

**PATIENT**

Rachel Babick

**PRESENTING CLINICAL SIGNS**

History: Dehydration. Anemia. Lethargy. Elevated ALT / GGT. Low T4.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

14yr

**WEIGHT**

3.21kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dave Stasiuk

**HOSPITAL NAME**

Healing Traditions

**REFERRING VET**

Dr. Vockeroth

**INVOICE**

11465ag

**DATE**

08/22/2022

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

Normal size and 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A small cyst containing anechoic fluid was present in the right kidney. The left kidney measured 3.7 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 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. The spleen measured 0.53 cm in width at the level of the hilus.

**Liver**

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

**Gastrointestinal**

The stomach presented intact wall layering. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm in width.

The small intestine presented intact wall layering with a prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum measured 0.30 cm in width. The jejunum measured 0.28 cm in width.

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

**Pancreas**



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The pancreas was normal in size with areas of minor capsule asymmetry and mild hypoechoic to non-homogeneous parenchyma and minor pancreatic duct dilation were present. Subtle evidence of peripancreatic hyperechoic mesentery was noted.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

- Intact yet prominent small bowel walls
- Suspect low grade chronic to chronic active pancreatitis
- Hepatopathy
- Mild chronic renal changes with small right kidney cyst

**SEX**

FS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

14yr

The small intestine exhibited evidence of underlying inflammatory enteropathy or patient variant given lack of GI signs.

**WEIGHT**

3.21kg

The pancreas was non-specific and may indicate patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible. This potential may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

The liver is suggestive of inflammatory hepatopathy such as cholangiohepatitis without overt evidence of neoplastic criteria. Assuming normal clotting status and using a 25g needle a hepatic FNA is recommended for screening cytology.

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Triad disease may a potential in this patient. A CBC pathology review may be considered for further assessment of the anemia.

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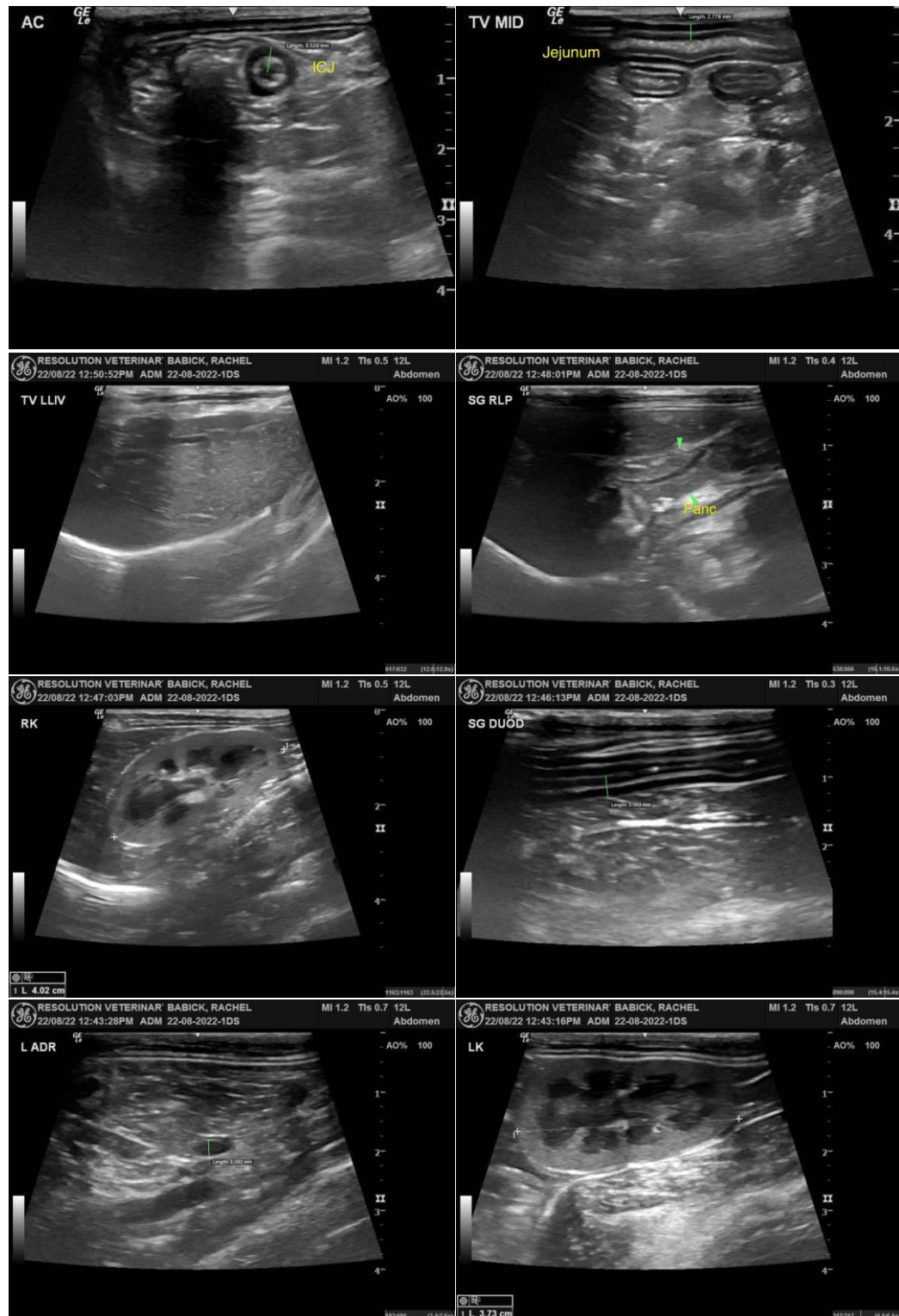
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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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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