



**PATIENT PRESENTING CLINICAL SIGNS**

Viola Loch Chronic GI issues, diarrhea, vomiting, elevated BG

**SPECIES** Unremarkable CBC, Chemistry Panel- Glucose 247, ALT 19, Spec fPL 50, Specific gravity 1.060, 3+protein, 2+glucose

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DSH The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

**SEX** FS The area of the aortic trifurcation was free of pathology.

**AGE** 2011 Normal size and margination were 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 4.3 cm in length.

**WEIGHT** 9.2 *Adrenal Glands*

The bilateral adrenal glands were mildly subnormal in size likely owing to chronic prednisolone therapy. No evidence of adrenal pathology was noted. The left adrenal gland measured 0.20 cm width. The right adrenal gland measured 0.26 cm width.

**INTERPRETED BY**

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*Spleen*

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. Minor asymmetrical medial capsule contour was noted. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. No evidence of splenic neoplastic criteria was noted. The spleen measured 0.86 cm width at the level of the hilus.

**IMAGING PERFORMED BY**  
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**HOSPITAL NAME**

Creekview VH

*Liver/ Gallbladder*

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. The cystic and common bile ducts were normal.

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**PATIENT** *Gastrointestinal*

**Viola Loch** 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 width measured 0.26 cm.

**SPECIES**

**Feline** The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly indistinct wall layering and decreased mural echogenicity. The jejunum wall width measured 0.24 cm. No overt evidence of significant small intestinal thickening or overt small Intestinal masses.

**BREED**

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

**SEX**

*Pancreas*

**FS** The pancreas exhibited generalized enlargement with hypoechoic parenchyma exhibiting multiple variably sized left and right limb cystic changes. The cystic changes exhibited a combination of thinly-walled appearance, as well as potential encapsulation containing anechoic fluid with evidence of potential mild cellular component noted within several of the pancreatic cystic lesions. An example of a pancreatic cystic lesion measured 1.7 cm in diameter. Associated regional peripancreatic reactive potentially mildly inflamed mesentery was noted.

**AGE**

2011

**WEIGHT**

*Free Abdomen*

**9.2** No overt evidence of peritoneal free fluid was noted. No significant lymphadenopathy was present.

**ULTRASONOGRAPHIC FINDINGS**

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 (Canine and Feline)

- Diffusely enlarged pancreas exhibiting multifocal cystic changes, regional peripancreatic reactive to possible mild inflamed mesentery
- Suspect chronic enteropathy
- Mild chronic renal changes
- Minor hepatic parenchymal remodeling - subjectively benign

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The primary finding of the pancreatic presentation may indicate chronic active to active pancreatitis with areas of significant pancreatic duct dilation, pancreatic cysts, abscessation, or necrosis, while the possibility of pancreatic neoplastic criteria cannot be definitively excluded. Further assessment of the pancreas in addition to the gastrointestinal tract may include, assuming normal clotting status, ultrasound-guided FNA of the pancreatic parenchyma if accessible, as well as centesis of a pancreatic cystic lesion for screening cytology, fluid analysis, +/- C/S if clinically indicated. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Further renal staging to include urine C/S, given the presence of glucose urea and baseline UPC on sterile urine sample may be considered.

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Empirical gastrointestinal support, conservative therapy for potential inflammatory enteropathy, and active to chronic active pancreatitis would be reasonable. Ideally, sonographic monitoring of the



**PATIENT**

pancreas and gastrointestinal tract for evidence of progressive changes pending clinical response to therapy is suggested.

Viola Loch

**SPECIES**

Feline

**BREED**

DSH

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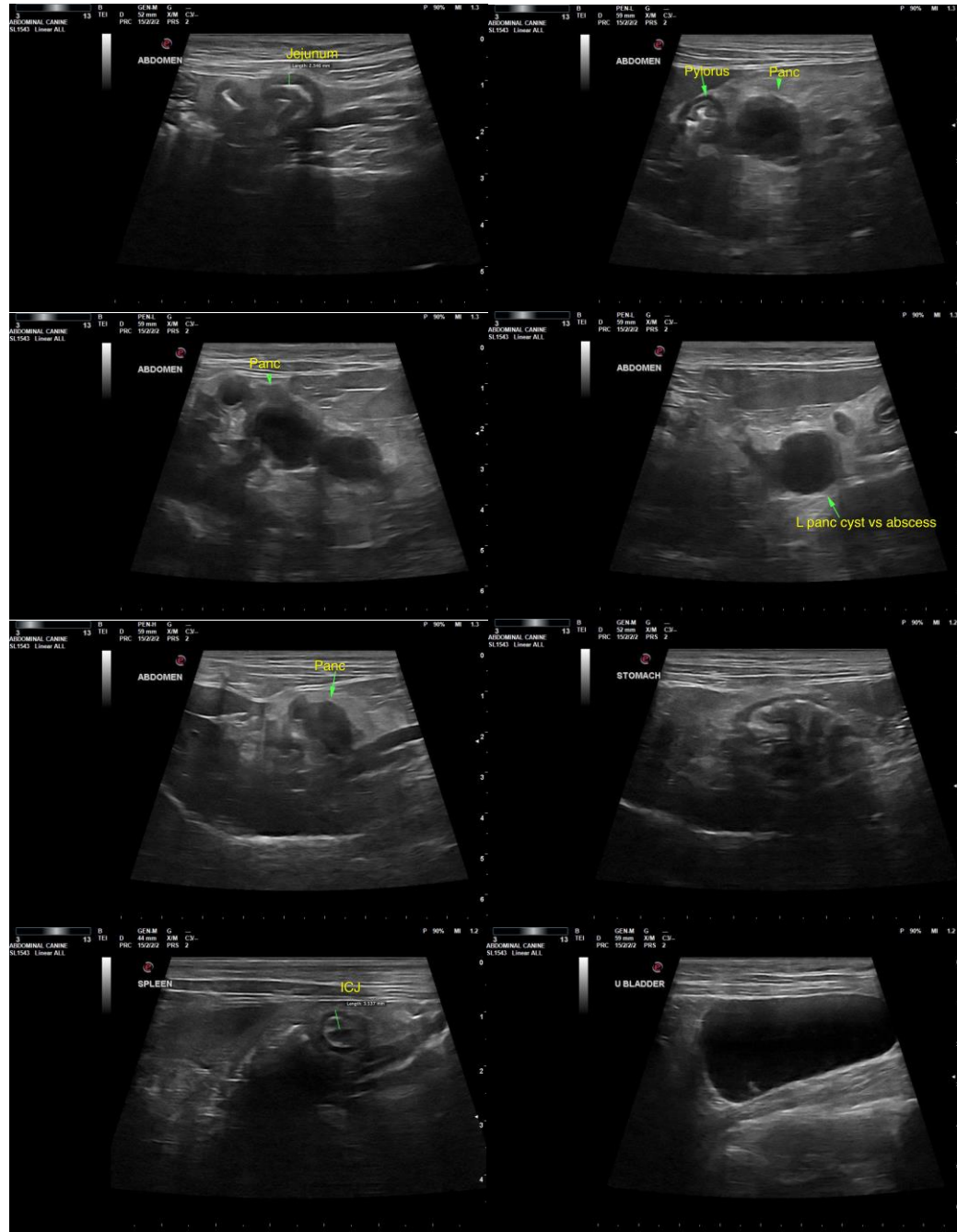
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**PATIENT**

Viola Loch

**SPECIES**

Feline

**BREED**

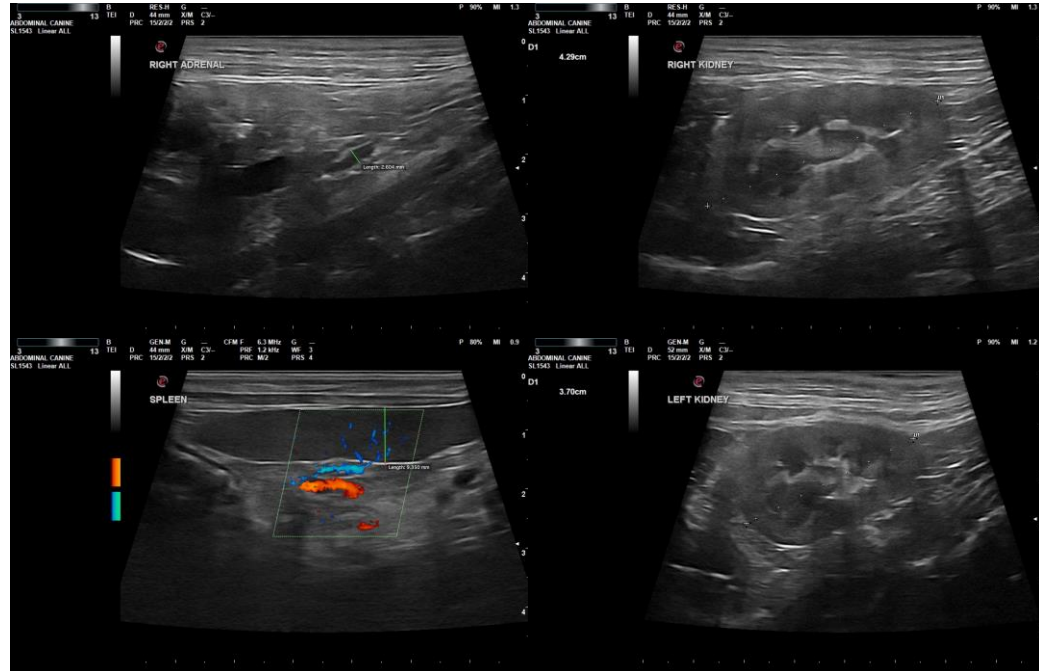
DSH

**SEX**

FS

**AGE**

2011



**WEIGHT**

9.2

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.

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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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