



PATIENT

Lexi Flegel

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

15 years

WEIGHT

7.2 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Ingersoll Veterinary
Services

REFERRING VET

Dr. Prystayko

INVOICE

16787

DATE

5/10/23

PRESENTING CLINICAL SIGNS

6 month history of decreased appetite, muscle loss and vomiting. Vomiting has increased to at least twice weekly, mainly after eating for the last 2-3 weeks. Usually it is food that is vomited within minutes up to 30 minutes of eating. NAF on abdominal palpation. Gabapentin for day of ultrasound only.

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results. Low normal total WBC and low normal RBC. No rads.

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 changes was 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 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 3.2 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 0.35 cm width. The right adrenal gland was overtly normal in size, position, and shape. The right adrenal gland subjectively measured 0.36 cm width.

Spleen

The spleen exhibited mild to variable enlargement yet primarily maintained a symmetrical capsule contour and a finely textured homogeneous parenchyma. Splenic folding was present. The spleen measured up to 1.3 cm in width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. 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 subjective mild prominent wall layering in the area of the pylorus. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology with empty gastric lumen. The pylorus wall measured up to 0.4 cm width.



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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 0.25 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.32 cm width.

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

Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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No omental masses or evidence of peritoneal effusion were noted. Intermittent mild colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a colic lymph node measured 0.7 cm x 0.3 cm.

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ULTRASONOGRAPHIC FINDINGS

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- Mild variably splenomegaly with folding - nonspecific, hyperplasia, hematopoiesis, incidental splenitis, early infiltrative round cell neoplasia possible
- Empty stomach with intact mildly prominent pylorus wall
- Structurally unremarkable small bowel
- Subjective mild chronic pancreatitis pattern
- Mild chronic renal changes
- Minor subjective benign / reactive colic lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assuming normal clotting status and using a 25-gauge needle with Benadryl pretreatment, screening splenic FNA cytology is warranted for further assessment, given the patient's weight loss.

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Chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Pending splenic FNA cytology, a GI panel to include PLI/TLI/Cobalamin/Folate, as well as three-view chest radiographs are suggested to assess for occult pancreatic, intestinal, or thoracic pathology.

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If there is no evidence of splenic neoplasia, chronic pancreatitis with potential concurrent inflammatory gastroenteropathy would be considered most probable. Early infiltrative gastrointestinal round cell neoplasia cannot be definitively excluded. Empirically, gastroprotectant protocol with canned novel protein or hydrolyzed diet with potential smaller more frequent feedings and gastrointestinal support may prove beneficial.

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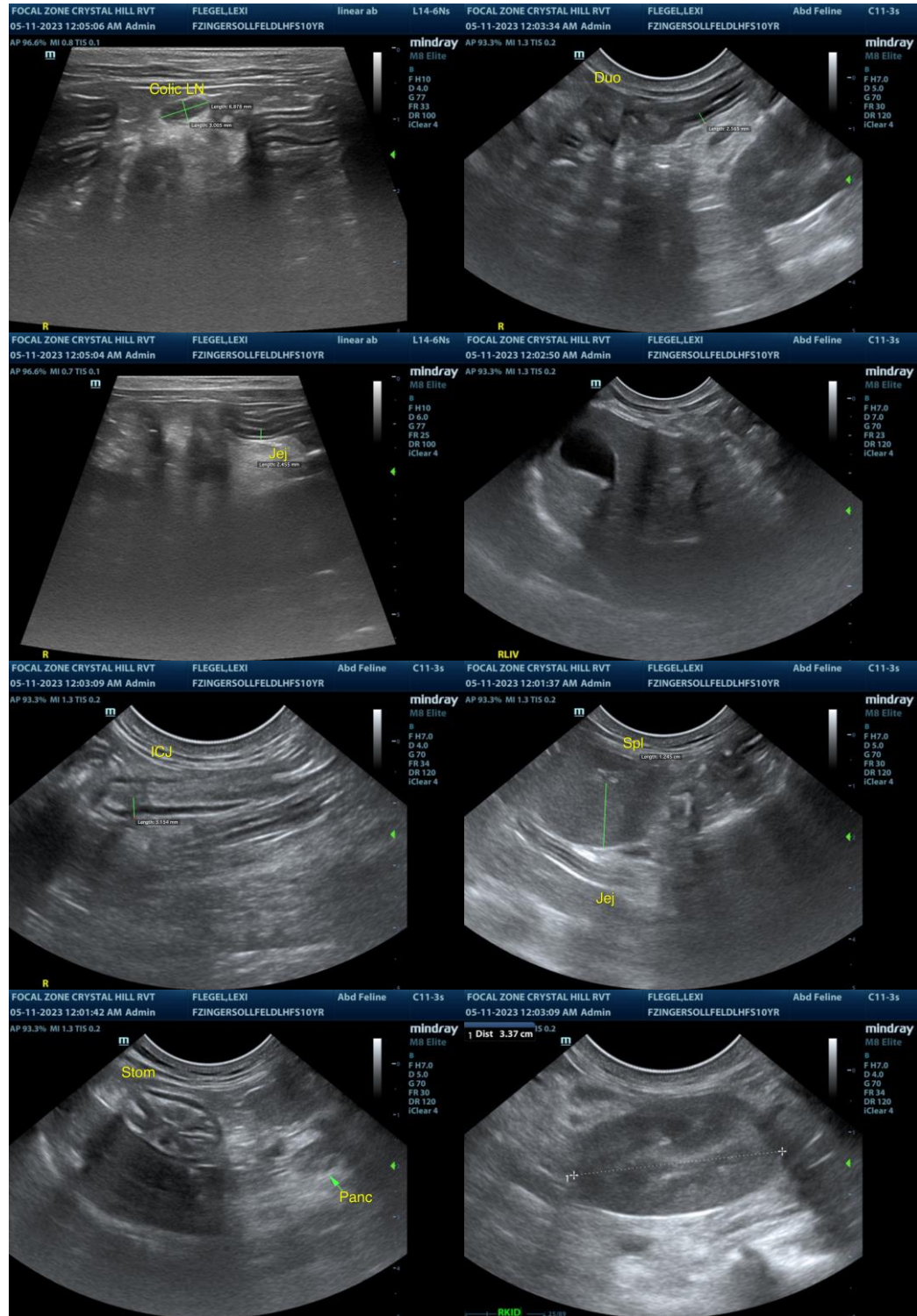
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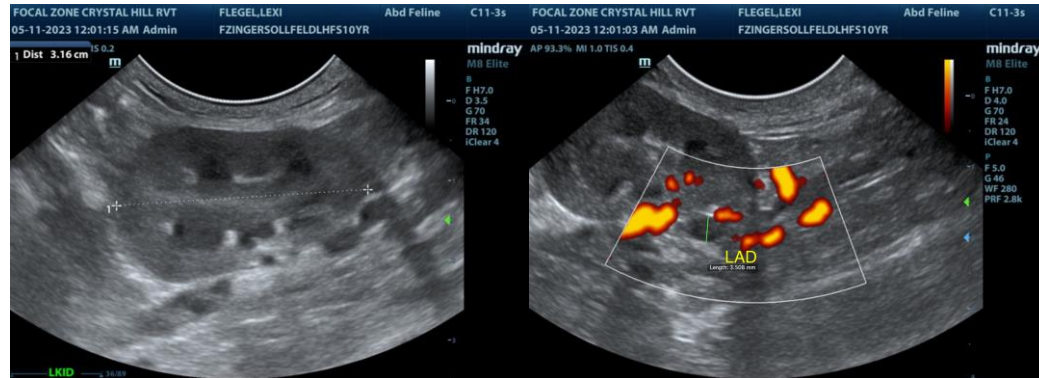
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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