



PATIENT

Lola Hartman

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

7.75 lbs.

PRESENTING CLINICAL SIGNS

Weight loss with no BW changes, moderate anorexia. Hx of pancreatitis. R/O Neoplasia vs other.
Current meds: Creon (prev. report from AAH attached)
Abnormal PE/Chem/CBC/UA Results: nsf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 3.9 cm in length. The right kidney measured 3.0 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm 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.

IMAGING PERFORMED BY

Dhari Reffi, CVT

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen was normal in size measuring 0.72 cm width at the level of the hilus.

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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. A thinly walled cyst containing anechoic fluid was present in the area of the caudal caudate liver lobe, measuring 2.7 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

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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 0.25 cm.

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The small intestine exhibited generalized Intact wall layering and maintained a 1:3 muscularis/mucosa ratio with segmental to generalized propensity for subtly prominent muscularis layer, yet no evidence of intestinal mural hypertrophy, loss of intestinal wall layering, or intestinal masses. The small intestinal wall width measured 0.22-0.23 cm. The ileocolic wall width measured 0.31 cm.

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

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Pancreas

AGE

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

14 years

Free Abdomen

WEIGHT

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Intermittent mesenteric 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 mesenteric lymph node measured 0.4 cm width. No effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

- Probable caudal caudate liver lobe cyst, potential for overlaying right pancreatic cyst - benign
- Possible low-grade to mild inflammatory enteropathy
- Intermittent benign mesenteric lymph nodes - mild lymphoid hyperplasia or reactive lymphadenitis likely, not consistent with neoplastic criteria
- Subtle heterogeneous pancreas

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall, no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's weight loss and gastrointestinal signs was noted. Low-grade to mild inflammatory enteropathy as well as low-grade to chronic pancreatitis, which may present as sonographically normal, could be possible. No overt evidence of intraabdominal neoplastic criteria was noted.

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A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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Empirical gastrointestinal support with conservative therapy for potential low-grade to mild Inflammatory enteropathy and chronic pancreatitis would be reasonable.



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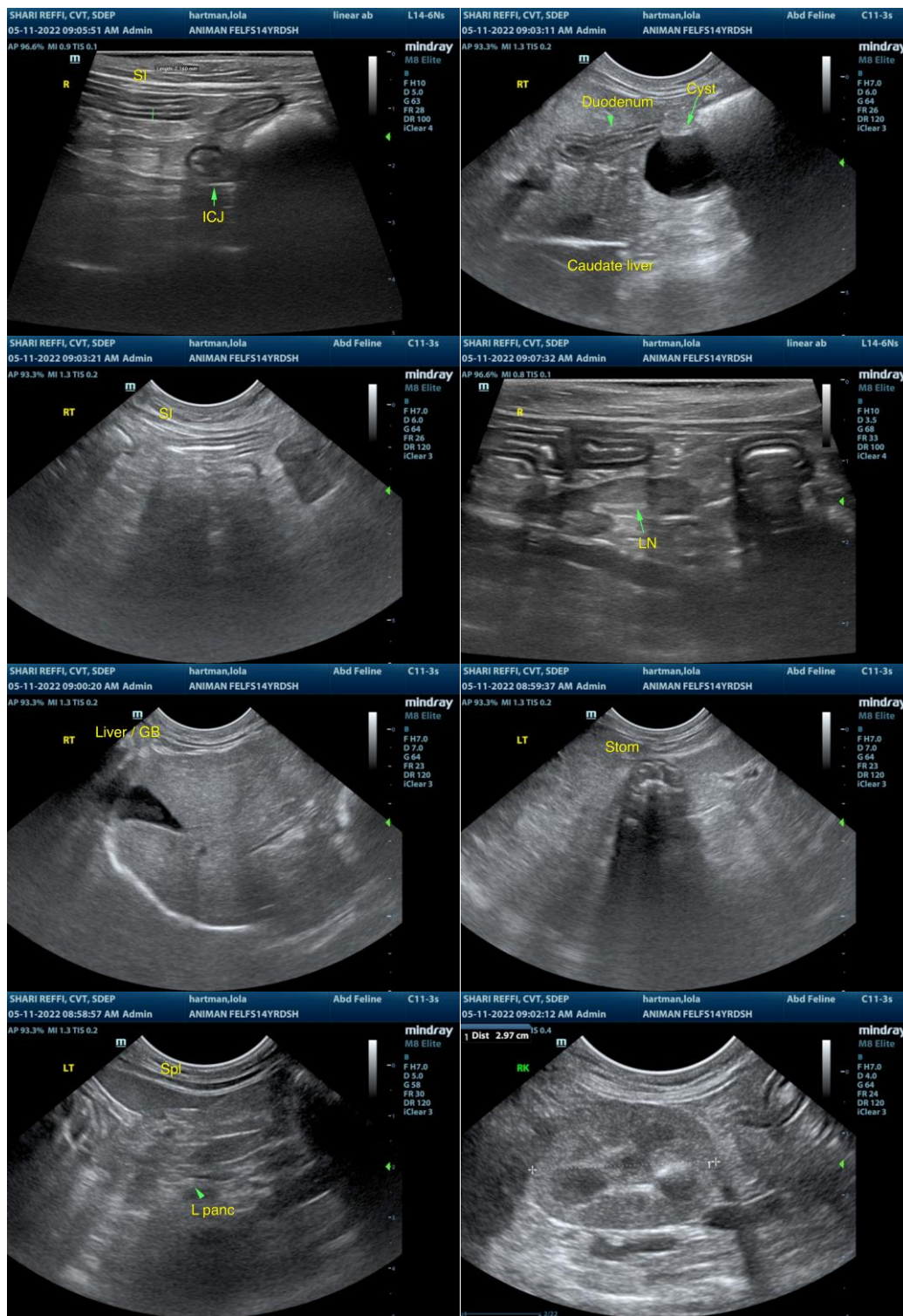
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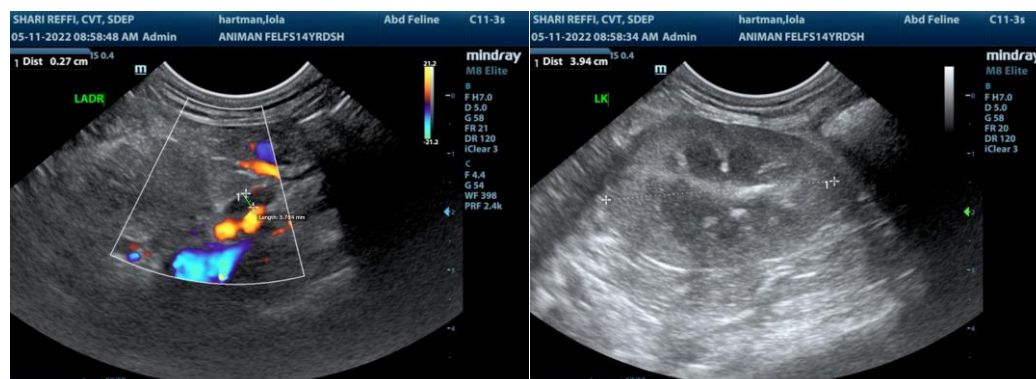
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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