



PATIENT

Sadie Casey

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

13 Years

WEIGHT

6.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Jennifer Simon

INVOICE

15022

DATE

5/2/22

PRESENTING CLINICAL SIGNS

History: 4/13/22 came in due to V every time after eating for about 3 weeks (digested food). Also had V issues, but recently increased a lot. Has been on HP food, and helped initially, but not anymore. Drinking has also increased a lot. No D. Lethargic and hiding under bed. Has had teeth removed due to stomatitis. Was given SQ fluids at this appointment which owner later stated helped ("acting amazing.")

Abnormal PE/Chem/CBC/UA Results: 4/13: Lethargic, dehydrated 5%. Labs normal except elevated liver values (high ALT, slightly high ALP). Rads were reviewed by radiologist: gastric ileus, inflammation (gastritis or pancreatitis), or possible mass.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly subnormal in size owing to lack of urine distention. Mild anechoic urine was present. No sediment or calculi noted. No evidence of inflammatory or neoplastic changes were noted. The urethra was normal to a depth of 2.0 cm. Aortic trifurcation was normal.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.2 cm in length. The right kidney measured 4.0 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 0.30 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm.

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 0.82 cm in width at the level of the hilus.

Liver

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 to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was mildly distended in size. The gallbladder walls were sonographically normal without evidence of inflammatory criteria. Anechoic content was present in the gallbladder. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited mild subjective gas distention. No overt evidence of retained fluid, ingesta or gastric foreign material. The gastric body wall measured 0.23 cm.

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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. The jejunum wall measured 0.23 cm. The ileocolic wall measured 0.32 cm.

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

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Pancreas

The left pancreatic limb exhibited subtle prominent size with areas of minor capsule asymmetry. Hypochoic to nonhomogeneous parenchyma present, compared to adjacent subtly reactive peripancreatic omentum. Concurrent mild pancreatic duct dilation noted.

Free Abdomen

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No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Nonspecific chronic renal changes
- Chronic active pancreatitis pattern
- Structurally unremarkable gastrointestinal tract with mild subjective gastric gas distention
- Hepatopathy- subjectively benign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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The overall appearance of the liver was nonspecific yet consistent with benign hepatopathy. Primary considerations for hepatic or hepatobiliary inflammation (i.e., cholangiohepatitis) given the primarily elevated ALT, with potential for mild vacuolar changes or nonclinical cholestasis given the ALP elevation. No overt evidence of hepatic or hepatobiliary neoplastic criteria. The patients vomiting may primarily be owing to chronic active pancreatitis. Potential for concurrent structurally insignificant gastrointestinal disease with potential for triad disease may be possible.

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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Rotation of novel protein or hydrolyzed diet with as needed gastrointestinal support and empirical therapy for chronic active pancreatitis/cholangiohepatitis would be reasonable. 24–48-hour hospitalization with correction of dehydration may prove beneficial if clinically indicated.

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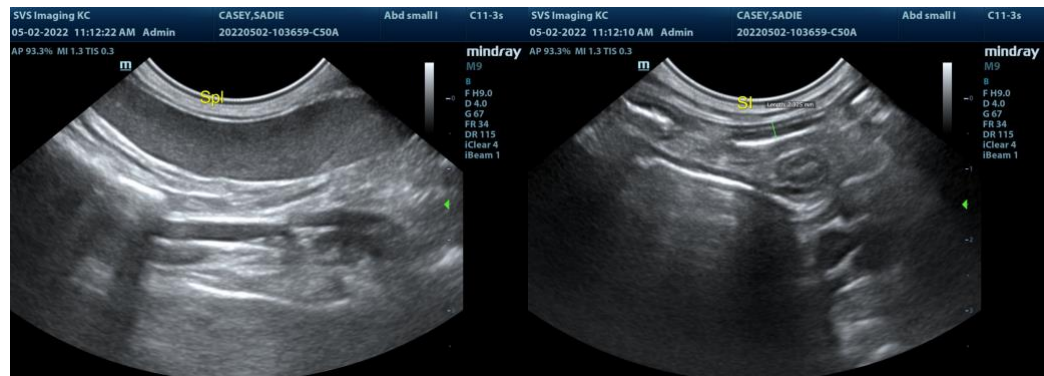
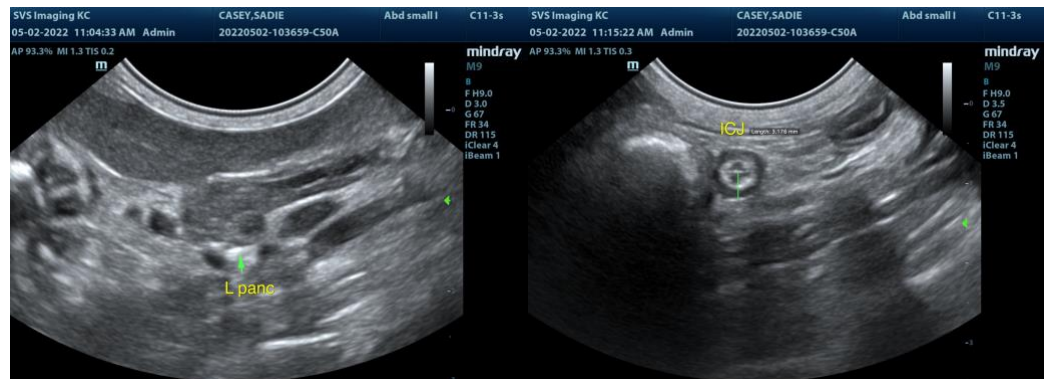
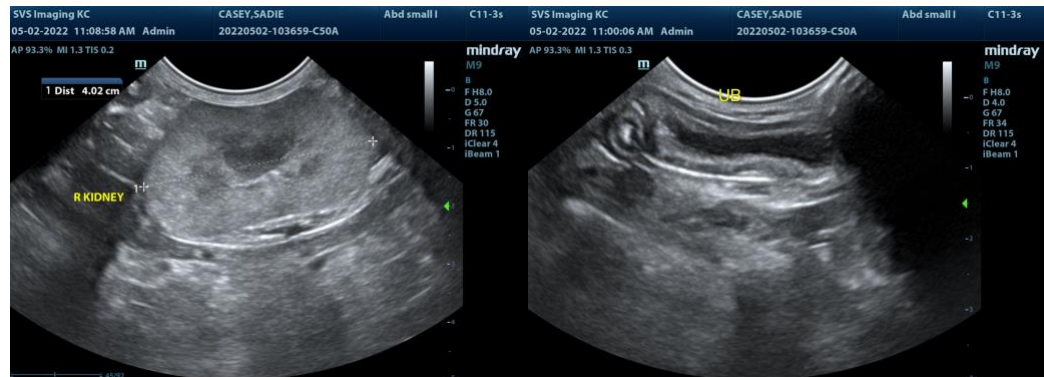
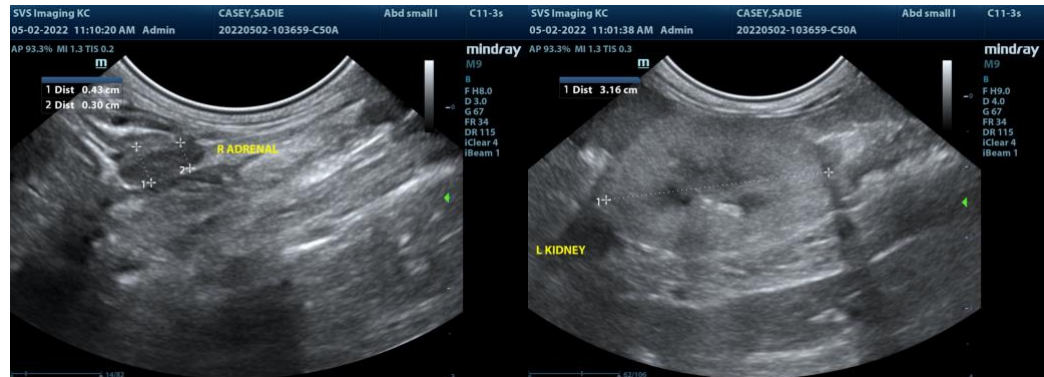
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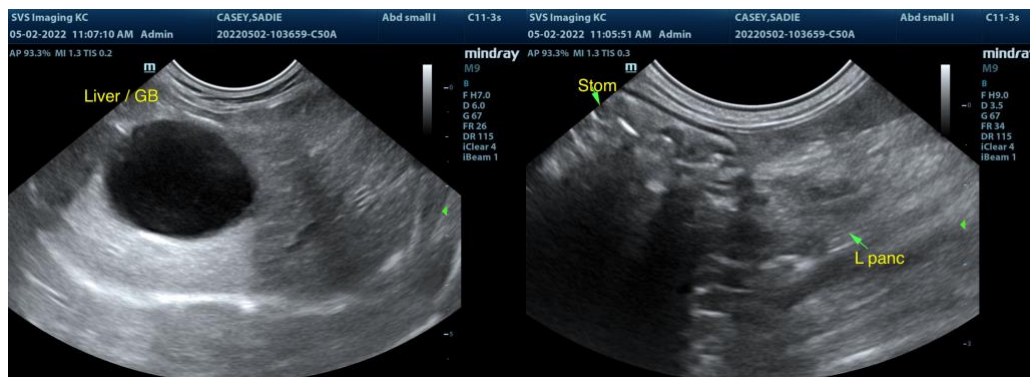
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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