



PATIENT

Zeyla O'Toole

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

9.5 lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Emma Flott

HOSPITAL NAME

Portland Veterinary
Wellness Center

REFERRING VET

Dr. Emma Flott

INVOICE

16185

DATE

05/14/26

PRESENTING CLINICAL SIGNS

History of acute vomiting started 3 days ago w/ anorexia to hyporexia. Minimal response to supportive care (Cerenia, gabapentin, mirtazapine. Vomiting has stopped since starting Cerenia, but patient remains anorexic despite mirtazapine. Repeat CBC/Chem/Lytes is pending.

PE - decreased skin turgor, mildly sunken orbits, tacky MM, around 8-10% dehydrated, painful on palpation of cranial abdomen CBC from 5/12/26 - wnl Chem from 5/12/26 - lipase 1,805 fPL - >50

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. Echogenic to particulate nondependent mild 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 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 3.6 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

No obvious pathology in the area of the left adrenal gland although not definitively visualized.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 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 & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was mildly distended in size with mildly prominent gallbladder wall without overt edema. Mild bile sediment extending into mildly dilated cystic duct. The common bile duct was not definitively visualized.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild to moderate nonshadowing ingesta without signs of obstruction or foreign material. No evidence of obstructive pyloric mural pathology.

Thickened upper duodenum exhibiting indistinct upper duodenal wall layering and decreased mural echogenicity with upper duodenum wall measuring 0.5 to 0.55 cm wall width. Non-thickened intact, visualized jejunum wall measuring 0.25 cm wall width. No evidence of intestinal mechanical obstruction or foreign material to level the colon.

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

Pancreas

The left limb, right limb, and base of 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.

Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Retained nonshadowing gastric ingesta/chyme.
- Thickened upper duodenum with indistinct wall layering- inflammation versus possible emerging upper duodenal mass.
- Chronic active pancreatitis pattern with peripancreatic reactive/hyperechoic omentum.
- Mild hepatic parenchymal remodeling.
- Subjective mildly inflamed gallbladder and cystic duct with mild bile sediment.

Secondary Findings

- Bilateral mild chronic renal changes.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastric stasis and upper duodenal inflammation secondary to pancreatitis with possible concurrent cholangitis is a primary differential. The possibility of emerging partially obstructive upper duodenal mural mass, however, is of concern.

Empirical therapy for pancreatitis with gastrointestinal support, clinical and sonographic monitoring would be reasonable. Duodenal biopsy is required for a definitive diagnosis. Monitoring of liver enzymes going forward is advised to assess for possible emerging to low-grade hepatobiliary inflammation or cholestasis given short half-life of the hepatic enzymes in cats. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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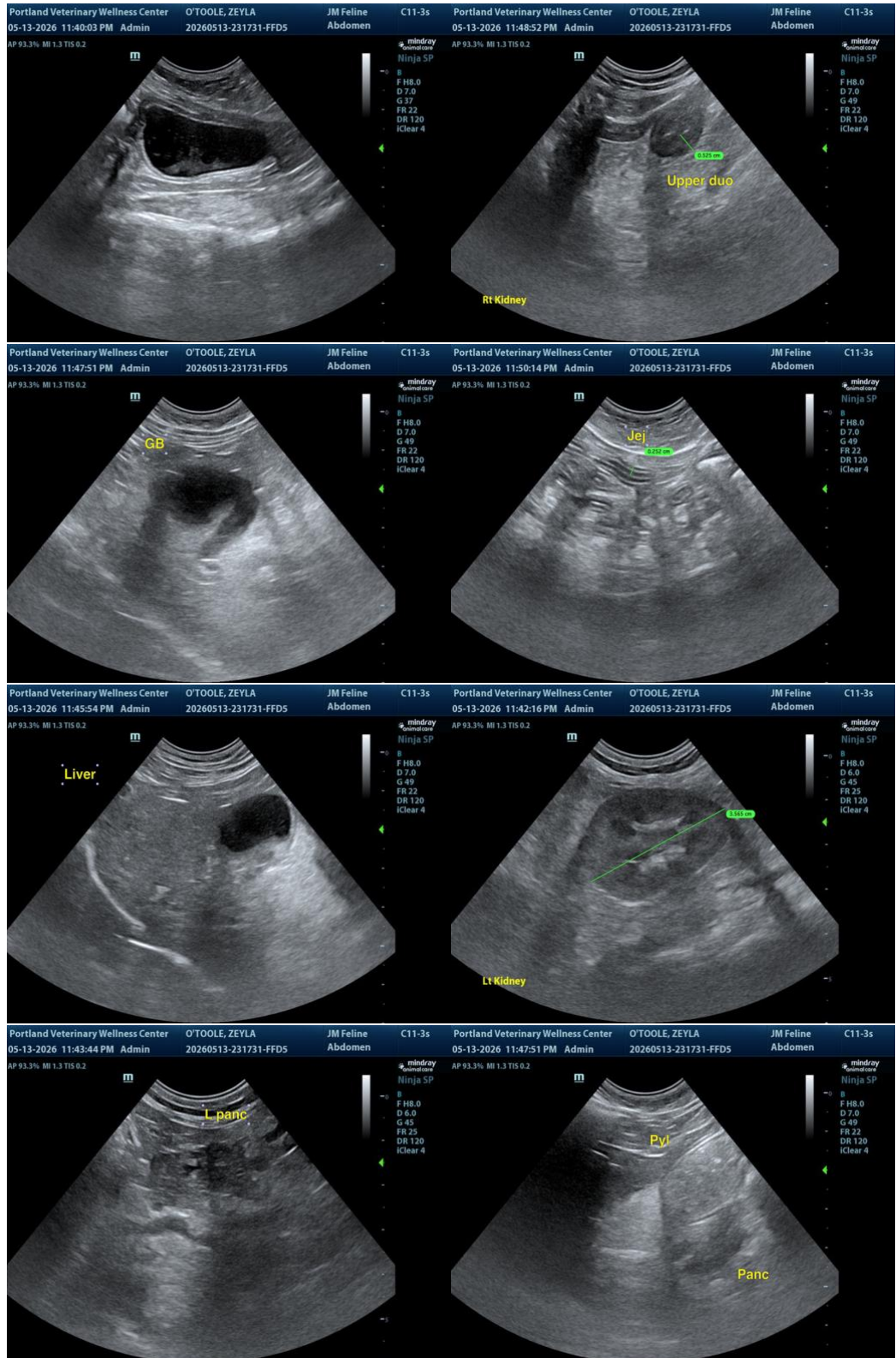
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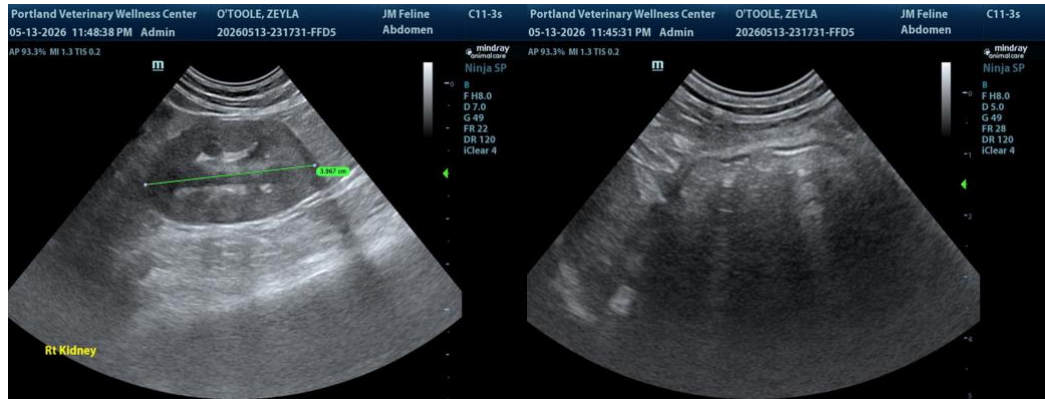
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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