



PATIENT	PRESENTING CLINICAL SIGNS
Ash Skolnik	RECURRENT PANCREATITIS DM FPLI- POSITIVE Abnormal PE/Chem/CBC/UA Results: BW- CONTROLLED DM, NO SIGNIFICANT CHANGES
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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 were noted.
DSH	
SEX	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. Focal lateral cortical infarct noted in the left kidney. The left kidney measured 3.8 cm. The right kidney measured 4.1 cm.
Spayed Female	
AGE	Adrenal Glands
13 Years	Both adrenal glands were indistinctly visualized, yet without overt evidence of pathology. The left adrenal gland subjectively measured 0.47 cm in width. The right adrenal gland measured subjectively measured 0.44 cm in width.
WEIGHT	Spleen
15 Pounds	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.
INTERPRETED BY	Liver
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The liver exhibited potential for mild enlargement. 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 normal.
IMAGING PERFORMED BY	Gastrointestinal
Dr. Henin	The stomach presented intact wall layering with a normal wall layer ratio. A minor amount of non-shadowing ingesta/chyme was present in the gastric lumen.
HOSPITAL NAME	REFERRING VET
Kew Gardens AH	Dr. Henin
INVOICE	Normal visible colon wall layers were present with apparent formed feces in lumen.
37818	Pancreas
DATE	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
5/20/22	



PATIENT

Ash Skolnik

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

- Mild heterogeneous pancreas
- Bilateral non-specific chronic renal changes with left kidney infarct
- Mild subjective hepatomegaly – benign, probable diabetic hepatopathy (metabolic, reactive or vacuolar hepatopathy).

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Spayed Female

Overall, no overt evidence of significant abdominal visceral pathology. No evidence of significant pancreatitis, pancreatic neoplastic criteria, or pancreatic abscess. Low-grade chronic to chronic active pancreatitis suspected. Urine culture and sensitivity, if not recently done, is suggested, given the history of diabetes.

AGE

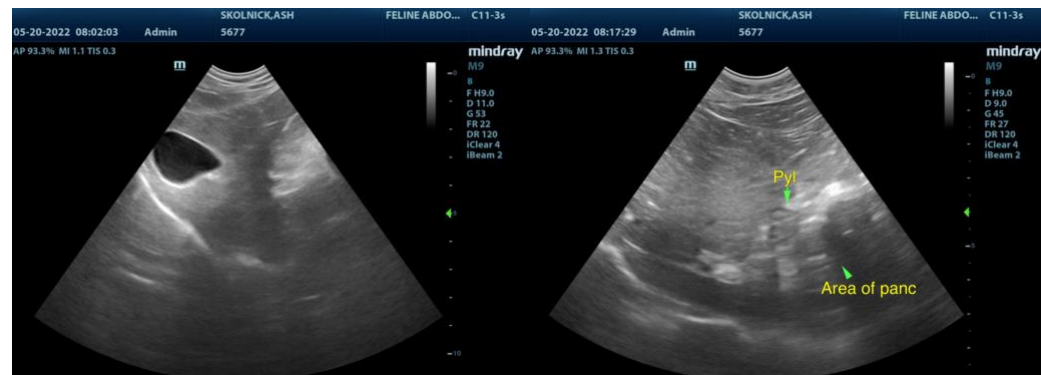
13 Years

WEIGHT

15 Pounds

INTERPRETED BY

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



IMAGING PERFORMED BY

Dr. Henin

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

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INVOICE

37818

DATE

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PATIENT

Ash Skolnik

SPECIES

Feline

BREED

DSH



SEX

Spayed Female

AGE

13 Years

WEIGHT

15 Pounds



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R. McKenzie Daniel,
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(Canine and Feline)

IMAGING PERFORMED BY

Dr. Henin



HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Henin

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

INVOICE

37818

DATE

5/20/22