

PATIENT

Anna Molnar

PRESENTING CLINICAL SIGNS

History: pancreatitis, lethargy, anorexic

Abnormal PE/Chem/CBC/UA Results: n/a

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor nondependent sediment likely indicative of minor cellular debris, crystalline debris or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

FS

Normal size and margination was present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex was uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. A cranial cortical infarct was observed. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length.

AGE

15 yr

The right kidney was subnormal in size with moderate to marked loss of corticomedullary border demarcation. Pinpoint areas of mineral were present as well as reduced medullary volume. The right kidney measured 2.2 cm in length.

WEIGHT

9 lb

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age related finding and not pathological. The left adrenal gland measured 0.49 width and the right adrenal gland measured 0.41 width.

Spleen

IMAGING PERFORMED BY

Diane McFadden

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.

HOSPITAL NAME

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Hospital

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.

REFERRING VET

Dr. Maniar

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

INVOICE

10950ag

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Potential for subtly prominent yet intact antrum and pylorus walls. The pylorus wall measured 0.4-0.5 cm in width. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

DATE

06/24/2022



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental propensity for subtly prominent muscularis layer yet without evidence of loss of intestinal wall layering or masses was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

SPECIES

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

Pancreas

BREED

DSH

The pancreas exhibited normal to prominent size, areas of capsule asymmetry and nonhomogeneous parenchyma with intermittent small cysts containing anechoic fluid.

Free Abdomen

SEX

FS

No overt lymphadenopathy or peritoneal effusion was present.

Intermittent focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.47 cm in diameter.

AGE

15 yr

ULTRASONOGRAPHIC FINDINGS

WEIGHT

9 lb

- Left kidney mild chronic changes with cortical infarct
- Right kidney moderate to marked chronic degenerative changes with medullary mineral
- Suspect mild pyloric gastritis
- Subjective inflammatory enteropathy pattern with suspect concurrent minor mesenteric lymphadenitis
- Heterogeneous to irregular focally cystic pancreas-chronic pancreatitis suspected
- Mild nonobstructive proximal CBD dilation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subtle mural changes which are suggestive of inflammatory enteropathy. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

IMAGING PERFORMED BY

Diane McFadden

The proximal nonobstructive proximal CBD dilation may indicate age related changes possibly owing to past episodes of cholangitis. At times this finding may result in low grade lethargy and anorexia. Empirically as needed GI support and therapy for inflammatory enteropathy and chronic pancreatitis would be reasonable.

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

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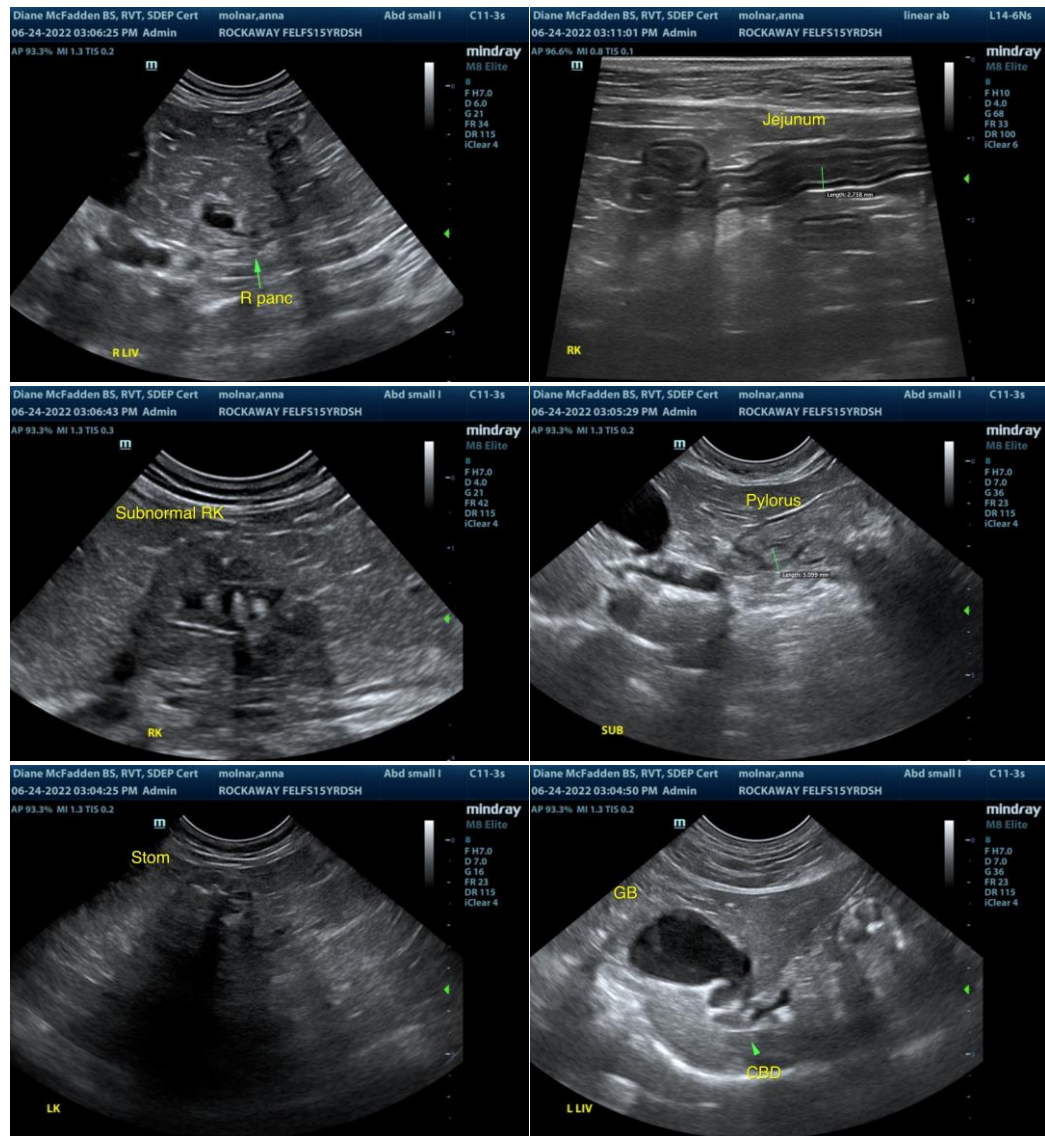
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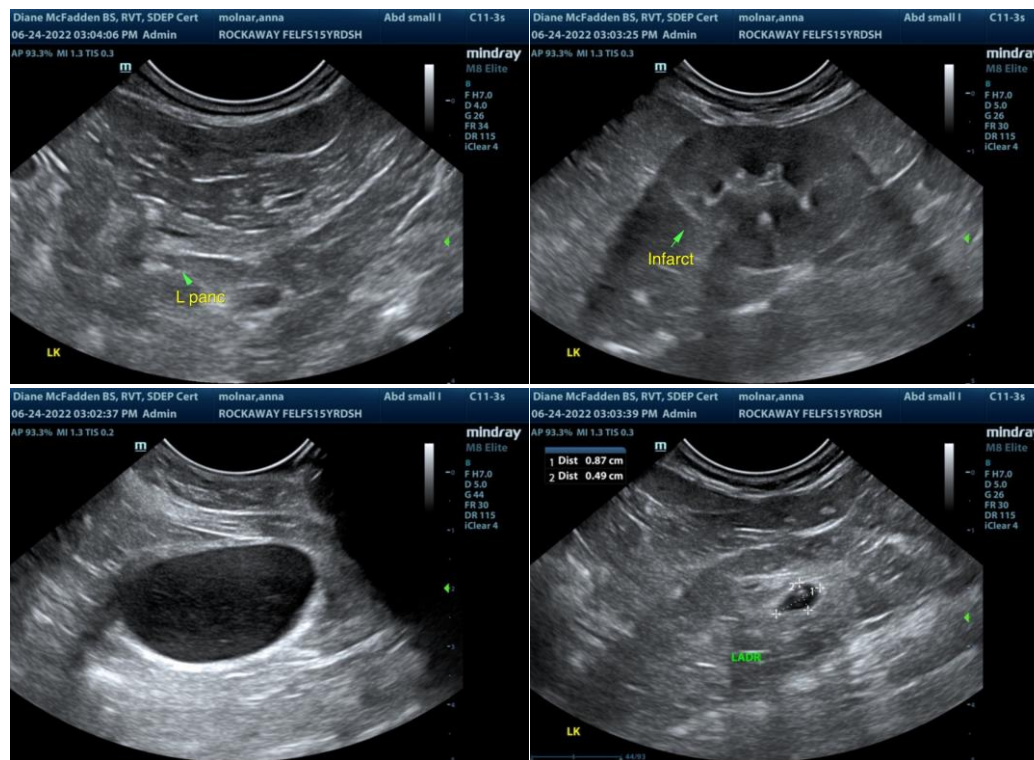
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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