



PATIENT

Indi Tutty

SPECIES

Feline

BREED

DSH

SEX

F/S

AGE

14 years

WEIGHT

2.78 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Resolution Vet
Ultrasound LTD

REFERRING VET

Dr. Rix

INVOICE

14677

DATE

8/23/22

PRESENTING CLINICAL SIGNS

Increased Precision PSL. Chronic vomiting. Hx of IBD.

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 kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.75 cm in length.

Adrenal Glands

The left adrenal gland was free of overt pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 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 was normal in size. The spleen measured 0.89 cm width at the level of the hilus.

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

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering. The lumen of the stomach was empty with mild luminal gas. No evidence of retained ingesta, fluid, or foreign material was noted. The gastric body wall width measured 0.30 cm.



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The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent intestinal muscularis layer. No evidence of loss of intestinal wall layering or intestinal masses was noted. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.23 cm width.

Normal visible colon wall layers were present with apparent formed to semi formed fecal matter.

Pancreas

The pancreas was mildly prominent with hypoechoic to nonhomogeneous parenchyma. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia. Concurrent pancreatic duct dilation was present.

Free Abdomen

Mildly prominent, intermittent midabdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of significant intraabdominal lymphadenopathy was noted. Small pockets of scant perihepatic to peri intestinal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic to chronic active pancreatitis pattern
- Intact yet prominent gastric and segmental small intestinal walls - likely consistent with chronic inflammatory gastroenteropathy, no overt evidence of neoplastic criteria
- Bilateral chronic renal changes
- Small pockets of scant perihepatic to peri intestinal free fluid
- Mild hepatic parenchyma remodeling - benign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As-needed supportive care for chronic-to-chronic active pancreatitis and chronic inflammatory gastroenteropathy, which may include as-needed antiemetic and gastroprotectant medication, and a bland to hydrolyzed diet would be reasonable.

Baseline renal staging to include urinalysis if not recently done +/- C/S and baseline UPC level could be considered. No overt evidence of intraabdominal neoplastic criteria was noted.



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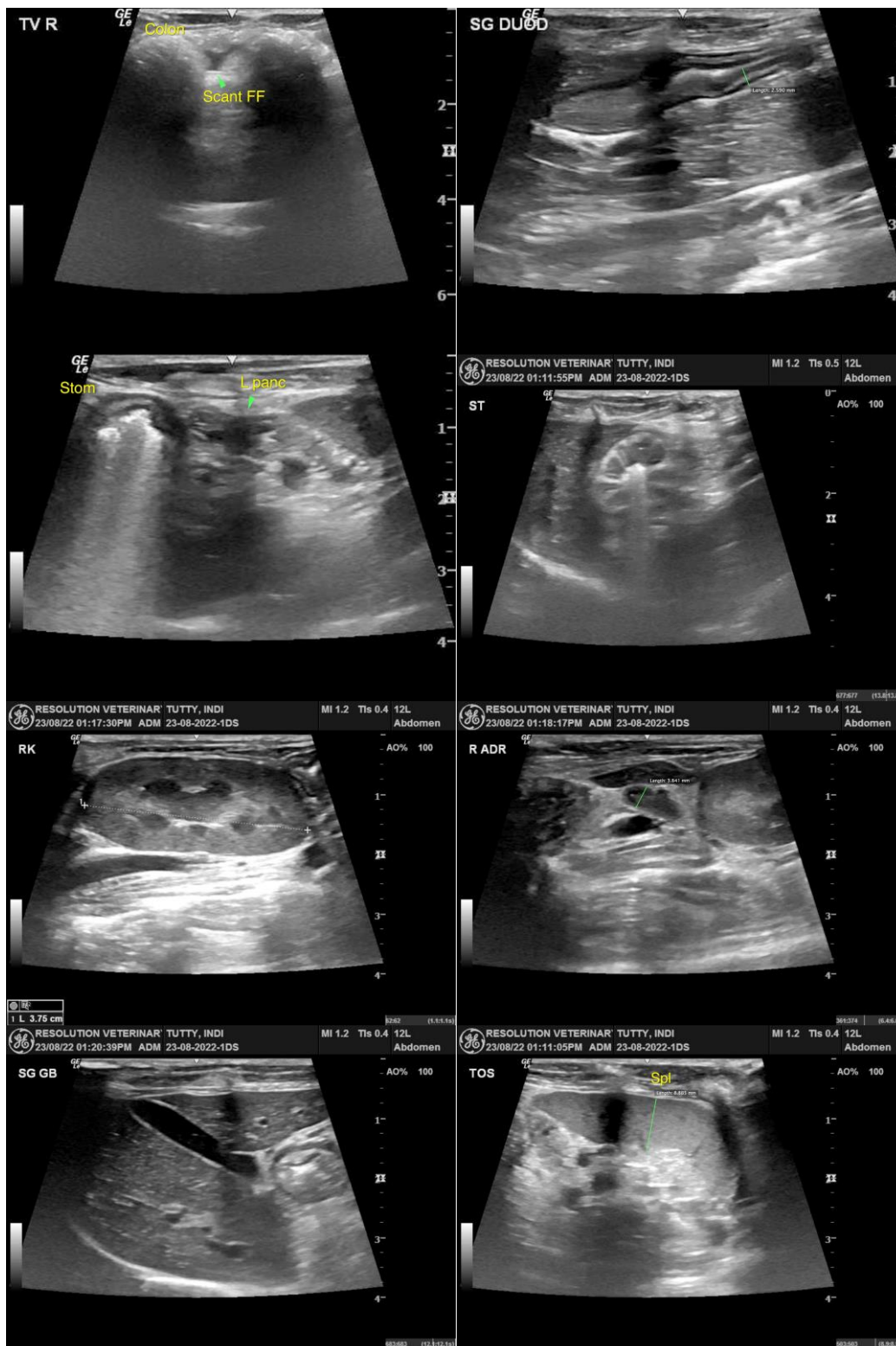
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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