



**PATIENT**

Latte Campbell

**PRESENTING CLINICAL SIGNS**

Vomiting. Hypoxia. Nausea. Lethargy. Elevated albumin and amylase. Possible renal mineralization. Possible splenic mass. Fluid filled stomach and proximal duodenum.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DMH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

**SEX**

FS

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. Minor bilateral medullary mineral was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

**AGE**

7yr

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

4.5kg

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. No evidence of pathology in the area of the right adrenal gland.

**Spleen**

**INTERPRETED BY**

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

The spleen exhibited normal size with folding and 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 0.67 cm in width at the level of the hilus.

**IMAGING PERFORMED BY**

Dave Stasiuk RDMS,  
RDCS

**Liver/Gallbladder**

**HOSPITAL NAME**

Alpine 24/7

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. Normal vascular volume. 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 with mild echogenic non-mineralized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

**REFERRING VET**

Alpine 24/7

**Gastrointestinal**

**INVOICE**

14624ag

The stomach presented intact wall layering with a normal wall layer ratio. The stomach appeared to be mild to moderately gas distended with mild retained echogenic fluid and chyme with no signs of obstruction or foreign material.

**DATE**

08/15/2023

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The duodenum exhibited mild retained non-shadowing chyme/fluid with no signs of obstruction or foreign material.



**PATIENT**

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

Latte Campbell

**Pancreas**

**SPECIES**

The pancreas was enlarged in size with swollen capsule contour and hypoechoic mildly non-homogenous parenchyma compared to adjacent regional peripancreatic hyperechoic omentum.

Feline

**Free Abdomen**

**BREED**

No omental masses or significant overt lymphadenopathy was present.

DMH

Intermittent scant pocket of peritoneal free fluid was present.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Pancreatitis with regional peripancreatic peritonitis.
- Associated gastroduodenal ileus, consistent with metabolic/functional ileus, no evidence of small intestinal obstructive criteria.
- Mild gallbladder sediment-no evidence of post hepatic obstruction.
- Mild bilateral renal medullary mineral.
- Sonographically unremarkable folded spleen-potential associated or concurrent splenitis, hyperplasia or hematopoiesis. No evidence of splenic neoplastic criteria.

FS

**AGE**

7yr

**WEIGHT**

4.5kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hospitalization with pancreatitis protocol and as needed GI support, analgesia, antibiotics if clinically indicated and assessment of clinical response. is recommended. Monitoring for evidence of hypocalcemia or hypothermia which may be negative prognostic indicators in cats with pancreatitis is recommended. Sonographic reassessment suggested if no response to empirical therapy.

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Feline

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DMH

**SEX**

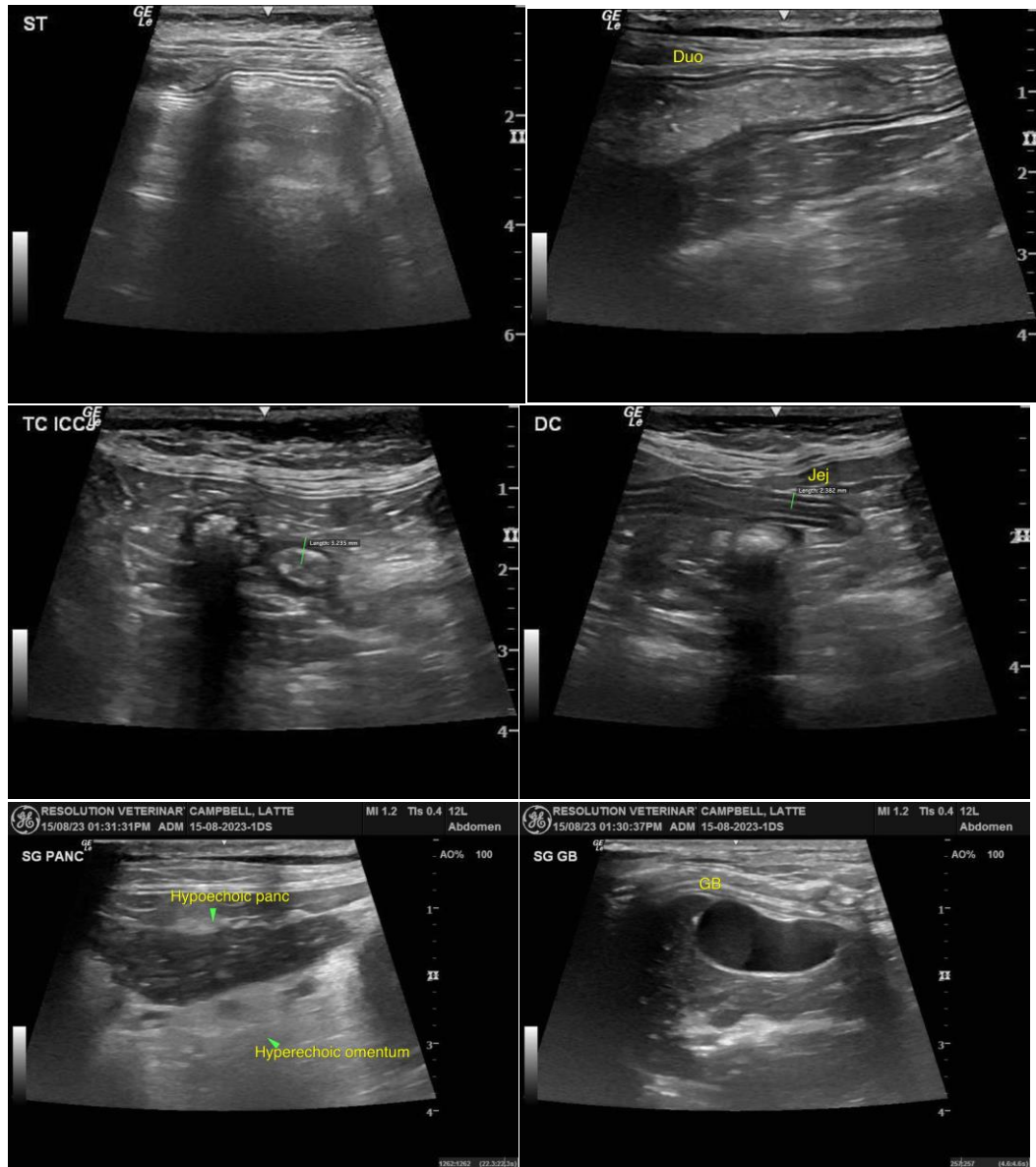
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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