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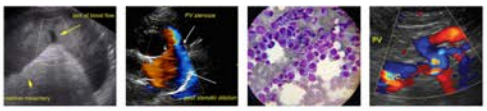

SonoPath
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**PATIENT**

Mr. Max Bonenfant

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

11.2 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

East Boston AH

**REFERRING VET**

Dr. Raman Chopra

**INVOICE**

47215

**DATE**

5/6/23

## PRESENTING CLINICAL SIGNS

Chronic vomiting. Lethargy. CPK 1052, WBC-19383.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney measured 4.2 cm with scant pyelectasia. The right kidney measured 4.5 cm.

### *Adrenal Glands*

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm. The right adrenal gland measured 0.42 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.

### *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 non-distended in size with thin walls and primarily anechoic luminal content. Mild echogenic gallbladder sludge noted. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas. Gastric body wall measured 0.30 cm.

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. Subtle duodenal corrugation noted with discreet, non-specific hyperechoic duodenal mucosal speckling. Duodenum wall measured 0.27 cm. Jejunum wall measures 0.24 cm. Ileocolic wall measured 0.39 cm.

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

### *Pancreas*

The pancreas was normal in size and contour with heterogeneous, mixed echogenic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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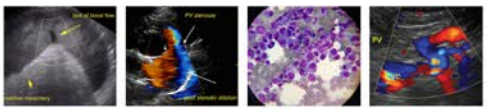

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## *Free Abdomen*

Several milldy prominent colic lymph nodes were present. These lymph nodes presented uniform parenchyma and symmetrical capsule contour. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. Example of colic lymph node measured 0.65 cm x 0.28 cm.

Subtle perilymphatic to peri ileocolic hyperechoic omentum noted.

No evidence of peritoneal effusion or omental masses.

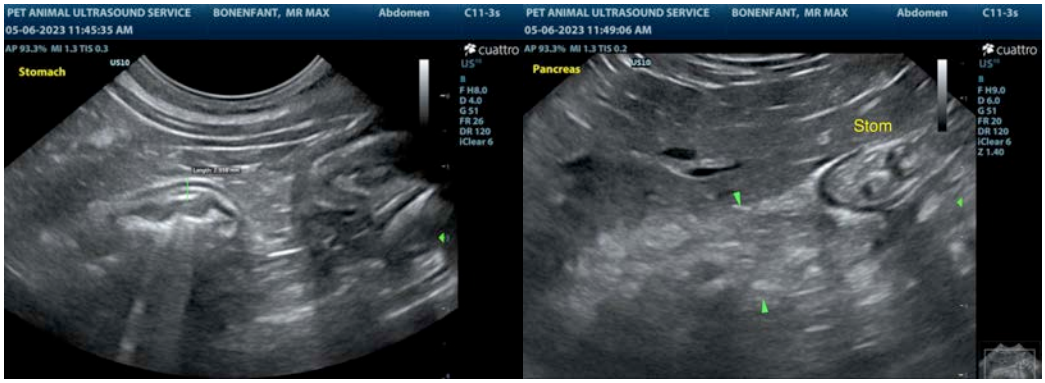
### ULTRASONOGRAPHIC FINDINGS

- Overall structurally unremarkable gastrointestinal tract, possible mild duodenitis.
- Heterogeneous to mixed echogenic pancreas – chronic to chronic active pancreatitis, potential for benign parenchymal remodeling or mild fibrosis.
- Mild chronic renal changes.
- Mild hepatic parenchymal remodeling with minor gallbladder sludge.
- Minor benign/reactive colic lymphadenopathy.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic to chronic active pancreatitis may be suspected in evidence of cranial abdominal or subxiphoid discomfort on palpation. The minor gallbladder sludge is non-specific, yet at times may be associated with hepatobiliary inflammation and/or non-clinical cholestasis. A GI panel to include PLI, TLI, cobalamin and folate is suggested to assess for occult intestinal disease and correlation with pancreatic presentation. No evidence of intraabdominal neoplastic criteria.

Empirically, canned novel protein or hydrolyzed diet trial with possible long-term dietary therapy, gastroprotectants protocol, and empirical therapy for chronic to chronic active pancreatitis may prove beneficial. If not done, 3-view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a contributing factor.



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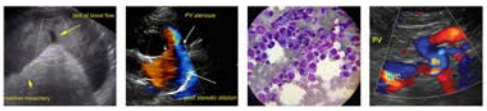

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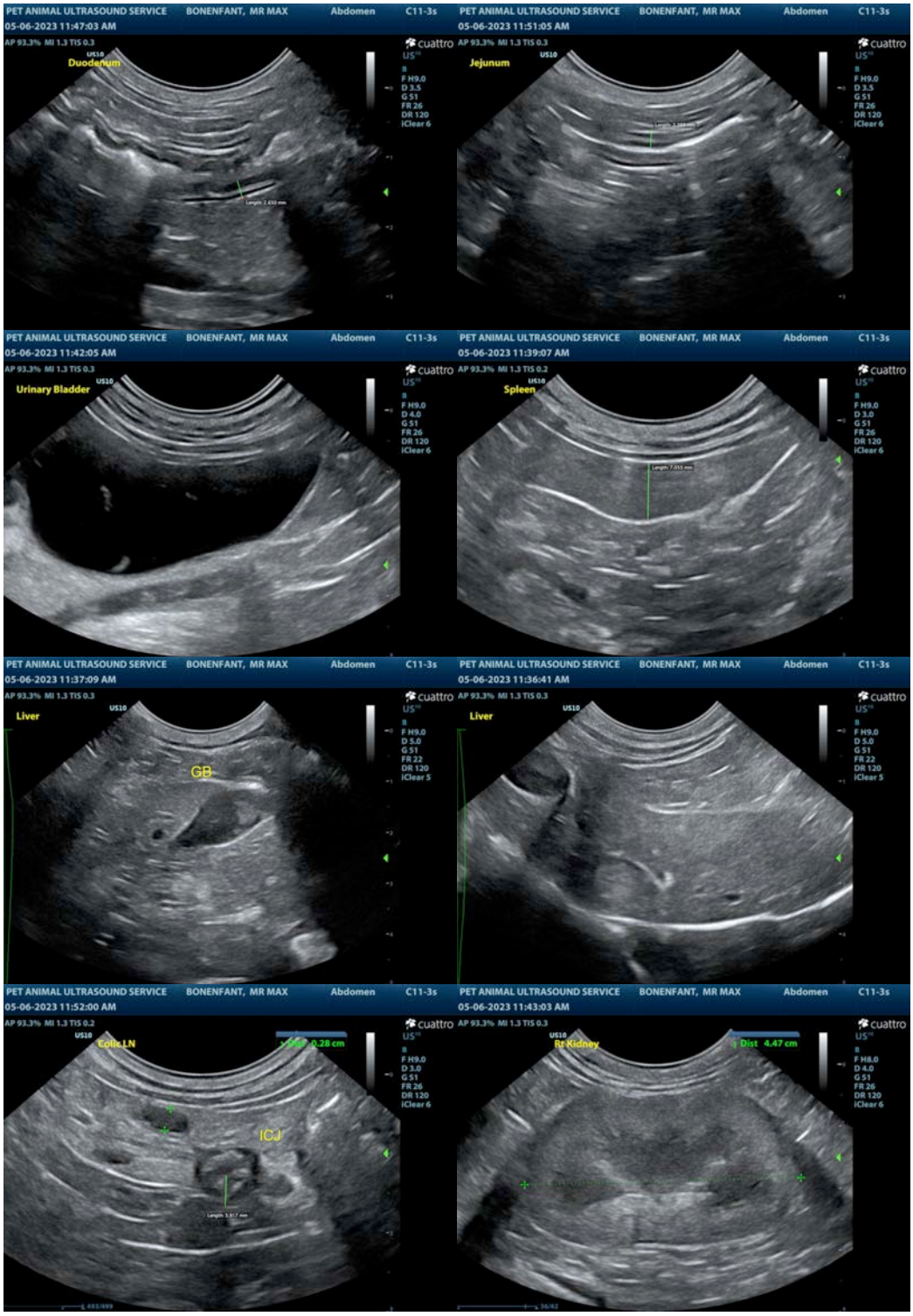

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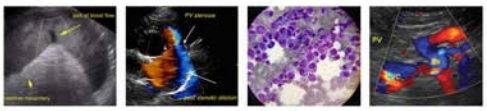

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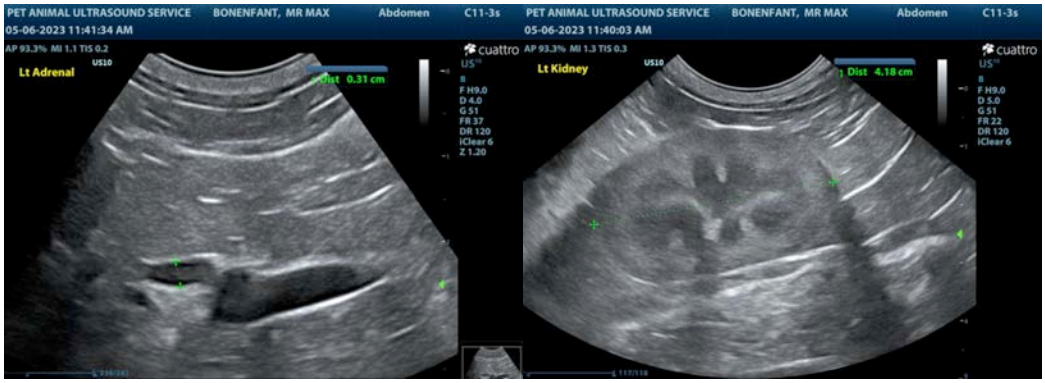


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**