

**PATIENT**

Fancy Wesch

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

15yr

WEIGHT

15lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew

HOSPITAL NAMESVS Imaging
Michigan**REFERRING VET**Briarwood
Veterinary Hospital**INVOICE**

11197ag

DATE

07/25/2022

PRESENTING CLINICAL SIGNS

History: vocalizing in litter box, diarrhea, previously positive for pancreatitis.

Abnormal PE/Chem/CBC/UA Results: pancreatitis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was present in the left kidney, the right kidney was subnormal in size compared to the left. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomodullary symmetry and definition expected for the age of the patient. Minor pyelectasia was present in the left kidney. The left kidney measured 4.7 cm in length. The right kidney measured 3.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

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 0.50 width and the right adrenal gland measured 0.44 width.

Spleen

The spleen exhibited mild generalized enlargement with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary nondisruptive mildly hypoechoic nodule was present in the mid lateral spleen measuring 0.73 cm in diameter. A concurrent hyperechoic parenchymal nodule was also present. 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. The spleen measured 1.3 cm width at the level of the hilus.

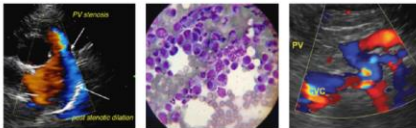
Liver

The liver exhibited potential for mild generalized enlargement. Several cystic to non-homogeneous mildly expansive macronodules to small masses were present an example measuring 2.6 cm in diameter. 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 primarily anechoic luminal content. The common bile duct was dilated and tortuous without overt post hepatic obstruction. The dilation measured 0.4 cm in diameter.

Gastrointestinal

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 measured 0.25 cm in width.

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The small intestine presented intact yet mildly prominent 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. The jejunum wall measured 0.32 cm in width.

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

Pancreas

The pancreas appeared normal in size and contour with non homogeneous to hypoechoic parenchyma compared to the adjacent omental fat. Minor pancreatic duct dilation was present.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS**AGE**

15yr

- Moderate chronic renal changes with left kidney pyelectasia
- Mild splenomegaly exhibiting nonspecific splenic nodules-benign myelolipomas, focal areas of lymphoid hyperplasia, hematopoiesis, splenitis or infarct with neoplastic nodular criteria possible
- Cystic to nonhomogeneous hepatic nodules with likely concurrent cysts-nodules to small masses likely consistent with benign cystic biliary adenomas
- Chronic active pancreatitis pattern
- Intact yet prominent small bowel walls

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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Although nonspecific the small intestine exhibited mild mural changes which may suggest underlying inflammatory enteropathy i.e. IBD. Chronic active pancreatitis is often seen concurrently with underlying intestinal disease in cats. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Assuming normal clotting status and using a 25g needle a splenic nodule and parenchyma FNA for screening cytology could be considered. Sonographic monitoring of the nodules for evidence of progression would be a more conservative approach.

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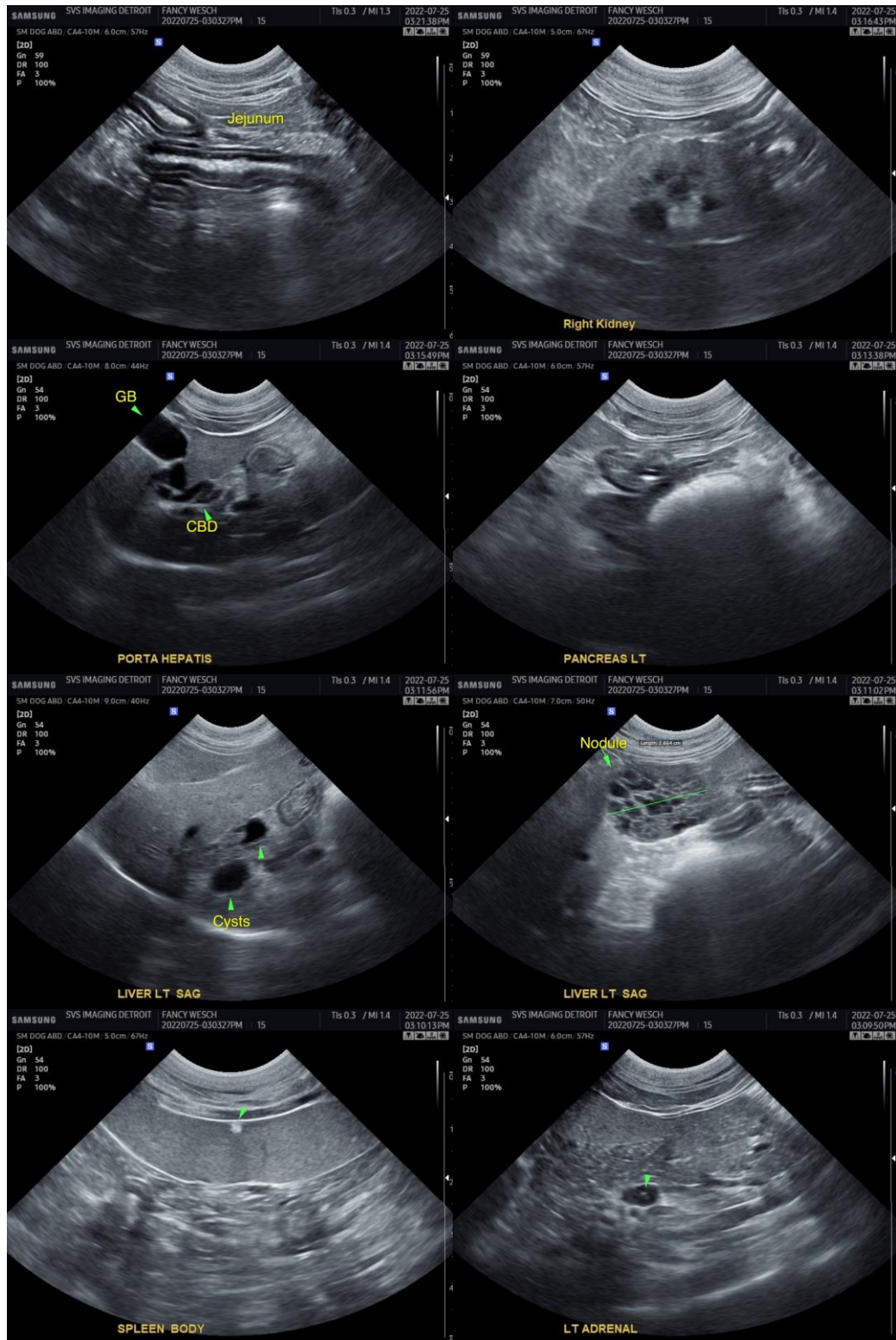
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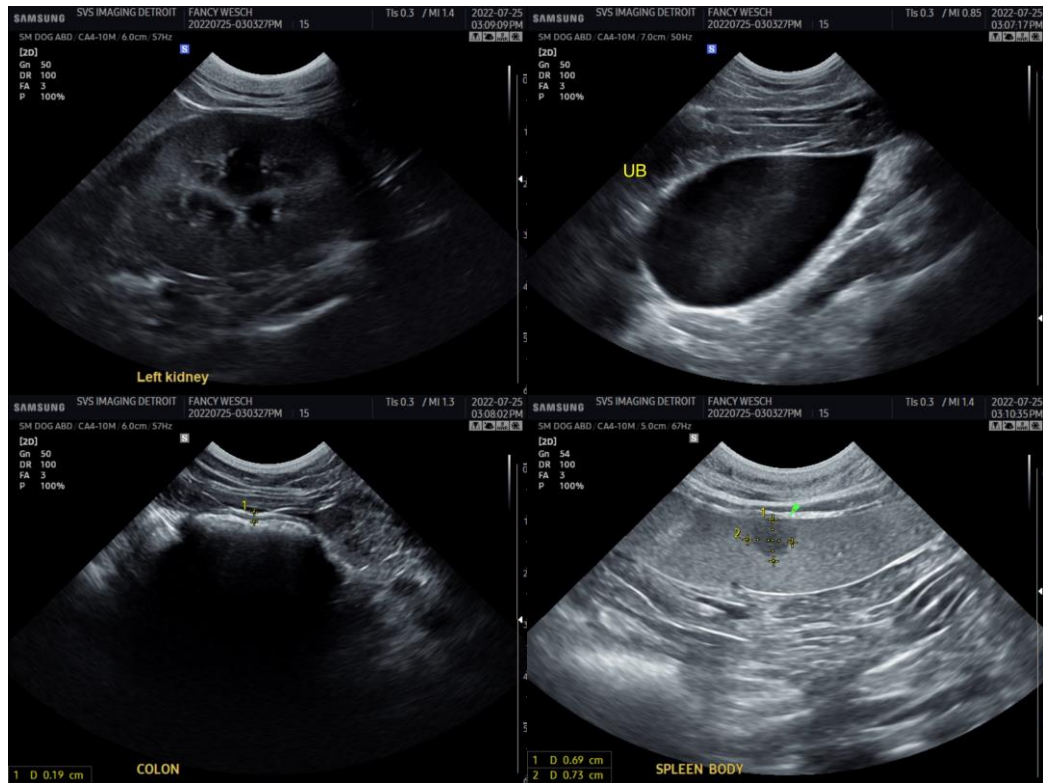
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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