



**PATIENT**

Sandy Giammalvo

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

15 years

**WEIGHT**

8.46

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

**HOSPITAL NAME**

Anchor AH

**REFERRING VET**

Katherine Pietsch, DVM

**INVOICE**

14251

**DATE**

7/7/22

**PRESENTING CLINICAL SIGNS**

History hyperthyroidism, now uncontrolled (may relate to inconsistent medicating). 1/2 lb weight loss since Feb 22. Dark stools and intermittent vomiting with recent hyporexia and lethargy. Elevated fPL. On Methimazole 5 mg, 1/2 tab BID; verenia, gabapentin, pepcid, LRS \*Presented post prandial

**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 loss of corticomedullary symmetry and definition expected for the age of the patient. Minor bilateral pyelectasia was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.2 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 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 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. The spleen measured 0.7 cm width.

**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 indistinctly visualized owing to subnormal size likely secondary to the presence of gastric ingesta. No overt evidence of gallbladder or common bile duct pathology was noted.

**Gastrointestinal**

The visualized stomach walls were sonographically normal. The lumen of the stomach contained moderate echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. NO evidence of mechanical pyloric outflow obstruction was noted.



**PATIENT**

Sandy Giammalvo

The small intestine presented intact and sonographically unremarkable wall layering with a maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental, echogenic, nonshadowing ingesta consistent with normal food without signs of ileus, obstruction, or foreign material. The jejunum wall measured 0.24 cm width. The ileocolic wall measured 0.26 cm width.

**SPECIES**

Feline

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

***Pancreas***

**BREED**

DSH

The pancreas was mildly prominent in size with areas of pancreatic capsule asymmetry and heterogeneous to hypoechoic pancreatic parenchyma. Minor pancreatic duct dilation was noted. Intermittent thinly-walled pancreatic cysts containing anechoic fluid were noted with an example measuring 0.5 cm in diameter. Subtle evidence of peripancreatic reactive mesentery was noted.

**SEX**

FS

***Free Abdomen***

No omental masses, lymphadenopathy or peritoneal effusion was present.

**AGE**

15 years

**ULTRASONOGRAPHIC FINDINGS**

- Mild chronic renal changes with minor pyelectasia
- Chronic active pancreatitis pattern with intermittent pancreatic cysts
- Overtly normal gastrointestinal tract with gastric and segmental small intestinal ingesta / chyme

**WEIGHT**

8.46

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

**INTERPRETED BY**

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

The presence of gastric and segmental small Intestinal ingesta is consistent with reported post prandial presentation. Ideally, sonographic reassessment of the gastrointestinal tract following a documented fast is recommended. However, no overt evidence of gastroenterocolic mural pathology was noted. Structurally insignificant inflammatory gastroenteropathy along with concurrent chronic active pancreatitis pattern is suspected. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

**IMAGING**

**PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Anchor AH

**REFERRING VET**

Katherine Pietsch, DVM

Three view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor to the mild weight loss. Dietary Intolerance / food hypersensitivity or occult parasitism if the patient is indoor/outdoor cannot be ruled out as contributing factors.

**INVOICE**

14251

Empirically, as-needed gastrointestinal support, hydrolyzed diet trial, and prophylactic deworming if clinically indicated could be considered. No evidence of intraabdominal neoplastic criteria was evident.

**DATE**

7/7/22



**PATIENT**

Sandy Giammalvo

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

15 years

**WEIGHT**

8.46

**INTERPRETED BY**

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

**IMAGING**

**PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Anchor AH

**REFERRING VET**

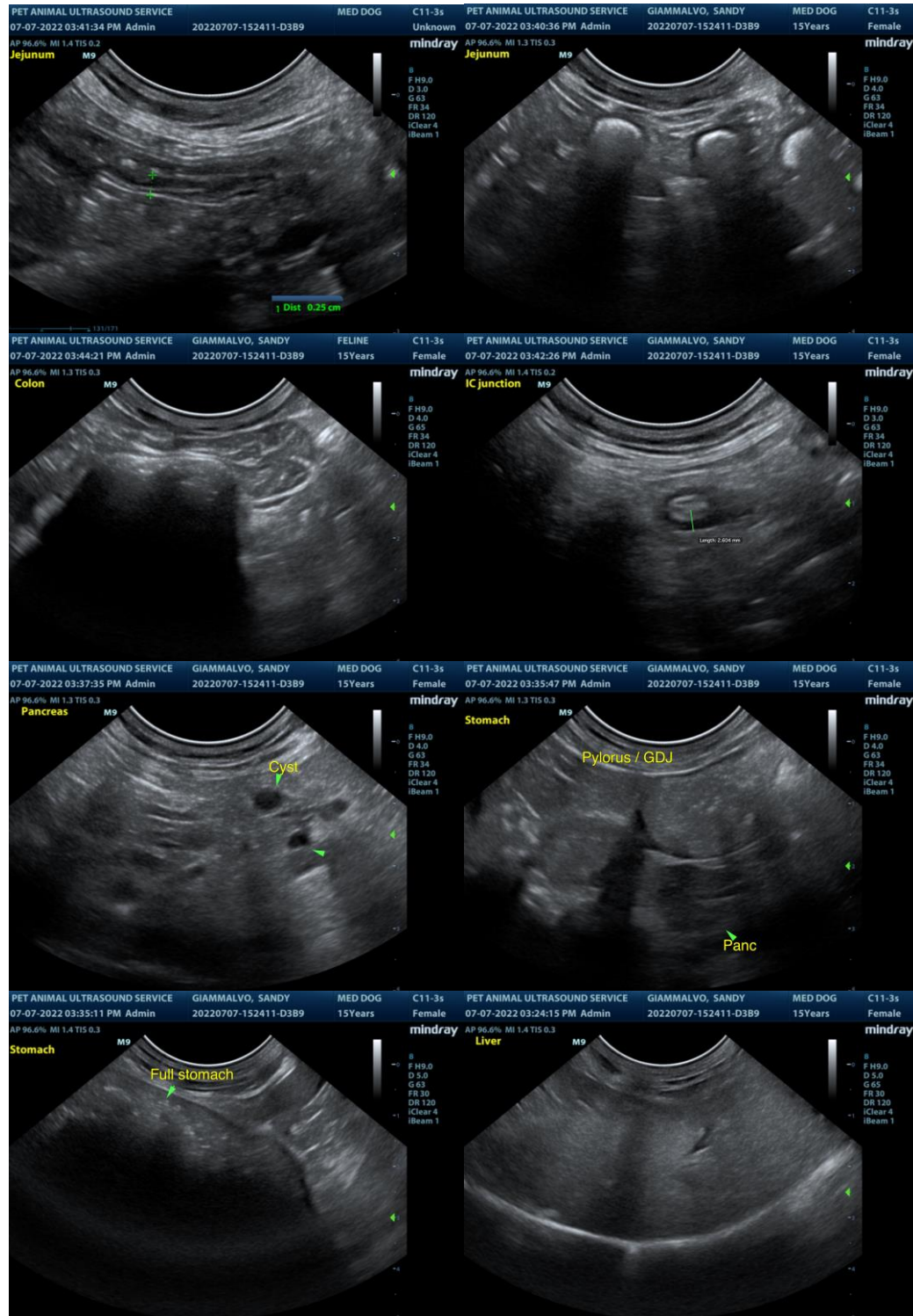
Katherine Pietsch, DVM

**INVOICE**

14251

**DATE**

7/7/22





**PATIENT**

Sandy Giammalvo

**SPECIES**

Feline

**BREED**

DSH

**SEX**

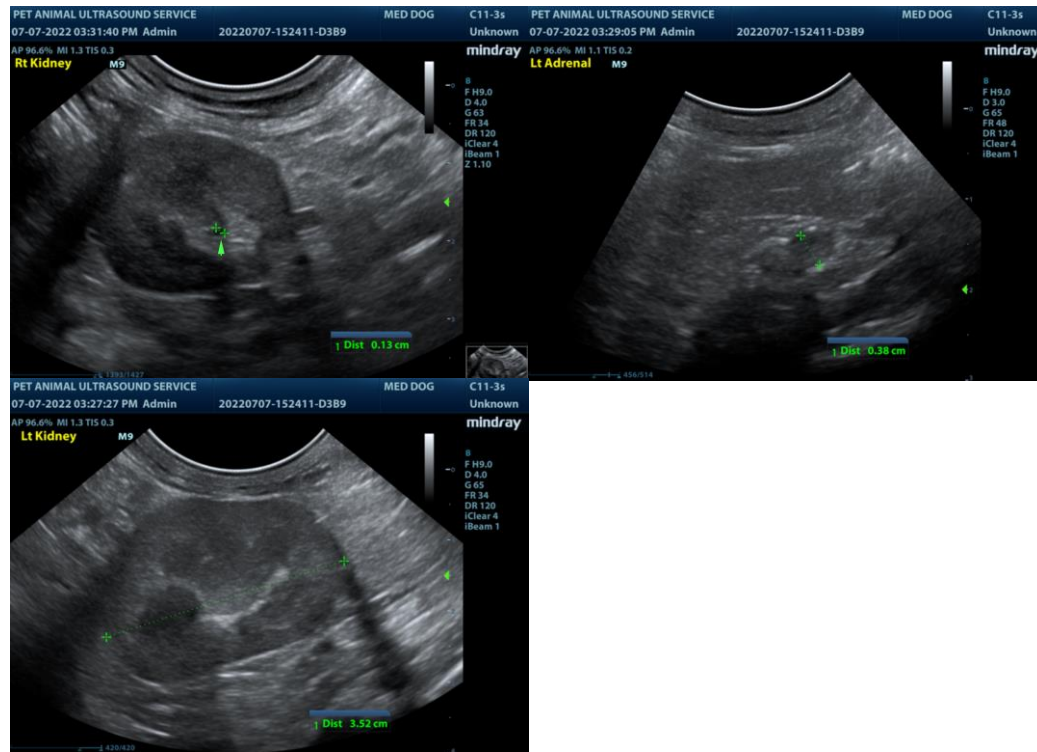
FS

**AGE**

15 years

**WEIGHT**

8.46



**INTERPRETED BY**

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

**IMAGING**

**PERFORMED BY**

Pamela Harrigan, RDMS

**HOSPITAL NAME**

Anchor AH

**REFERRING VET**

Katherine Pietsch, DVM

**INVOICE**

14251

**DATE**

7/7/22

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