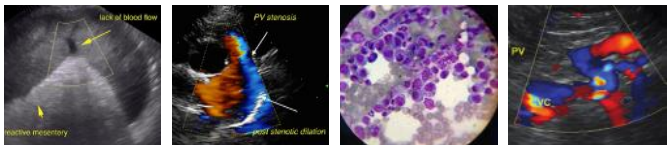
### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm in width.

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 jejunum wall measured 0.25 cm in width.

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

### *Pancreas*

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The left limb of the pancreas exhibited subtle prominent size, subtle areas of capsule asymmetry and a mildly nonhomogeneous to hypoechoic parenchyma. Potential for subtle pancreatic duct dilation was present.

***Free Abdomen***

No peritoneal effusion was present.

Focal, mildly prominent to enlarged colic lymph node was present adjacent to the ileocolic junction. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.52 cm diameter.

## ULTRASONOGRAPHIC FINDINGS

- Mild UB sediment.
- Mild chronic renal changes.
- Mildly prominent to hypoechoic left pancreas-nonspecific, age related pancreatic changes, low grade chronic to chronic active pancreatitis possible.
- Unremarkable GI tract.
- Focal benign/reactive colic lymph node.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Otherwise largely a geriatric abdomen without evidence of significant visceral pathology.

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

Potential for low grade chronic to chronic active pancreatitis would be suspected if area of abdominal discomfort is in the subxiphoid or cranial abdominal region.

Potential for structurally insignificant GI inflammatory process given the patient's anorexia cannot be definitively excluded. Further assessment may include a SpecFPL or a GI panel to include Cobalamin/Folate.

If not done, a thorough musculoskeletal exam is suggested. Empirical GI support and therapy for potential low grade pancreatitis would be reasonable.

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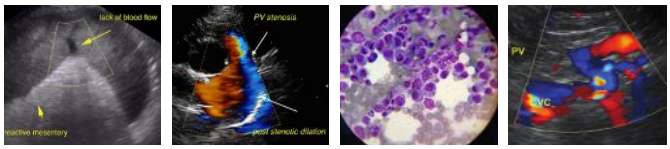


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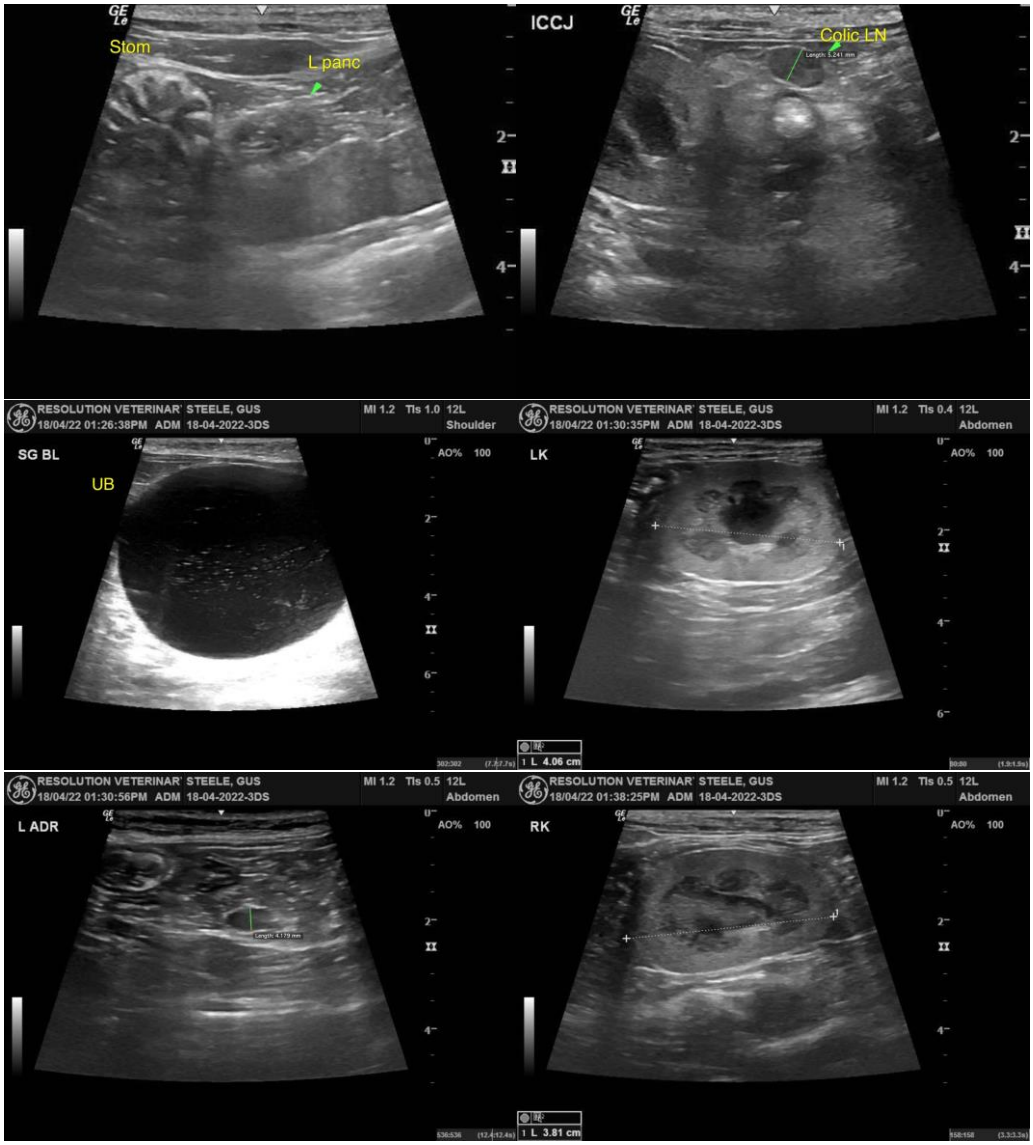

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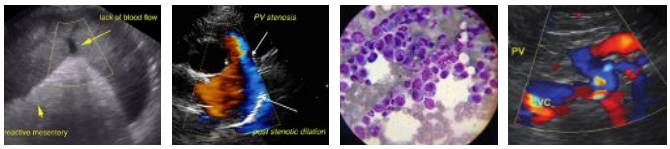

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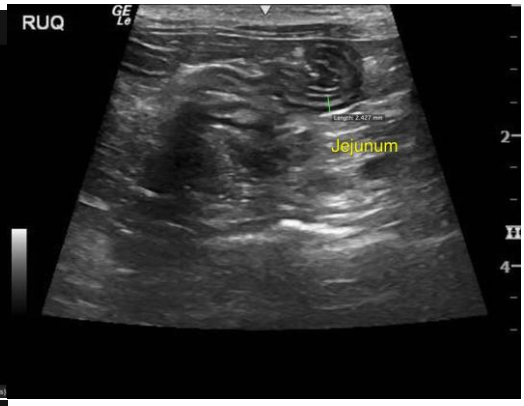



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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**