



**PATIENT**

Fat Boy Swencki

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

7 years 11 months

**WEIGHT**

9 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Gallick

**HOSPITAL NAME**

Magnolia Springs VC

**REFERRING VET**

Dr. Melissa Gallick

**INVOICE**

13945

**DATE**

5/19/22

**PRESENTING CLINICAL SIGNS**

Patient had pancreatitis last year and was put on a GI high fiber food for vomiting, Owner said there has been no resolution since then, Fat boy will vomit about 3 times a week.

**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. Mild, nondependent, particulate 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 were 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 4.2 cm in length. The right kidney measured 4.2 cm in length.

**Adrenal Glands**

The left and right adrenal gland were not definitively visualized.

**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. The spleen measured 0.56 cm.

**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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were overtly normal.

**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. The gastric body wall width measured 0.25 cm.

The small intestine exhibited intact wall layering with segmental propensity for mildly prominent muscularis layer and mild subjective mural hypertrophy. Mild areas of segmental nonobstructive jejunal



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ileus were present. The jejunal wall width measured up to 0.3 cm wall width. No evidence of loss of intestinal wall layering or overt intestinal masses was noted.

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

**Pancreas**

The area of the pancreas was indistinctly visualized without overt evidence of inflammatory sonographic criteria in the area of the left pancreas.

**Free Abdomen**

A moderately sized, fluid-filled structure noted caudal to the stomach and directly adjacent to or effacing cranial abdominal small intestine and in the area of the pancreas base and right pancreatic limb was present in the right cranial abdomen. This cystic structure exhibited potential encapsulation containing anechoic fluid with subjective echogenic changes indicative of concurrent cellular debris or potential mucus. The cystic structure measured approximately 3.3 cm x 2.9 cm. Subtle evidence of regional reactive mesentery around the fluid-filled cystic structure was present. No evidence of peritoneal free fluid was noted.

Intermittent, mildly prominent, jejunocolic 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 the lymph nodes measured 0.33 cm in diameter.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Possible mild IBD pattern with intermittent mildly prominent associated jejunocolic lymph nodes
- Fluid-filled to potentially encapsulated structure right cranial abdomen, area of pancreas base to right pancreatic limb, and directly effacing probable upper gastrointestinal segments - suspect pancreatic abscess given the patient's history, potential for small intestinal mural cyst or abscess, or less likely neoplastic criteria

**Secondary Findings**

- Mild urinary bladder sediment - cellular debris / protein, crystalline debris, minor mucus possible

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urinalysis +/- urine culture and sensitivity, if evidence of inflammatory cells, is suggested.

Ultrasound-guided centesis of the fluid-filled structure for fluid analysis, cytology +/- culture and sensitivity and/or percutaneous drainage with the possibility of infusion of antibiotic and for further assessment is recommended. Exploratory laparotomy for gross inspection of the fluid-filled structure with potential for resection, as well as Intestinal biopsies for further assessment, may be indicated.



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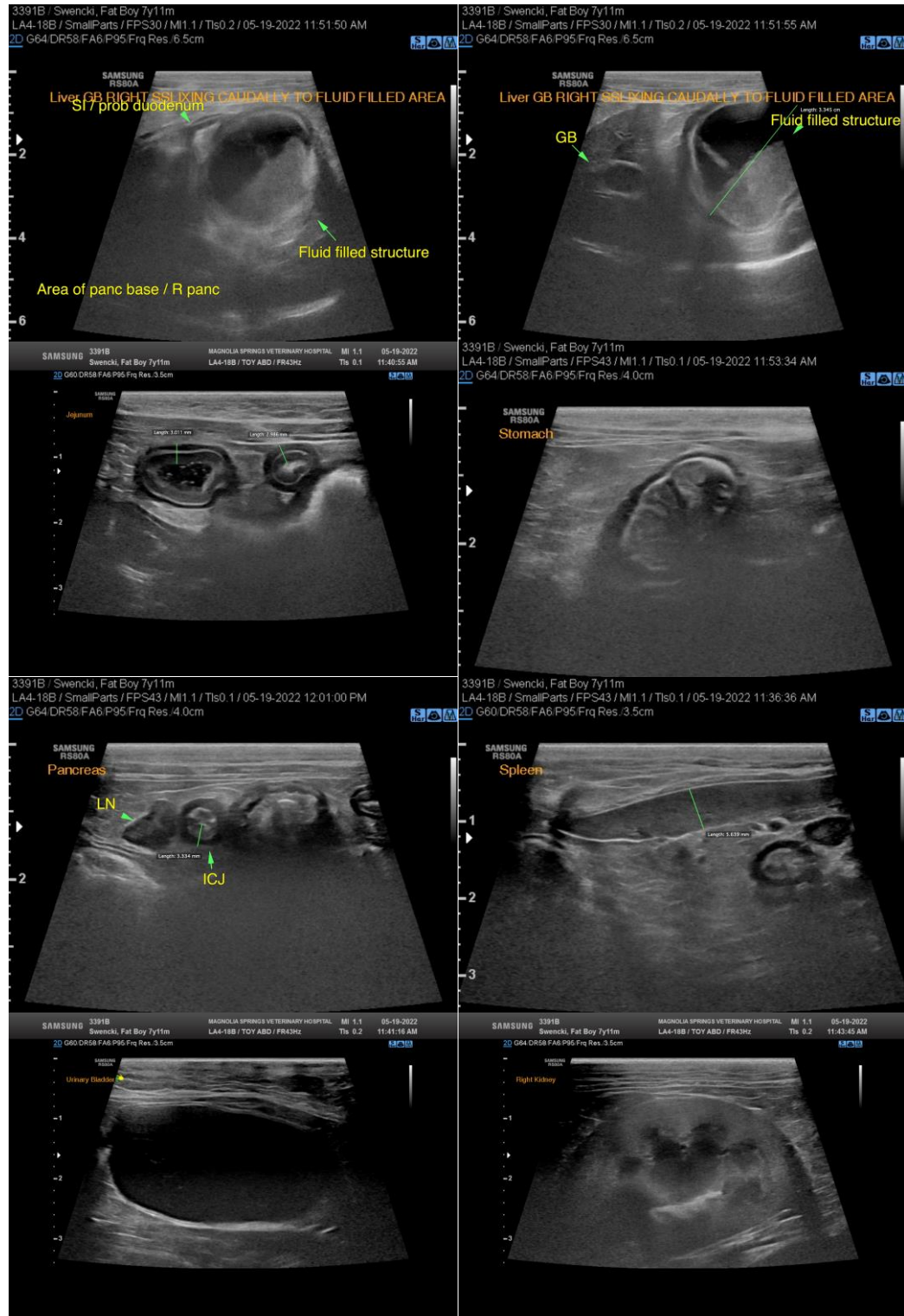
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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