



**PATIENT**

Gummy Vargas

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

19.5 years

**WEIGHT**

8.4 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Companion AH

**REFERRING VET**

Dr. Tsai

**INVOICE**

17203

**DATE**

6/29/23

**PRESENTING CLINICAL SIGNS**

Abd mass  
Abnormal PE/Chem/CBC/UA Results: Diabetic

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, non-dependent, particulate 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size with asymmetrical margination were 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. The left kidney measured 3.8 cm in length. The right kidney measured 3.3 cm in length.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**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/ Gallbladder**

The liver was subjectively normal in size and contour. Normal parenchyma echogenicity was present with a moderate coarse echotexture and subjective mild 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. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained fluid and chyme were present with no signs of obstruction or foreign material.

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.

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



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**Pancreas**

The pancreas was variably prominent to enlarged heterogeneous with capsule asymmetry and minor pancreatic duct dilation. A previously noted large cystic structure was noted in the area of the pancreas body and left pancreatic limb measuring ~5.0 cm in diameter. The cystic structure contained primarily anechoic fluid with minor echogenic fluid component. No evidence of peripheral inflammation around the cystic structure.

**Free Abdomen**

No overt lymphadenopathy, omental masses or evidence of peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic / chronic active pancreatitis with previously noted large pancreatic cyst
- Moderate chronic renal changes
- Minor urinary bladder sediment
- Sonographically unremarkable gastrointestinal tract with minor gastric fluid / chyme
- Minor hepatic parenchymal remodeling, sonographically unremarkable gallbladder

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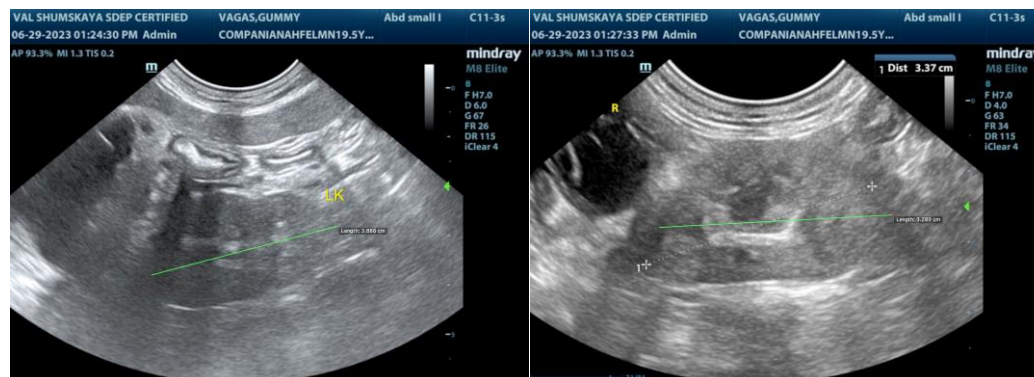
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Aside from the large pancreatic cyst, there was no evidence of intrabdominal masses or overt neoplastic criteria. No evidence of significant gastric distention with retained fluid, ingesta, or gas. FNA centesis of the pancreatic cyst for fluid analysis +/- C/S could be considered, although the pancreatic cyst appeared to be sonographic similar compared to the previous study and not overtly consistent with inflammation or overt neoplastic criteria.





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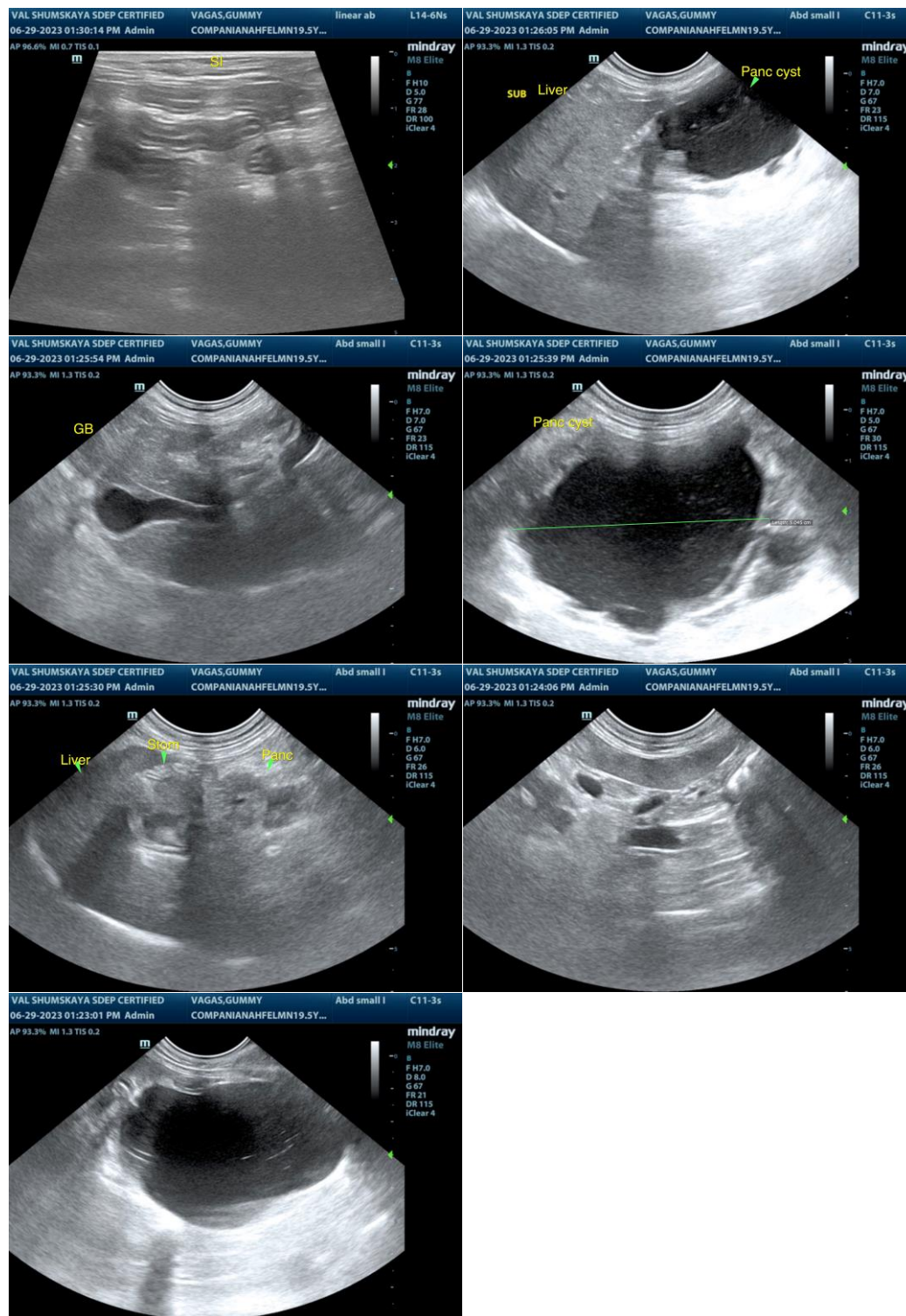
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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](mailto:info@sonopath.com)