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Clinical Sonography & Telecytology
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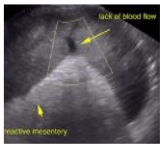

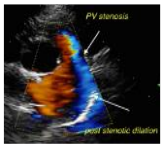

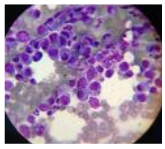
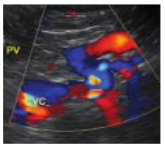

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sasha Agar

SPECIES

Feline

BREED

Ragdoll

SEX

M/N

AGE

13 yrs

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Signal Hill AH

REFERRING VET

Dr. Sweet

INVOICE

14581

DATE

8/11/22

PRESENTING CLINICAL SIGNS

History of pancreatitis
Abnormal PE/Chem/CBC/UA Results: Marked elevation of fPL

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 left kidney. Subtle subjective cortical hypertrophy exhibiting normal corticomedullary echogenicity was noted. Mild loss of corticomedullary border demarcation were noted with pinpoint areas of medullary mineral. The left kidney measured 3.8 cm in length.

The right kidney was subnormal in size with mild asymmetrical margination. Moderate loss of corticomedullary border demarcation was present with mild pyelectasia and pinpoint medullary mineral. The right kidney measured 2.7 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 0.37 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 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. Intermittent discrete hypoechoic to indistinct parenchymal nodules were present, not overtly consistent with pathologic criteria, suggestive of discrete areas of hyperplasia or hematopoiesis. No evidence of hepatic neoplastic criteria was noted.

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

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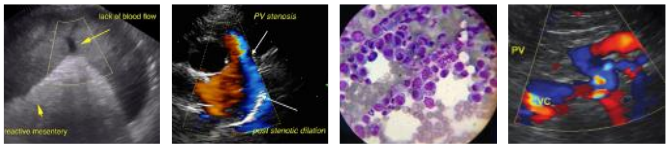

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting progressive distal acoustic shadowing.

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.

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

Pancreas

The pancreas was subtly prominent in size with areas of minor capsule asymmetry exhibiting heterogeneous to mildly mixed echogenic pancreatic parenchyma compared to adjacent nonreactive or inflamed omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Left kidney mild chronic renal changes with pinpoint medullary mineral
- Right kidney moderate chronic renal changes with subnormal size and mild pyelectasia
- Heterogeneous to mild mixed echogenic pancreas - consistent with probable chronic pancreatitis
- Mild hepatic parenchymal remodeling - benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the pancreas was consistent with remodeling potentially associated with age or previous inflammatory episode, although, given the marked elevation of fPL, chronic pancreatitis without evidence of neoplastic criteria is probable. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation and supportive care for chronic pancreatitis, if clinical signs arise, would be reasonable.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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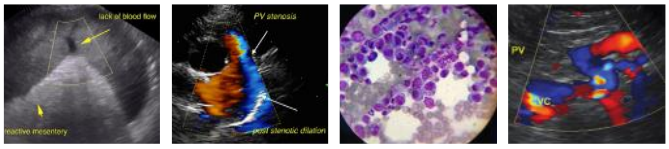

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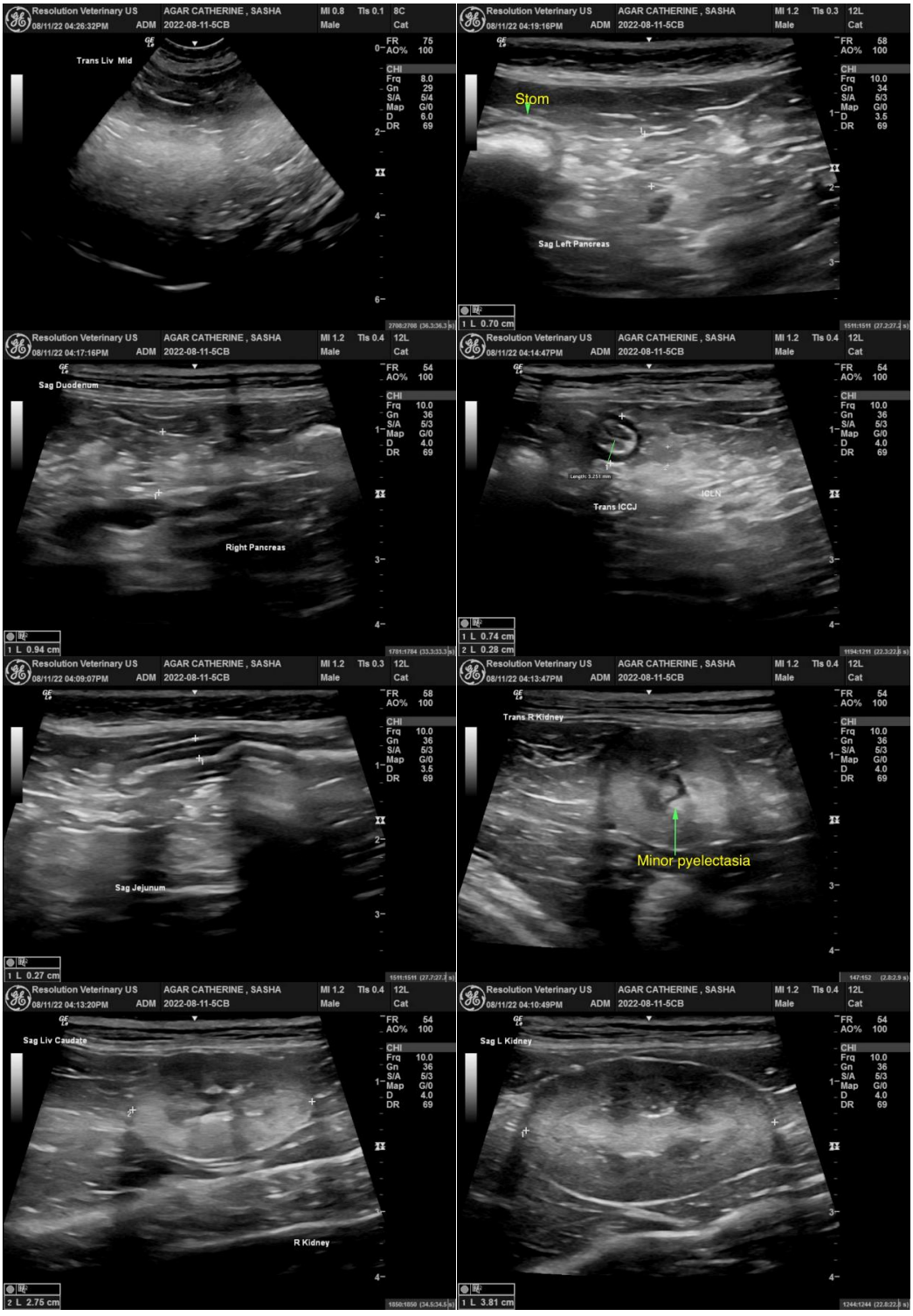

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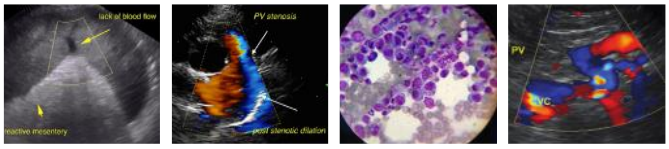

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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