



PATIENT PRESENTING CLINICAL SIGNS

Julius Tavella History: Vomiting HCT 22.6 BUN 37 CREAT 2.3 LIP 4047

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Feline

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.

BREED

DSH

Normal renal size with asymmetrical margination was 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 to moderate loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.4 cm in length. The right kidney measured 3.5 cm in length.

SEX

MN

AGE

15yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

WEIGHT

10.8

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. 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 parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.94 cm in width at the level of the hilus.

INTERPRETED BY

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

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.

HOSPITAL NAME

Pocono Peak
 Veterinary Center

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Coyle

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 0.26 cm in width.

INVOICE

11230ag

The small intestine presented intact yet subjective mild prominent wall layering owing to mildly prominent muscularis layer to the level of the ileocolic junction. Mild thickening of the upper duodenum wall with indistinct wall layer detail was present. The upper duodenum wall measured up to 0.45 cm in width. Mid to distal duodenum wall measured 0.26 cm in width. The jejunum wall measured 0.26 cm in width.

DATE

07/29/2022



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

Julius Tavella **Pancreas**

SPECIES The pancreas exhibited generalized asymmetrical enlargement with nonhomogeneous to hypochoic parenchyma exhibiting intermittent cysts. Intermittent prominent pancreaticoduodenal lymph nodes were present. A moderately sized cystic appearing lesion in the area of the pancreas base measuring 2.6 cm in diameter was present. The lesions contained anechoic fluid. Evidence of regional peripancreatic hyperechoic mesentery was present.

BREED **Free Abdomen**

DSH No peritoneal effusion was present.

SEX **ULTRASONOGRAPHIC FINDINGS**

- MN • Asymmetrical enlarged nonhomogeneous pancreas
- Suspect chronic inflammatory enteropathy with thickened upper duodenum
- AGE** • Pancreas base vs upper duodenal mural cyst vs abscess
- 15yr • Moderate bilateral chronic renal changes with cortical infarcts

WEIGHT **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

10.8 The appearance of the pancreas is suggestive of mixed pattern chronic to chronic active pancreatitis with pancreatic neoplasia considered less likely. Concern to pancreas base abscess is warranted based on sonographic appearance. Correlation with pending cytology +/- C/S is recommended.

INTERPRETED BY No overt evidence of common bile duct involvement in the pancreatic pathology. A spec fPL +/- a full GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Biopsies may be required for definitive diagnosis.

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IMAGING PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

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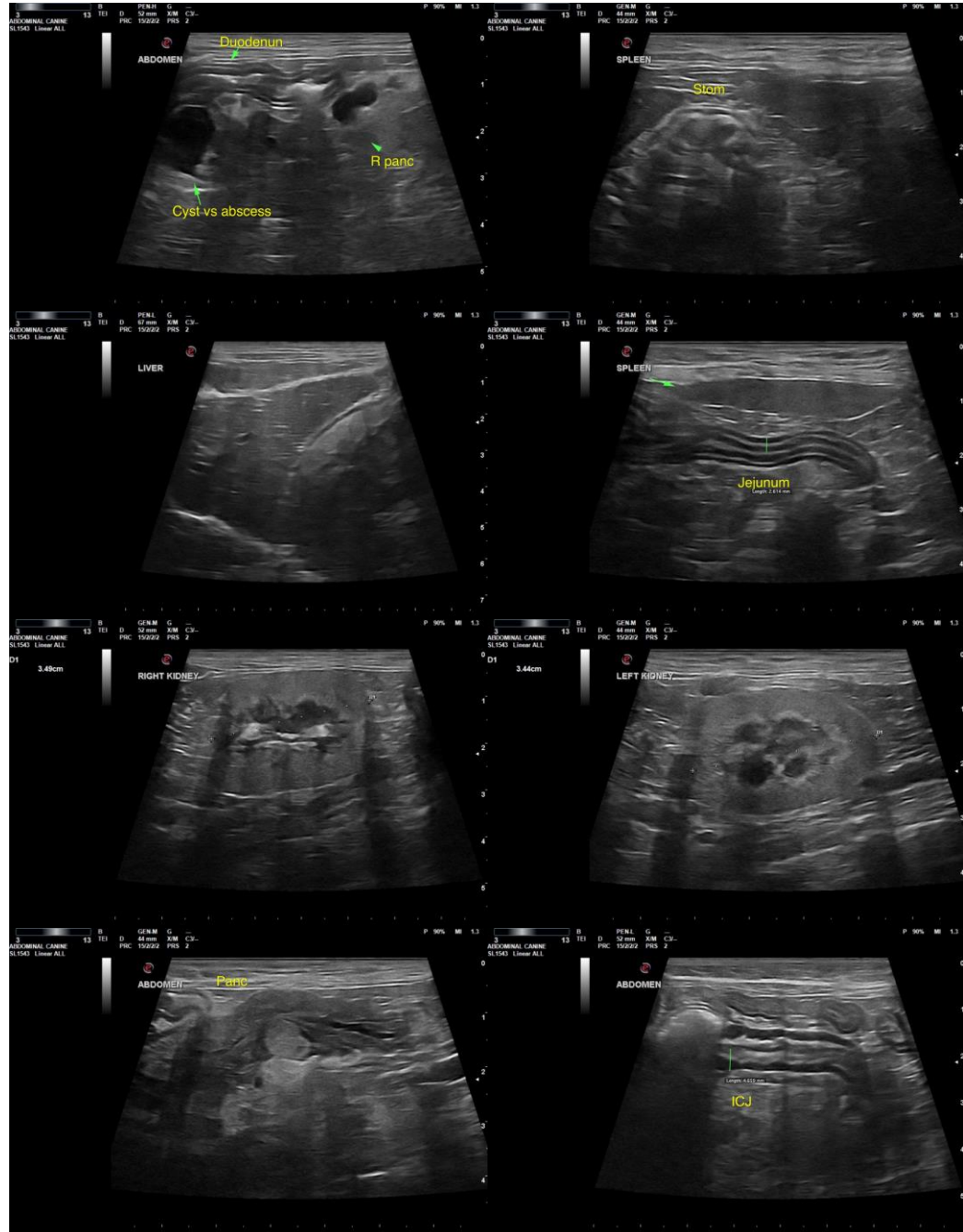
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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