



PATIENT

Oliver Tiegen

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

7.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Fish Creek Emergency

REFERRING VET

Dr. Brust

INVOICE

16240

DATE

05/15/26

PRESENTING CLINICAL SIGNS

Oliver, ~7 year old DSH presented for a 3 day history of anorexia, lethargy, fever, ascites. History of suspected eosinophilic granuloma complex and receives Prednisolone 5mg twice weekly for several years.

Bloodwork revealed a neutropenia with band cells, lymphocytosis, monocytosis, mild hyperglycemia with mild hypochloremia. FeLK/FIV SNAP negative, PTT elevated (>30% high end ref range). TPOCUS NSF, APOCUS: Moderate ascites with steatitis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 change were noted.

Mild enlargement and normal margination was 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 4.9 cm in length. The right kidney measured 4.8 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 0.43 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.

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 minor nondependent biliary sludge. The common bile duct was not definitively visualized. No evidence of inflammation or wall edema.

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.



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The small intestine presented intact thickened wall layering with mild altered wall layer ratio. Intact jejunum wall layering with maintained wall layer ratio and borderline thickened jejunum wall measuring 0.27 cm wall width. The duodenum wall measured 0.40 cm wall width.

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

Pancreas

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Diffuse enlargement of the left and right pancreas with ill-defined, hypoechoic to heterogeneous parenchyma and asymmetrical contour was present. Peripancreatic to regional nonhomogenous hyperechoic omentum, indicative of reactive change, adhesions, focal peritonitis, or saponification. Mild localized free fluid was present around the abnormal pancreas.

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Free Abdomen

No obvious visualized significant or swollen mesenteric lymphadenopathy was present. Mild volume of peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Diffuse asymmetrically swollen non-homogenous hypoechoic pancreas with regional peritonitis- significant active potential necrotizing pancreatitis versus pancreatic neoplasia.
- Normal empty stomach.
- Intact, thickened duodenum exhibiting altered wall layer ratio, concurrent borderline thickened jejunum exhibiting intact normal wall layer ratio.
- Bilateral mild renomegaly exhibiting normal architecture.
- Sonographically unremarkable normal volume liver.
- Minor gallbladder debris.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Severe pancreatitis with associated peritonitis and duodenitis with non-specific gastroenteropathy is suspected. Potential for pancreatic to multicentric neoplasia, i.e. lymphomatosis or similar is not definitively excluded.

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Further assessments may include (assuming normal clotting status and using a 25-gauge needle) pancreatic FNA cytology and correlation with effusion analysis cytology +/- culture and sensitivity or FIP titers if clinically indicated. Hospitalization with aggressive therapy for severe pancreatitis/peritonitis with monitoring of body temperature, calcium levels and liver values as hypocalcemia, acute hypothermia and evidence of lipidosis may be negative prognostic indicators. As needed sonographic monitoring is indicated. Very guarded prognosis is suspected.

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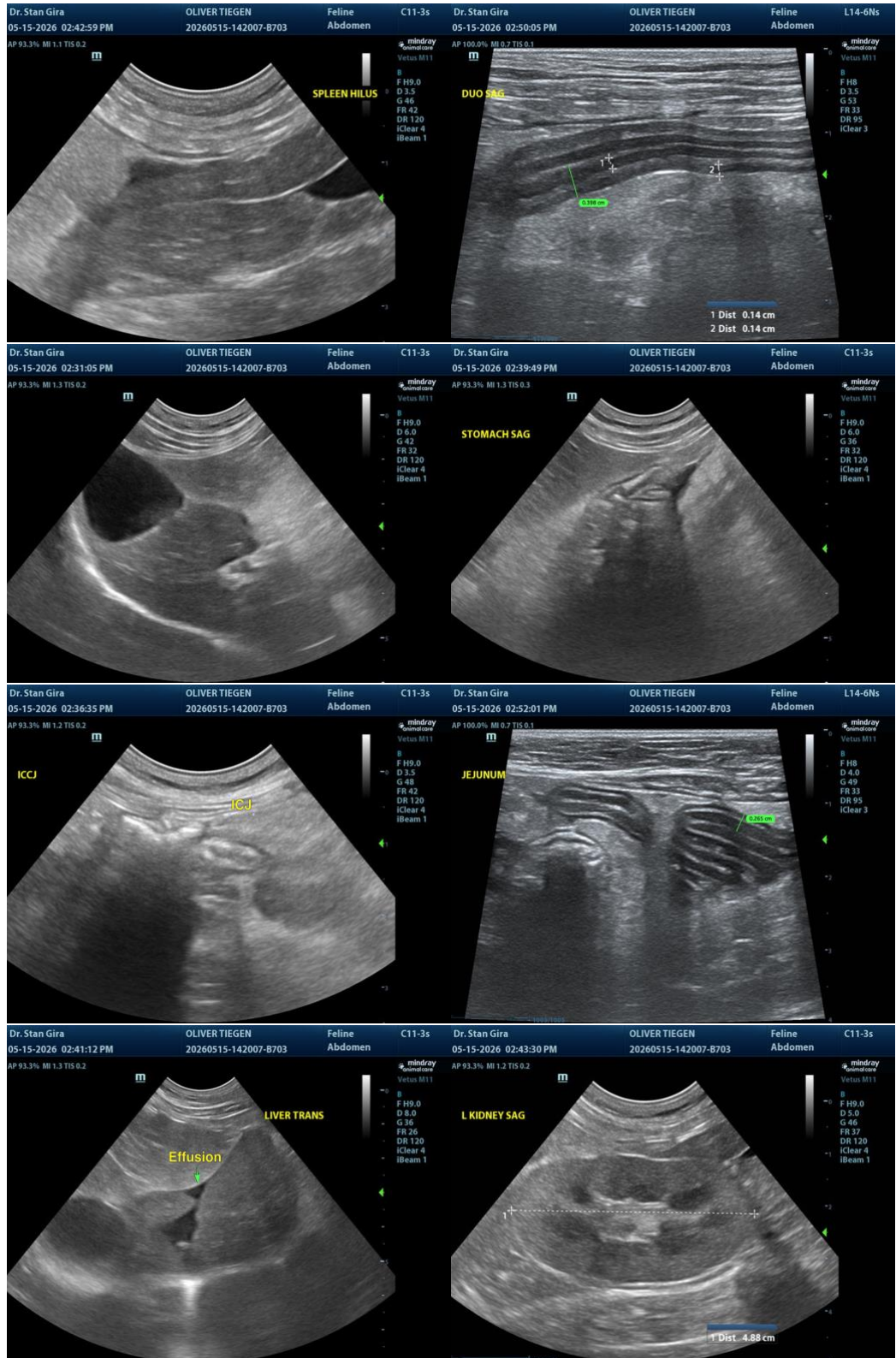
Dr. Brust

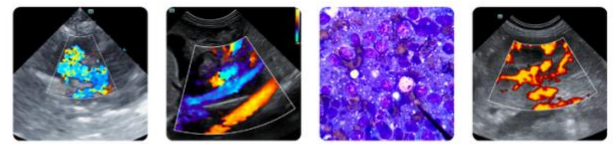
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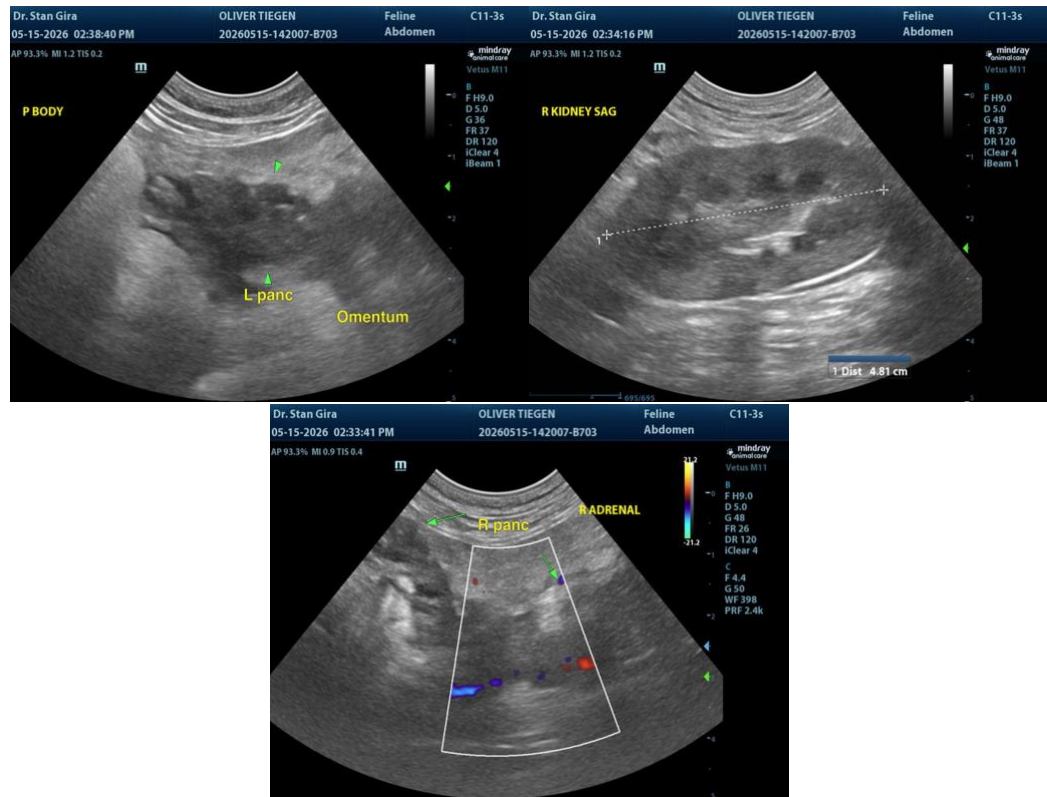
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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