



**PATIENT**

Tucker Mote

**SPECIES**

Feline

**BREED**

DSH

**SEX**

M/N

**AGE**

14 yrs

**WEIGHT**

3.8 kg.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dave Stasiuk RDMS,  
RDCE

**HOSPITAL NAME**

Britannia-Kingsland  
Veterinary Clinic

**REFERRING VET**

Dr. Hamill

**INVOICE**

16663

**DATE**

4/20/23

**PRESENTING CLINICAL SIGNS**

Low appetite. ++ weight loss. Moderate hyperkalemia. Mild Hybernatremia. Rule out neoplasia.

**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. Primarily anechoic urine was present in the lumen. Mild, non-dependent, 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 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 3.7 cm in length. The right kidney measured 3.4 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 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.4 cm width. No adrenal neoplastic criteria noted.

**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/ 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.

**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



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measured 0.22 cm width. The jejunum wall measured 0.24 cm width. The ileocolic wall measured 0.34 cm width.

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

**Pancreas**

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The pancreas was variably enlarged with asymmetrical contour exhibiting hypoechoic nonhomogeneous parenchyma. Surrounding peripancreatic hyperechoic omentum was noted.

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**Free Abdomen**

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Several, mildly prominent, colic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.4 cm in diameter. No evidence of peritoneal effusion was noted.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

3.8 kg.

- Minor urinary bladder sediment
- Pancreatitis with surrounding reactive omentum
- Sonographically unremarkable gastrointestinal tract
- Minor benign / reactive colic lymphadenopathy

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended for correlation of the pancreatic presentation, as well as assessment of occult intestinal disease as a contributing factor. Therapy for pancreatitis and as-needed gastrointestinal support are indicated.

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RDCS

Minor potential for emerging pancreatic neoplasia, which may present in a similar sonographic manner as inflammatory criteria, cannot be definitively excluded yet is thought less likely.

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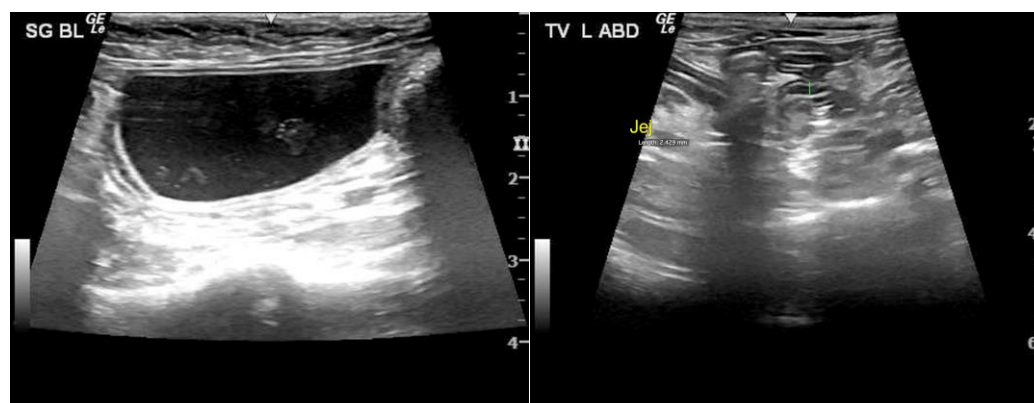
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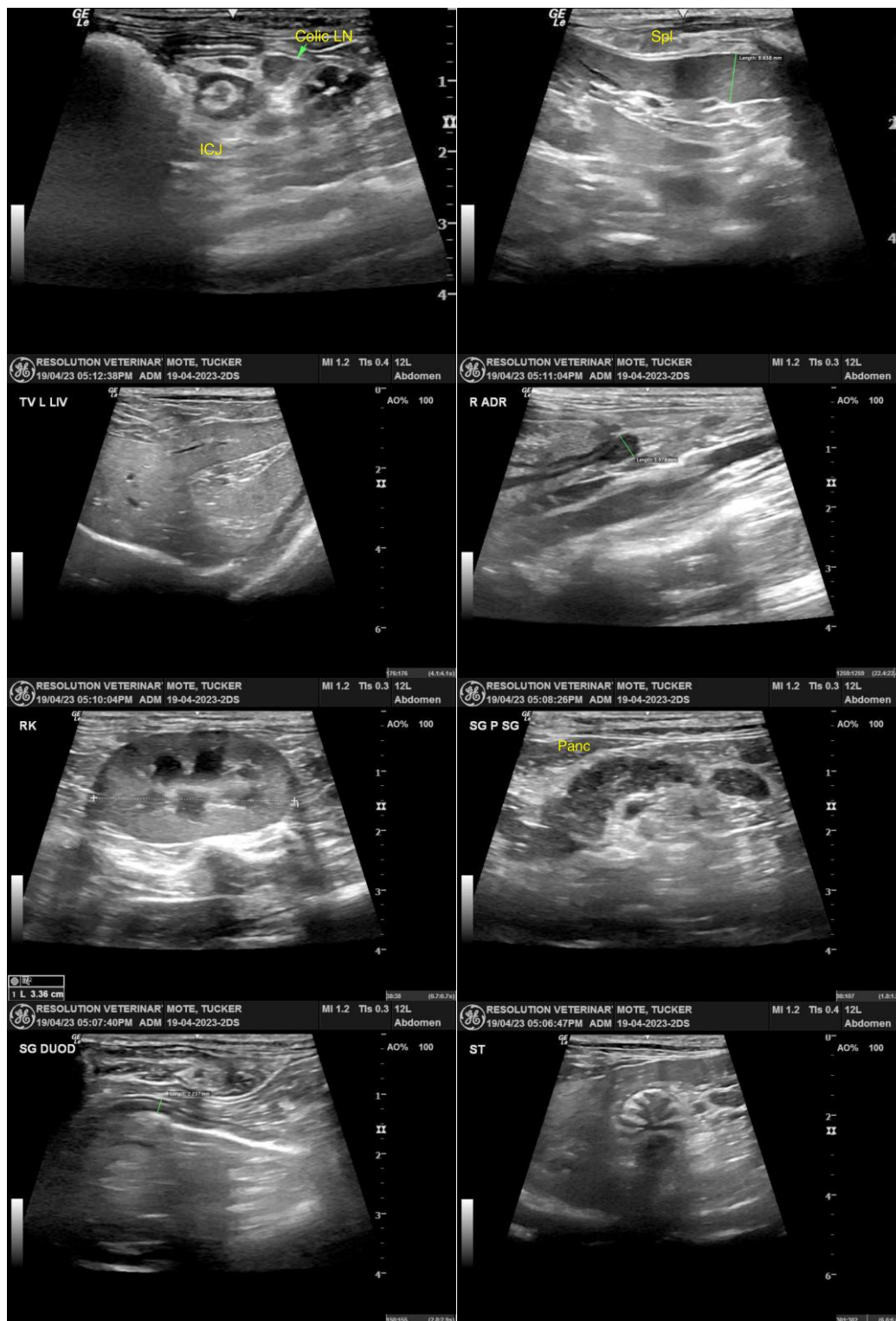
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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