



PATIENT

Susie Hui

PRESENTING CLINICAL SIGNS

Presented for anorexia lethargic and pancreatitis. Owner noticed dilated pupils.

Abnormal PE/Chem/CBC/UA Results: cbc - normal

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Mild 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.8 cm in length.

AGE

9yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

8.5lb

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

INTERPRETED BY

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

Spleen

The spleen exhibited subnormal size and symmetrical contour with a finely textured and homogenous mildly hypoechoic parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 0.45 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Dr Sharkaway

Liver/Gallbladder

The liver exhibited subjective borderline to mild enlargement with normal 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. The cystic and common bile ducts were normal.

HOSPITAL NAME

Kew Gardens Animal
Hospital

Gastrointestinal

REFERRING VET

Dr Sharkaway

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was mildly dilated with retained anechoic fluid. No signs of ileus, obstruction or foreign material.

The small intestine presented segmental to generalized variable thickened wall layering with intact wall layer detail. Mildly indistinct duodenum wall layer detail with generalized mild duodenal ileus was present. Concurrent segmental mild jejunal ileus was present. The lumen of the small intestine was empty with no signs of obstruction or foreign material.

INVOICE

14635ag

DATE

08/17/2023



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

Susie Hui **Pancreas**

SPECIES The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful on subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected. Peripancreatic to generalized hyperechoic omentum was present.

Feline

BREED

DSH

Free Abdomen

No omental masses or overt significant lymphadenopathy was present.

SEX

Ill-defined areas of scant to minor perihepatic to peritoneal free fluid was present.

FS

ULTRASONOGRAPHIC FINDINGS

AGE

9yr

- Severe active pancreatitis with generalized peritonitis.
- Significant gastroenteropathy pattern with hypomotile stomach and duodenum.
- Volume contracted spleen.
- Borderline/mild hepatomegaly, non-distended gallbladder and CBD.
- Mild chronic renal changes.

WEIGHT

8.5lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The study is consistent with significant active pancreatitis, associated generalized peritonitis and suspect associated acute gastroenteropathy with gastroduodenal metabolic/functional stasis. Potential for pancreatitis or occult infiltrative GI neoplasia may present in a similar sonographic manner and cannot be definitively excluded. Correlation with chem panel/UA if not done is suggested.

Hospitalization with aggressive therapy for active pancreatitis including antibiotics, GI support, antiemetics, analgesia, close monitoring of clinical status and potential recheck sonogram if clinically indicated is suggested. Concurrent monitoring of body temperature and Ca level for evidence of hypothermia or hypocalcemia which may be poor prognostic indicators in cats is suggested. A guarded to possible very guarded prognosis is indicated.

INTERPRETED BY

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IMAGING PERFORMED BY

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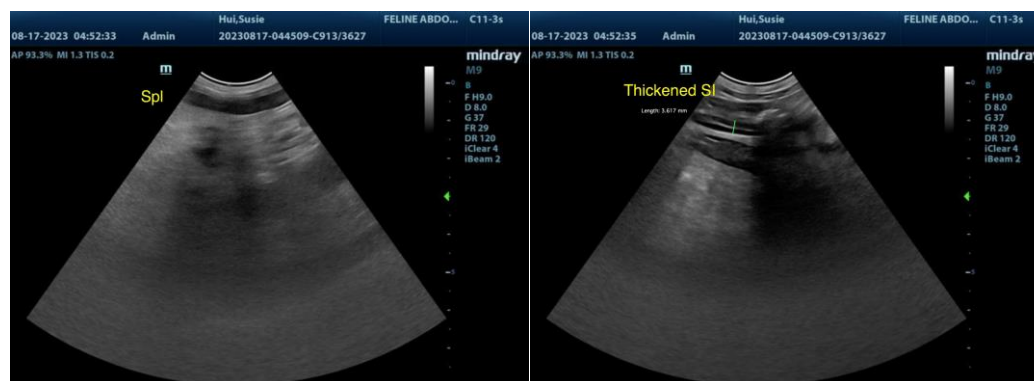
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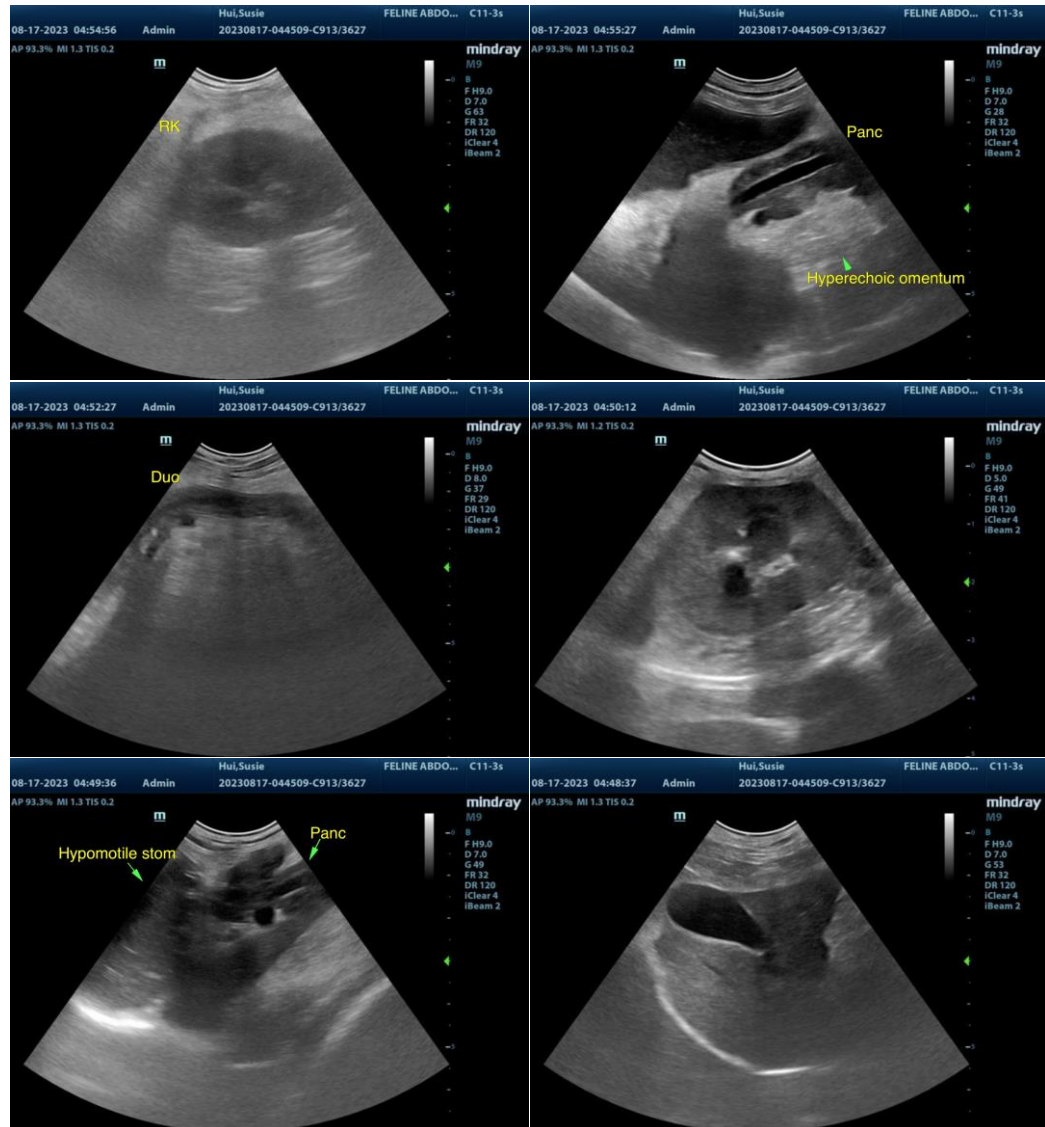
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com