



PATIENT

Loki Mount

SPECIES

Feline

BREED

Bengal

SEX

M/N

AGE

13 years

WEIGHT

3.9 kg.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Resolution Vet
Ultrasound LTD

REFERRING VET

Killarney Cat
Hospital

INVOICE

14213

DATE

7/5/22

PRESENTING CLINICAL SIGNS

Increased Spec FPL. Hx of pancreatitis. IBS.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.7 cm in length. The right kidney measured 3.6 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 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

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 uniform and hypoechoic to the spleen with a mild coarse echotexture. 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. Very minor retained nonshadowing chyme was present in the stomach lumen. The gastric body wall width measured 0.26 cm.

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. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.36 cm width.



PATIENT

Normal visible colon wall layers were noted with formed feces present at the time of the ultrasound in lumen. The descending colon wall width measured 0.20 cm.

Loki Mount

SPECIES

Pancreas

Feline

The pancreas exhibited normal size and contour with mild uniform hypoechoic parenchyma compared to adjacent nonreactive or inflamed peripancreatic omentum.

BREED

Free Abdomen

Bengal

Intermittent mildly prominent colic lymph nodes were present adjacent to the ileocolic junction. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.5 cm diameter.

SEX

M/N

AGE

13 years

WEIGHT

3.9 kg.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic active pancreatitis pattern
- Overtly normal gastrointestinal tract / colon
- Minor benign / reactive colic lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Sonographically, the appearance of the pancreas is consistent with mild likely chronic active pancreatitis given the increased spec fPL and patient history of pancreatitis. No overt evidence of a concurrent structural gastroenterocolic pathology, yet given the breed, underlying structurally insignificant gastrointestinal disease could be a contributing factor if the patient has a chronic history of gastrointestinal signs.

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate +/- diarrhea PCR panel if current or future diarrhea is noted. No overt evidence of neoplastic gastrointestinal criteria was noted.

HOSPITAL NAME

Resolution Vet
Ultrasound LTD

Further therapies may include dietary therapy i.e., hydrolyzed vs higher fiber diet, high colony count probiotic, empirical cobalamin supplementation, +/- broad-spectrum deworming if clinically indicated or if previous or future gastrointestinal signs i.e., diarrhea, are noted.

REFERRING VET

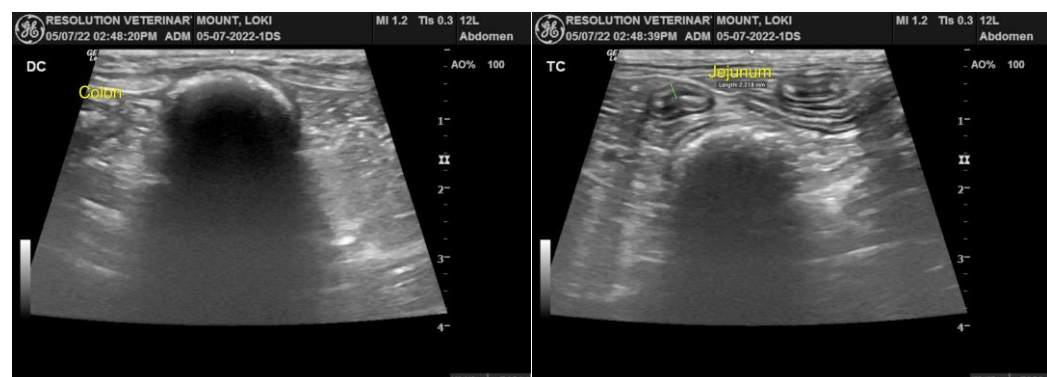
Killarney Cat
Hospital

INVOICE

14213

DATE

7/5/22





PATIENT

Loki Mount

SPECIES

Feline

BREED

Bengal

SEX

M/N

AGE

13 years

WEIGHT

3.9 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDMS

HOSPITAL NAME

Resolution Vet
Ultrasound LTD

REFERRING VET

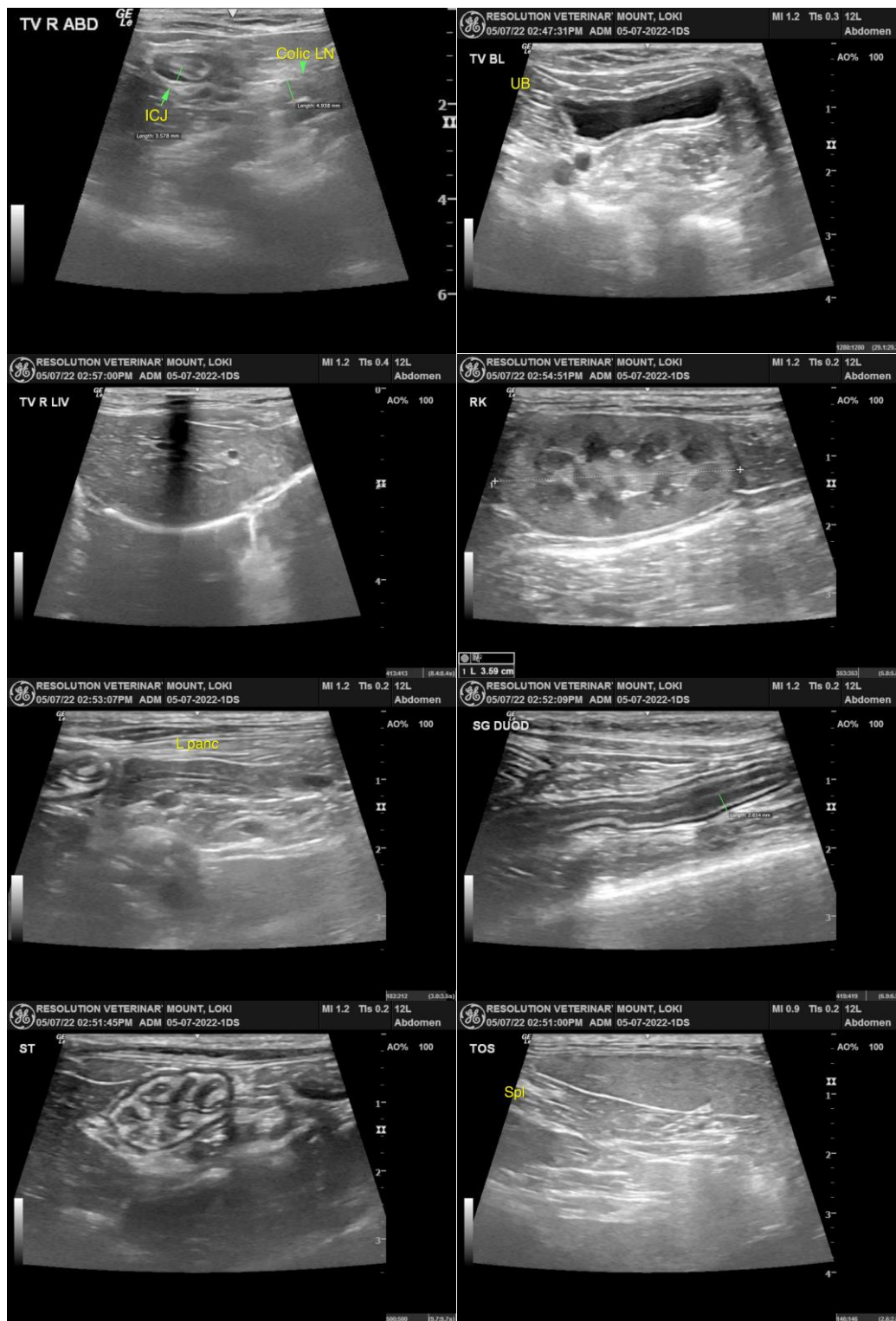
Killarney Cat
Hospital

INVOICE

14213

DATE

7/5/22





PATIENT

Loki Mount

SPECIES

Feline

BREED

Bengal

SEX

M/N

AGE

13 years

WEIGHT

3.9 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDMS

HOSPITAL NAME

Resolution Vet
Ultrasound LTD

REFERRING VET

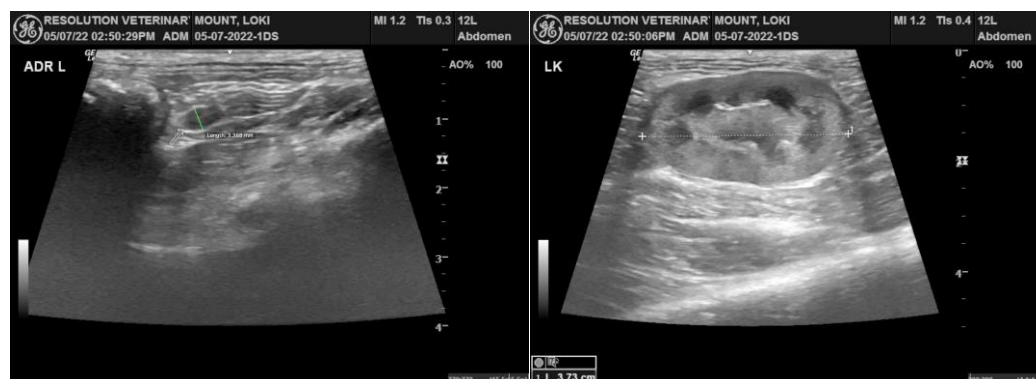
Killarney Cat
Hospital

INVOICE

14213

DATE

7/5/22



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