



PATIENT

Timmy Schwitz

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15

WEIGHT

3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Resolution Veterinary
Ultrasound LTD

REFERRING VET

Dr. Stan Gira,
SABADILLA ANIMAL
CLINIC

INVOICE

14309

DATE

7/19/22

PRESENTING CLINICAL SIGNS

Vomiting , inappetence , dehydration diagnosed recently with chronic renal disease at RDMV (patient is traveling with owner)

Abnormal PE/Chem/CBC/UA Results: CBC elevated RBC and and hemoglobin . Significant elevation of SDMA 58.9 (0-14) , BUN 18.9 (5.7 -12.9) , GloB 61 (28 - 51) , ALT 149 (12- 130) , Lip 1746 (100 - 1400) , K 2.7 (3.5 - 5.8)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The area of the aortic trifurcation was free of pathology.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width. No evidence of adrenomegaly or tumors was present.

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, 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. A solitary to possibly intermittent, nondisruptive, nonhomogeneous to cystic-appearing intraparenchymal nodules were present with an example of a hepatic intraparenchymal nodule measuring 1.2 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



PATIENT

Timmy Schwitz

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15

WEIGHT

3 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Gira

HOSPITAL NAME

Resolution Veterinary
Ultrasound LTD

REFERRING VET

Dr. Stan Gira,
SABADILLA ANIMAL
CLINIC

INVOICE

14309

DATE

7/19/22

Gastrointestinal

The stomach presented intact yet prominent wall layering. The stomach contained a moderate amount of retained anechoic fluid extending into the area of the pylorus and upper duodenum. The gastric body wall width measured 0.28 cm. No evidence of retained ingesta, foreign material, or mechanical pyloric outflow obstruction was noted.

The upper duodenum exhibited intact yet mildly prominent layering. The upper duodenum wall measured 0.26 cm width. The jejunum and ileum to the level of the colon appeared to be sonographically unremarkable.

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

Pancreas

The pancreas exhibited generalized enlargement with asymmetrical contour and nonhomogeneous to hypoechoic pancreatic parenchyma with segmental to generalized mild pancreatic duct dilation. Multifocal thinly walled pancreatic cystic lesions containing subjective anechoic fluid were present. Mild evidence of peripancreatic reactive mesentery was noted.

Free Abdomen

No overt evidence of free fluid or significant lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

- Enlarged cystic pancreas - active to chronic active pancreatitis with pancreatic cysts likely, pancreatic neoplastic criteria is considered a less likely differential diagnosis
- Gastroduodenitis with gastric hypomotility
- Low-grade hepatopathy with focal to potential intermittent cystic-appearing intraparenchymal nodules - low-grade reactive or Inflammatory hepatopathy with suspected benign complex hepatic cysts or cystic biliary adenomas - subjectively benign
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding and likely primary contributing factor to the patient's vomiting and Inappetence is the enlarged to cystic pancreas which is suggestive of active to chronic-active inflammatory criteria, likely secondary upper gastrointestinal inflammation, and gastric hypomotility. Correlation with a Spec fPL or full GI panel to also include Cobalamin/Folate levels to rule out structurally Insignificant gastrointestinal disease is warranted.

Continued aggressive therapy for pancreatitis with as-needed gastrointestinal support and assessment of clinical response would be reasonable. Sonographic reassessment of the pancreas and upper gastrointestinal tract with potential for pancreatic FNA, assuming normal clotting status, could be considered if persistent / progressive vomiting and Inappetence are noted despite empirical therapy. Full urinalysis +/- further renal staging to include urine C/S and baseline UPC level could be considered.



PATIENT

Timmy Schwitz

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15

WEIGHT

3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Resolution Veterinary
Ultrasound LTD

REFERRING VET

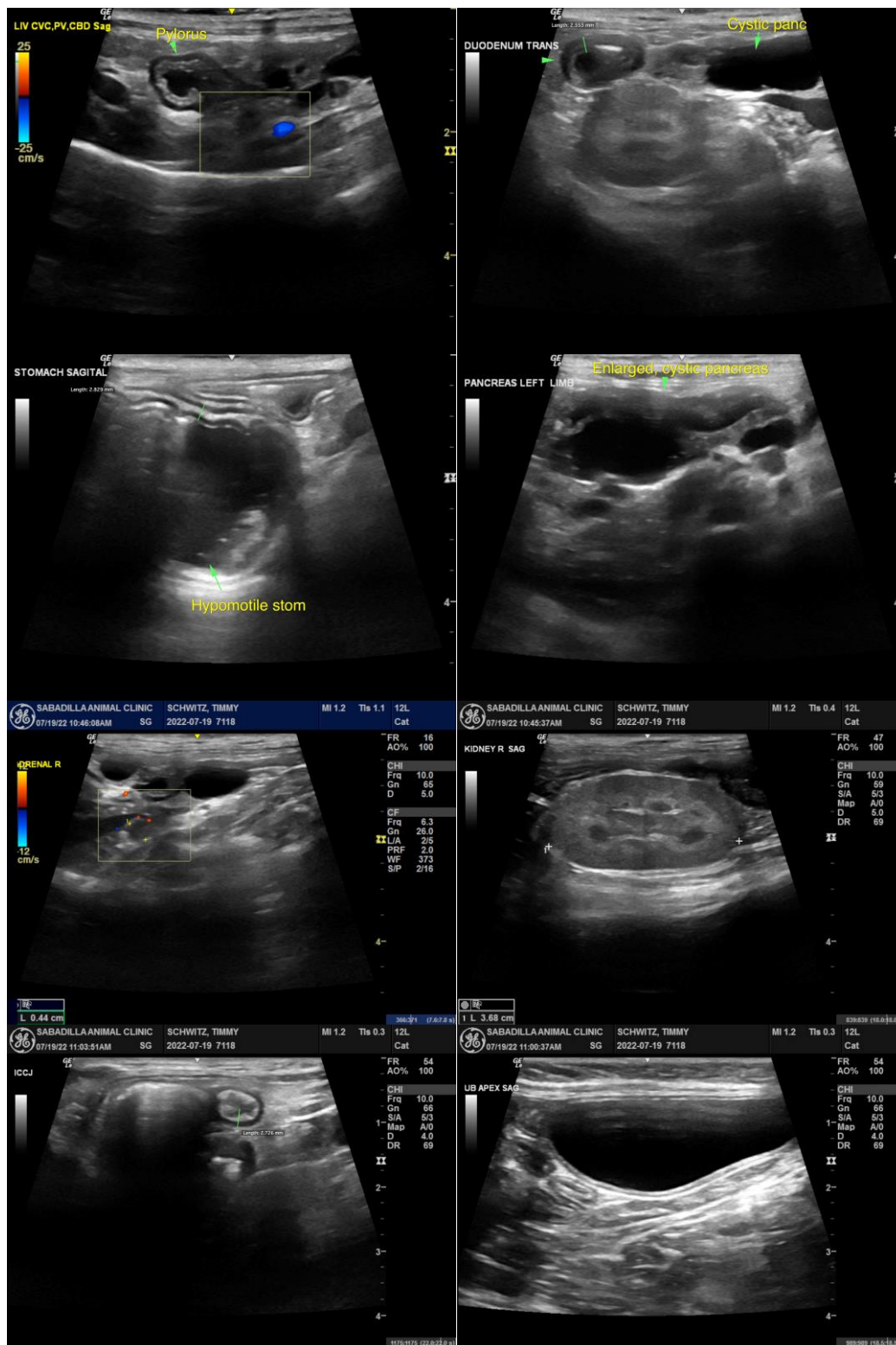
Dr. Stan Gira,
SABADILLA ANIMAL
CLINIC

INVOICE

14309

DATE

7/19/22





PATIENT

Timmy Schwitz

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15

WEIGHT

3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Resolution Veterinary
Ultrasound LTD

REFERRING VET

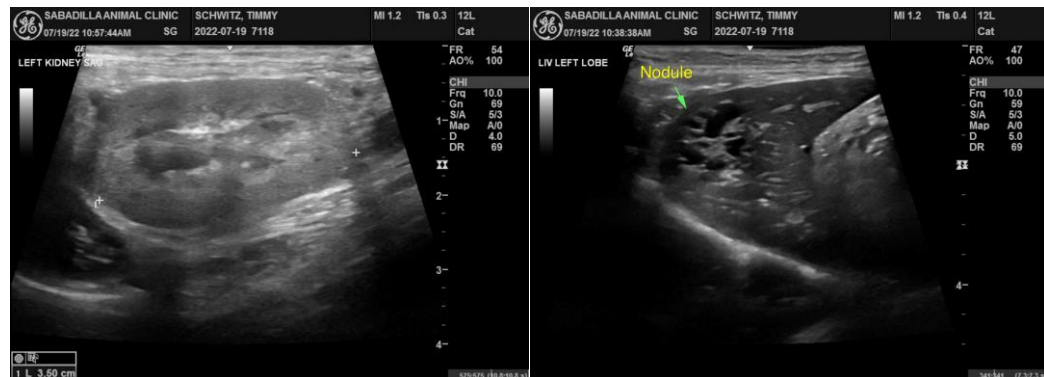
Dr. Stan Gira,
SABADILLA ANIMAL
CLINIC

INVOICE

14309

DATE

7/19/22



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