



PATIENT

S'mores Roe

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16.5 yo

WEIGHT

11.6 lb

PRESENTING CLINICAL SIGNS

Decreased activity for the last few months. Appetite has been reduced but has not necessarily been losing weight. Previous vet prescribed gabapentin and this does appear to have helped some. Used to vomit hairballs. Not vomiting any food. GI profile to Texas A & M shows increased fPLI. Goal of the ultrasound is to look for causes of pancreatitis and inappetence.

Abnormal PE/Chem/CBC/UA Results: Elevated PSL in January 2022 at previous vet. GI profile performed 7/26/22 (attached) shows increased fPLI.

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. Primarily anechoic urine was present in the lumen. Minor dependent to mildly non-dependent particulate sediment was present without evidence of calculus formation. This may indicate cellular debris / protein, crystallin debris, lipid or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Normal margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was noted in both kidneys. The left kidney was subnormal in size compared to the right yet within normal limits for feline renal size measuring 3.3 cm in length. The right kidney measured 4.5 cm in length.

IMAGING PERFORMED BY

Emily Kirk

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width. The right adrenal gland was free of overt pathology.

HOSPITAL NAME

Shiloh AH

Spleen

The spleen exhibited mild generalized enlargement with areas of mild asymmetrical medial capsule contour. Generalized mild splenic parenchyma heterogeneity with normal splenic vascularity was present. No masses or nodules were noted. The spleen measured 1.2 cm width at the level of the hilus.

REFERRING VET

Emily Kirk

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. The gallbladder was mildly subnormal in size likely owing to the presence of gastric ingesta containing primarily anechoic content. The cystic and common bile ducts were normal.

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Gastrointestinal

The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate, echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, foreign material, overt hairball density, or mechanical pyloric outflow obstruction. The gastric body wall width measured 0.24 cm.

The duodenum exhibited intact to subjectively prominent wall layering. Focal mildly thickened yet intact ventral wall present in the mid ventral duodenum was present measuring 0.44 cm. The jejunum and ileum to the level of the colon were sonographically normal. Mild areas of small Intestinal nonshadowing ingesta / chyme were noted.

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

Pancreas

The pancreas was normal In size with primarily maintained symmetrical capsule contour. Mild hypoechoic to nonhomogeneous parenchyma compared to adjacent peripancreatic omentum was present.

Free Abdomen

No omental masses, overt lymphadenopathy, or peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Moderate chronic renal changes with mild bilateral pyelectasia
- Mild nonspecific splenomegaly - multiple etiologies possible including patient variant or mild splenomegaly owing to sedation, benign hyperplasia, hematopoiesis or similar, neoplastic criteria considered less likely given sedation in this patient. However, if persistent splenomegaly in the face of weight loss, screening splenic FNA cytology, assuming normal clotting status and using a 25-gauge needle, could be considered
- Gastric ingesta
- Focally thickened yet intact ventral duodenum wall, overtly normal jejunoileum
- Mild chronic to chronic active pancreatitis pattern

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, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The



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sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

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Aside from the mild focally thickened yet intact mid ventral duodenum wall, no obvious evidence of structural small intestinal pathology. Potential for emerging inflammatory enteropathy or low-grade IBD cannot be excluded in conjunction with suspected mild chronic to chronic active pancreatitis.

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As-needed GI support, monitoring for gastric emptying (if clinically indicated), and empirical therapy for chronic to chronic active pancreatitis would be reasonable with continued monitoring of progressive GI signs and/or weight loss. Sonographic recheck of the focally thickened duodenum for evidence of progression in 4 weeks would be ideal.

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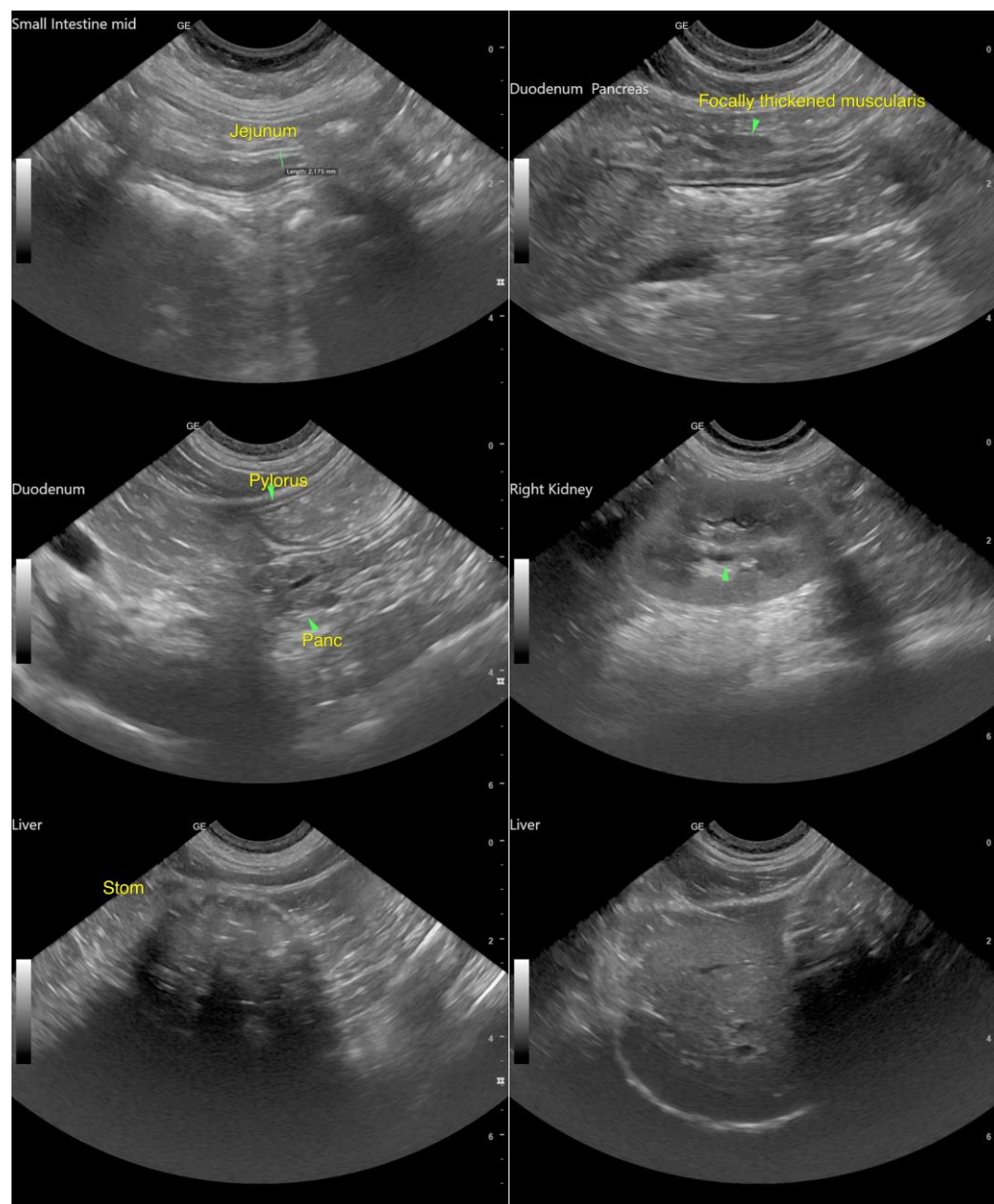
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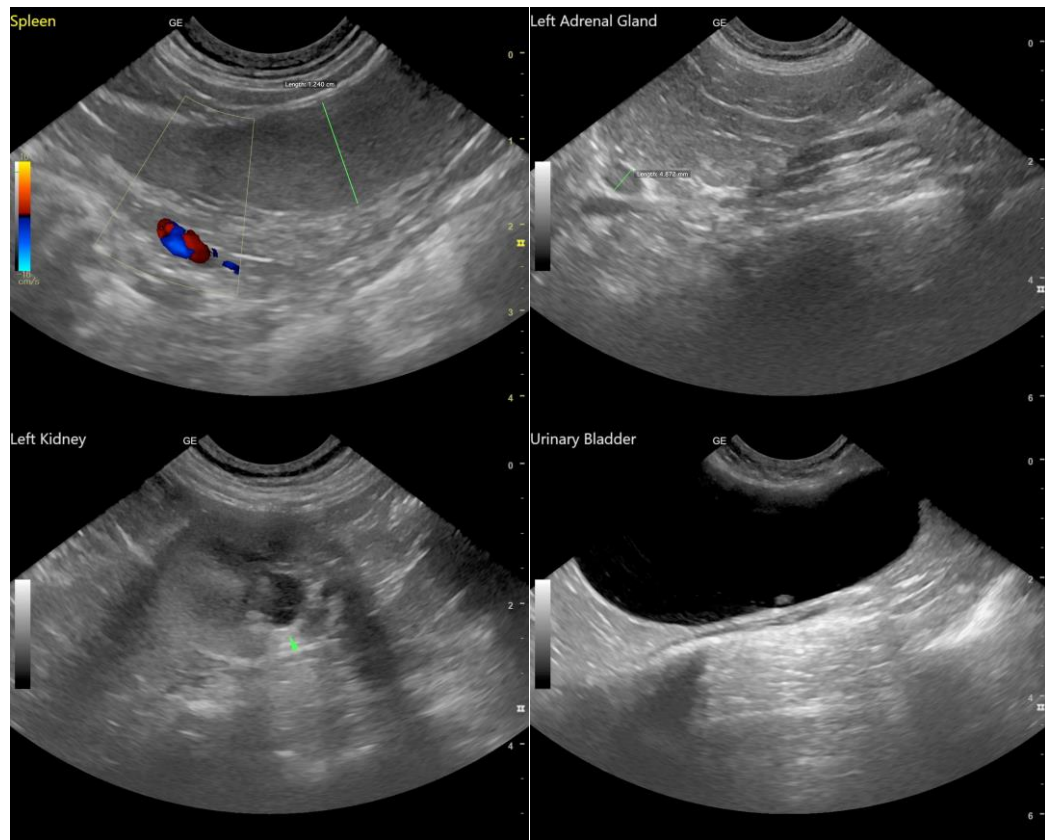
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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