



PATIENT PRESENTING CLINICAL SIGNS

Stash Zimmerman History: Poor appetite for ~5 months B12 inj every 3 weeks
 Labs: Unremarkable CBC and Chemistry Panel, Amylase 1406, Precision PSL 79, T4 2.6, FVLV FIV negative

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED The urinary bladder was overall normal in size and tone. The urethra was normal to a depth of 2.0 cm. Primarily anechoic urine was present in the lumen. Moderate nondependent particulate urinary bladder 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. Aortic trifurcation was normal.

DSH

SEX

Neutered Male Both kidneys were normal in size and margination with maintained 1:3 vortex to medulla ratio. Mild uniform increased cortex echogenicity with enhanced yet mild loss of corticomedullary border detail. Scant pyelectasia was present in the left kidney. The left kidney measured 4.7 cm. The right kidney measured 3.8 cm.

AGE

2011 **Adrenal Glands**

No overt evidence of pathology in the area of the left or right adrenal glands.

WEIGHT

13.8 Pounds

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 0.70 cm in width at the level of the hilus.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Conrad Weiser AH

The gallbladder was non distended in size with mild gallbladder debris. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

REFERRING VET

Dr. Comalli

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 measured 0.24 cm.

INVOICE

15729

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 jejunum wall measured 0.24 cm. The duodenum wall measured 0.25 cm.

DATE

5/23/22

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

Pancreas



PATIENT

Stash Zimmerman

The left and right pancreatic limbs exhibited mild to variable prominent size, areas of capsule asymmetry and mixed echogenic to indistinctly nodular parenchyma. Subtle peripancreatic reactive mesentery noted. Mild pancreatic duct dilation was present.

SPECIES

Feline

Free Abdomen

No omental masses, lymphadenopathy or peritoneal free fluid was present.

BREED

DSH

- Prominent mixed echogenic to nodular pancreas

SEX

Neutered Male

- Overtly normal gastrointestinal tract
- Nonspecific chronic renal changes
- Moderate urinary bladder sediment
- Mild gallbladder debris- likely incidental, potentially secondary to fasting, nonclinical cholestasis or less likely inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

2011

The appearance of the pancreas, although nonspecific, is suggestive of chronic-to-chronic active pancreatitis with remodeled parenchyma and potential areas of pancreatic nodular hyperplasia. Pancreatic neoplastic criteria was not overtly evident and considered a less likely differential diagnosis. Concurrent structurally insignificant gastrointestinal disease cannot be definitively excluded. Assessment for evidence of cranial abdominal discomfort on palpation associated with the pancreas is suggested. Correlation with a Spec FPL could be considered.

WEIGHT

13.8 Pounds

Empirical gastrointestinal support and therapy for chronic to chronic active pancreatitis with potential recheck sonogram, if persistent loss of appetite or weight loss, for sonographic reassessment for evidence of inflammatory, pancreatic or gastrointestinal changes.

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(Canine and Feline)

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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SPECIES

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BREED

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Neutered Male

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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.

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