



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Sonny Clouser	Sonny is a 12.5yo male neutered cat who has had intermittent pancreatitis. Recom He is on fluoxetine, dasuquin, gabapentin, and cerenia. His fPL in 8/22 was 8.7 and felt better with tx, he had a flare up in 1/23 fPL 18.6 and did well with cerenia and SQF, re-checked fPL 2-21-23 and it was 18.1-he was doing well at that time, he has also had a hx of hematuria, there has been a lot of stress with a death in the family last year and moving, owner reported one time that he was on RC Duck and Pea Recommended AUS due to continued elevation in fPL
<b>SPECIES</b>	
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</b>	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 moderate non-dependent particulate sediment. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
MN	
<b>AGE</b>	Normal size and margination were 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 4.4 cm in length. The right kidney measured 4.6 cm in length.
12.5lb	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
10lb	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the left adrenal gland was free of overt pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Todd	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 0.61 cm in width at the level of the hilus.
<b>HOSPITAL NAME</b>	<b>Liver/Gallbladder</b>
Lambs Gap Animal Hospital	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 mildly subnormal in size with thin walls and primarily anechoic luminal content with minor incidental echogenic debris. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Kinney	The stomach presented intact generalized prominent wall layering with a variably prominent mucosa layer. Potential for emerging gastric polyps possible although not definitive. No evidence of infiltrative gastric neoplasia. The lumen of the stomach contained mild retained anechoic fluid with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.52 cm in width.
<b>INVOICE</b>	
13373ag	
<b>DATE</b>	
04/03/2023	



**PATIENT**

Sonny Clouser

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 0.22 cm width. The jejunum wall measured 0.20 cm width.

**SPECIES**

Feline

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

**Pancreas**

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 reactivity / inflammation. No overt evidence of neoplasia.

**BREED**

DSH

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

- Moderate urinary bladder sediment.
- Mild chronic renal changes.
- Chronic active pancreatitis.
- Mild hypomotile gastritis pattern, sonographically unremarkable small bowel.

**AGE**

12.5lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

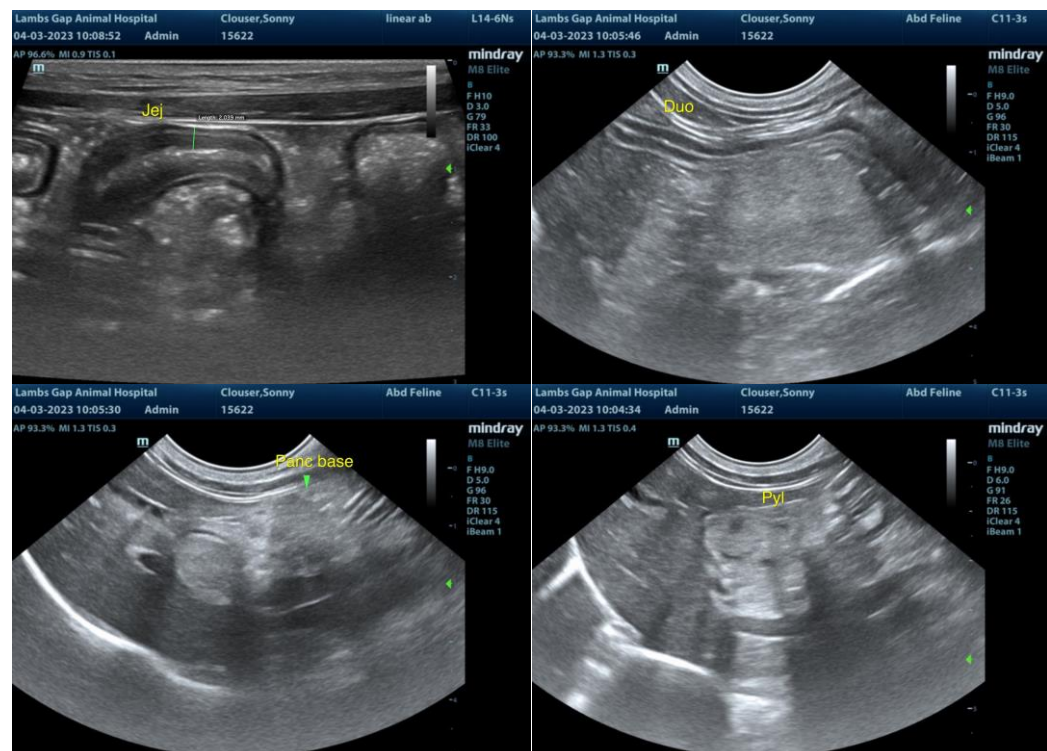
As needed therapy for chronic active pancreatitis with gastroprotectants and as needed GI support is recommended. Sonographic reassessment of the stomach and pancreas may be indicated if evidence of progressive clinical signs consistent with pancreatitis and/or gastritis are present. A urine C/S on a sterile urine sample to assess for or rule out underlying UTI is recommended.

**WEIGHT**

10lb

**INTERPRETED BY**

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



**IMAGING PERFORMED BY**

Dr. Todd

**HOSPITAL NAME**

Lambs Gap Animal Hospital

**REFERRING VET**

Dr. Kinney

**INVOICE**

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**DATE**

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**PATIENT**

Sonny Clouser

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

12.5lb

**WEIGHT**

10lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Todd

**HOSPITAL NAME**

Lambs Gap Animal  
Hospital

**REFERRING VET**

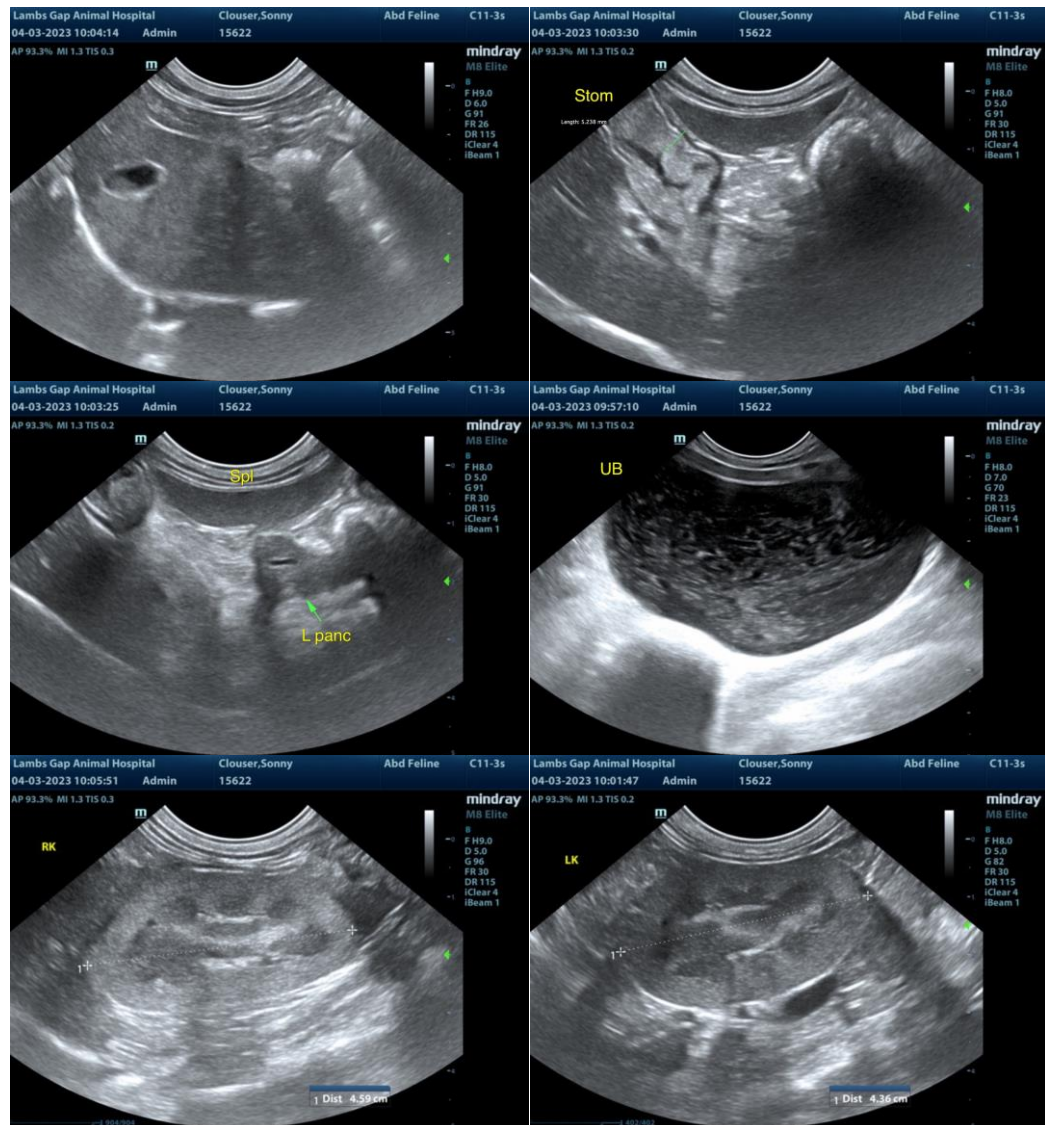
Dr. Kinney

**INVOICE**

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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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