



PATIENT	PRESENTING CLINICAL SIGNS
Baylor Asplundh	History: Wt loss, lethargic and weak. O reports unsteady on feet. Abnormal PE/Chem/CBC/UA Results: Glu: 225, SDMA: 32, Glob: 6.2, Amy: 1338, Lip: 4901, HCT: 55.5, WBC: 19.71. No glucose on urine dipstick but full u/a pending
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	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 particulate sediment was present. The sediment may indicate mild cellular debris/protein or crystalline debris with potential for minor mucus. The ureteral papillae were normal. The ureters were not visible which is normal.
BREED	
DSH	
SEX	
Spayed Female	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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.
AGE	
9 Years	Adrenal Glands Both adrenal glands were mildly prominent in size yet without evidence of neoplastic criteria. This may indicate stress hyperplasia. The left adrenal gland measured 0.53 cm. The right adrenal gland measured 0.68 cm.
WEIGHT	
6.4 Pounds	
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	Liver
Rodriguez	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.
HOSPITAL NAME	Gastrointestinal
Foxfield VS	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	
Rodriguez	The stomach presented intact wall layering with a normal wall layer ratio. Mild retained nonshadowing ingesta/chyme was present.
INVOICE	
16084	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.
DATE	
6/14/22	Normal visible colon wall layers were present with apparent formed feces in lumen.
	Pancreas



PATIENT

Baylor Asplundh

The pancreas base and left pancreatic limb exhibited enlarged size with areas of swollen to asymmetrical capsule contour and hypoechoic parenchyma compared to mildly hyperechoic peripancreatic omentum.

Free Abdomen

SPECIES

Feline

Regional mild peripancreatic hyperechoic mesentery was present. No evidence of omental lymphadenopathy or peripancreatic/peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

BREED

DSH

- Pancreatitis
- Overtly normal gastrointestinal tract with mild retained gastric ingesta/chyme
- Minor urinary bladder sediment
- Mild age-related kidneys

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

9 Years

The primary finding in the study is the pancreas, which sonographically is consistent with active pancreatitis. Urine culture and sensitivity is recommended, if evidence of inflammatory cells on urinalysis or evidence of glucosuria. Screening blood pressure is suggested, if possible.

WEIGHT

6.4 Pounds

Medical therapy for pancreatitis with as needed gastrointestinal support and monitoring of body temperature and calcium levels for evidence of hypothermia or hypocalcemia, both of which may be considered negative prognostic indicators in cats with pancreatitis.

INTERPRETED BY

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

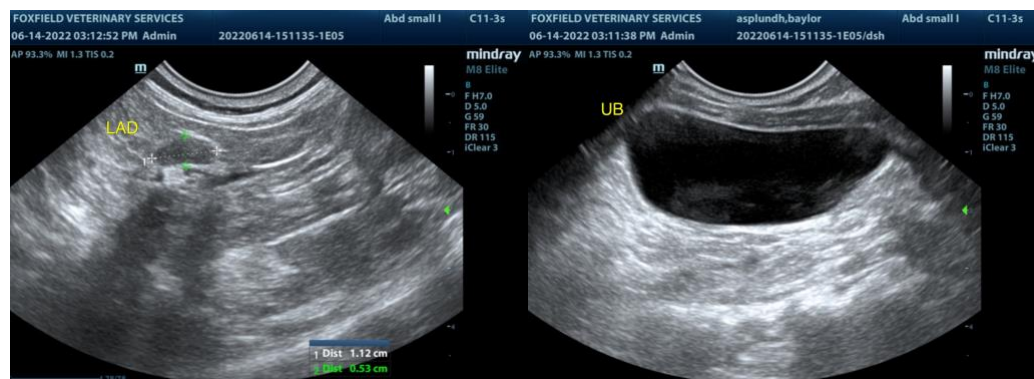
A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease as a contributing factor, in addition to the pancreatitis, in light of the patients weight loss.

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS



REFERRING VET

Rodriguez

INVOICE

16084

DATE

6/14/22



PATIENT

Baylor Asplundh

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

6.4 Pounds

INTERPRETED BY

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IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

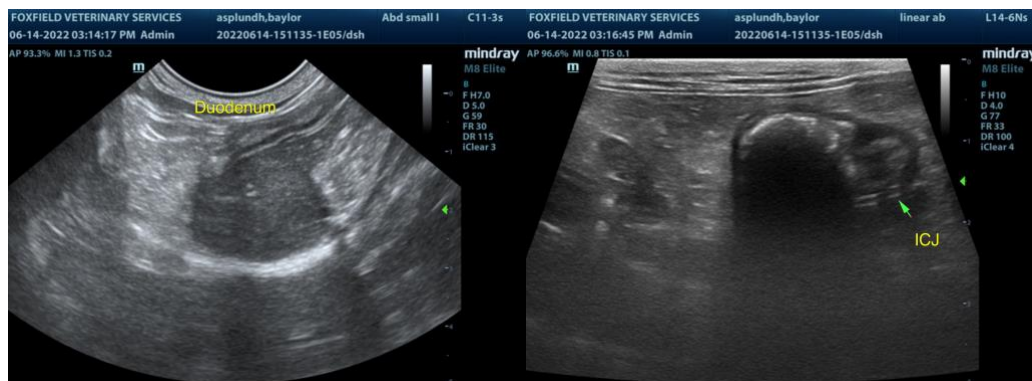
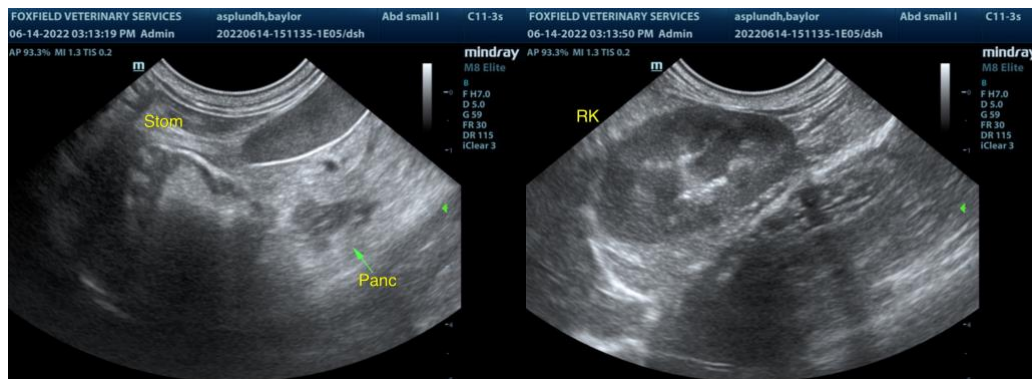
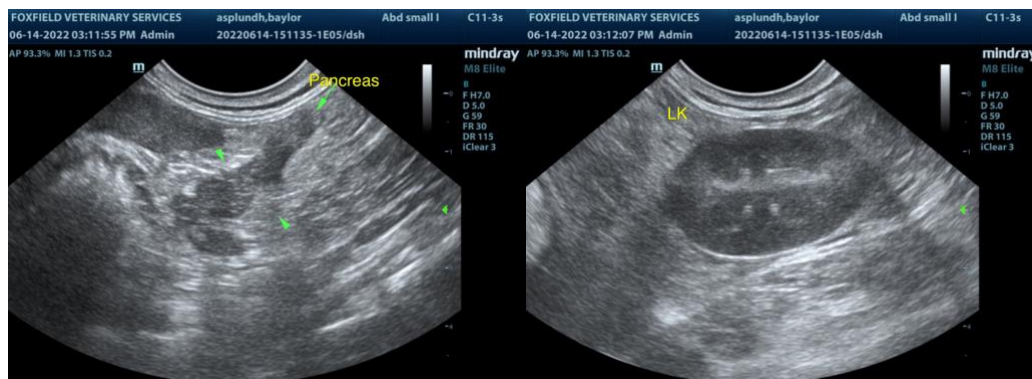
Rodriguez

INVOICE

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DATE

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PATIENT

Baylor Asplundh

SPECIES

Feline

BREED

DSH

SEX

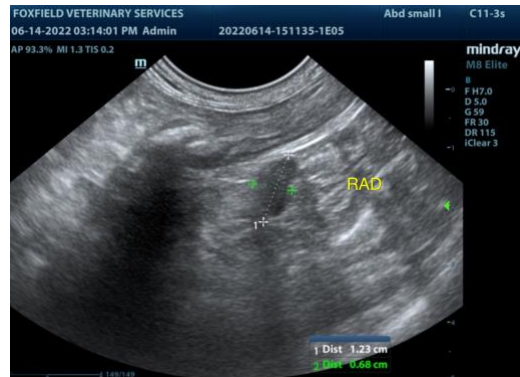
Spayed Female

AGE

9 Years

WEIGHT

6.4 Pounds



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

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R. McKenzie Daniel,
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(Canine and Feline)

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