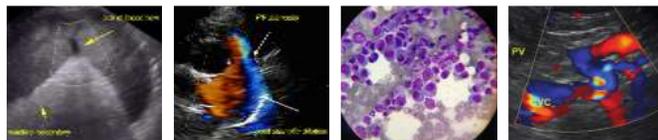


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Macalester Fordice	re check hx of pancreatitis, diabetes
<b>SPECIES</b>	HX of left pancreatic lesion
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral 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.
Female	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
7	
<b>WEIGHT</b>	Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented mild, primarily uniform increased in echogenicity with uniform echotexture. The renal cortex appeared to be mildly hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. No evidence of pyelectasia was noted. The left kidney measured 3.9 cm in length. The right kidney measured 4.8 cm in length.
22.5	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left and right adrenal glands were not overtly visualized.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Jenn	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 0.60 cm width.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Rockaway AH	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.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Maniar	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained ingesta exhibited nearfield mild hyperechogenicity with progressive distal acoustic shadowing.
<b>INVOICE</b>	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.
12099	
<b>DATE</b>	
8/10/21	



**PATIENT**

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

Macalester Fordice

**Pancreas**

**SPECIES**

Feline

The left pancreatic limb exhibited subtle prominent size with heterogeneous to mild mixed echogenic parenchyma pattern with subtle evidence of peripancreatic reactive mesentery. The area of prominent pancreatic parenchyma measured approximately 1.1 in diameter. No evidence of concurrent effusion was present.

**BREED**

DSH

**Free Abdomen**

**SEX**

Female

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

7

**Primary Findings**

- Persistent yet subjectively regressed indistinct left pancreatic lesion
- Static bilateral chronic interstitial nephrosis renal pattern
- Gastric ingesta - post prandial presentation likely, potential for gastric stasis or possible hairball density if documented NPO

**WEIGHT**

22.5

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The left pancreatic lesion noted on previous ultrasounds was indistinct in this study yet subjectively regressed compared to previous descriptions. This area was not overtly consistent with pancreatic neoplasia with potential for chronic left pancreatic inflammation and parenchymal remodeling considered primary differential diagnosis. If clinically indicated, monitoring for evidence of normal gastric emptying +/- hairball therapy if a history of hairballs may be considered. Periodic sonographic monitoring of the left pancreatic lesion to correlate with the current study and comparison to previous ultrasounds would be appropriate. However, no overt evidence of pancreatic neoplastic criteria was noted.

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH



**REFERRING VET**

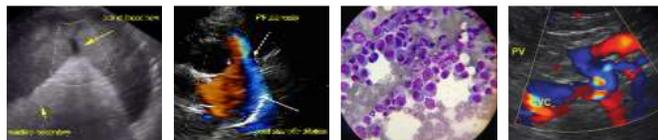
Dr. Maniar

**INVOICE**

12099

**DATE**

8/10/21



**PATIENT**

Macalester Fordice

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female

**AGE**

7

**WEIGHT**

22.5

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

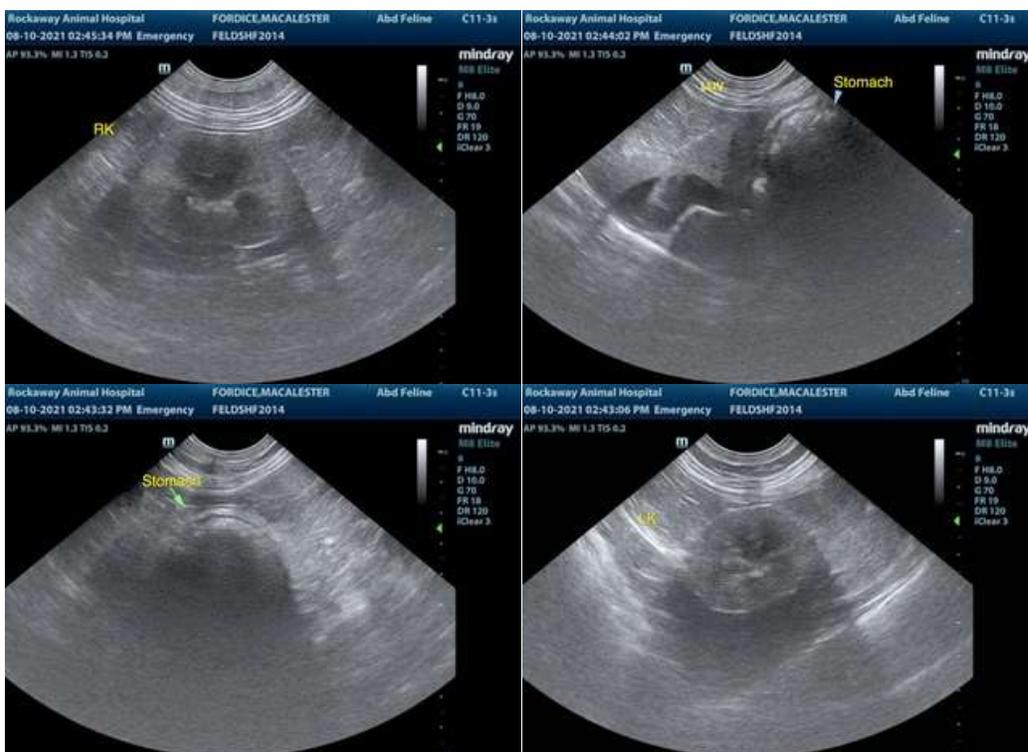
Dr. Maniar

**INVOICE**

12099

**DATE**

8/10/21



**The information and recommendations provided are based on the images presented by the referring veterinarian. 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