



PATIENT PRESENTING CLINICAL SIGNS

Max Rogozinski Hyperthyroid, weight loss, muscle atrophy, occasional vomiting Methimazole 2.5 BID
 Unremarkable CBC, Unremarkable Chemistry Panel, T4 1.7

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

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 non-dependent, particulate sediment was present without evidence of calculus formation. Sediment may indicate minor cellular debris / protein, crystalline debris, mucus or lipid. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

SEX

MN

AGE

2010

The area of the aortic trifurcation was free of pathology.

WEIGHT

4.6 kg

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. A minor loss of corticomedullary border demarcation was present with mild increased cortex echogenicity. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

Spleen

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

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 0.97 cm width at the level of the hilus.

HOSPITAL NAME

Abby Road VH

Liver/ Gallbladder

REFERRING VET

Dr. Gerenser

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 proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.2 cm diameter.

INVOICE

14673

DATE

8/23/22



PATIENT *Gastrointestinal*

Max Rogozinski The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic fluid was present in the antrum and pylorus without evidence of obstructive pyloric mural pathology. the pylorus wall width measured 0.21 cm.

SPECIES

Feline The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis layer yet without evidence of overt intestinal wall thickening, loss of intestinal wall layering, and no visualized intestinal masses.

BREED

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

SEX

MN The pancreas presented mild asymmetrical enlargement exhibiting mildly hypoechoic parenchyma with concurrent pancreatic duct dilation. Subtle evidence of peripancreatic hyperechoic mesentery was present.

AGE

2010 *Free Abdomen* Minor colic lymphadenopathy not consistent with neoplastic criteria was noted. No evidence of additional lymphadenopathy or peritoneal free fluid was noted.

WEIGHT

4.6 kg

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Chronic to chronic active pancreatitis pattern
- Intact to subjectively mildly prominent small intestinal walls
- Mild nonobstructive proximal common bile duct dilation

Secondary Findings

- Minor chronic renal changes
- Mild urinary bladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

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The common bile duct dilation is nonspecific and may indicate age-related common bile duct changes or potential for cholangitis if previous history of hepatic enzyme elevations. At times, this finding may result in low-grade anorexia or lethargy.

REFERRING VET

Dr. Gerenser

The primary contributing factor to the patient's clinical signs may be secondary to chronic to chronic active pancreatitis.

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Although nonspecific with potential for patient variant, the small intestine exhibited subtle mural changes which may indicate underlying essentially structurally insignificant inflammatory enteropathy, given the patient's weight loss with controlled T4 levels. A GI panel to include PLI/TLI/ Cobalamin/ Folate is recommended for further assessment. If not done, three-view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor.

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PATIENT

Max Rogozinski

Empirically, as-needed GI support, as well as conservative therapy for chronic to chronic active pancreatitis with continued monitoring of gastrointestinal signs, weight loss, and potential recheck sonogram would be reasonable.

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REFERRING VET

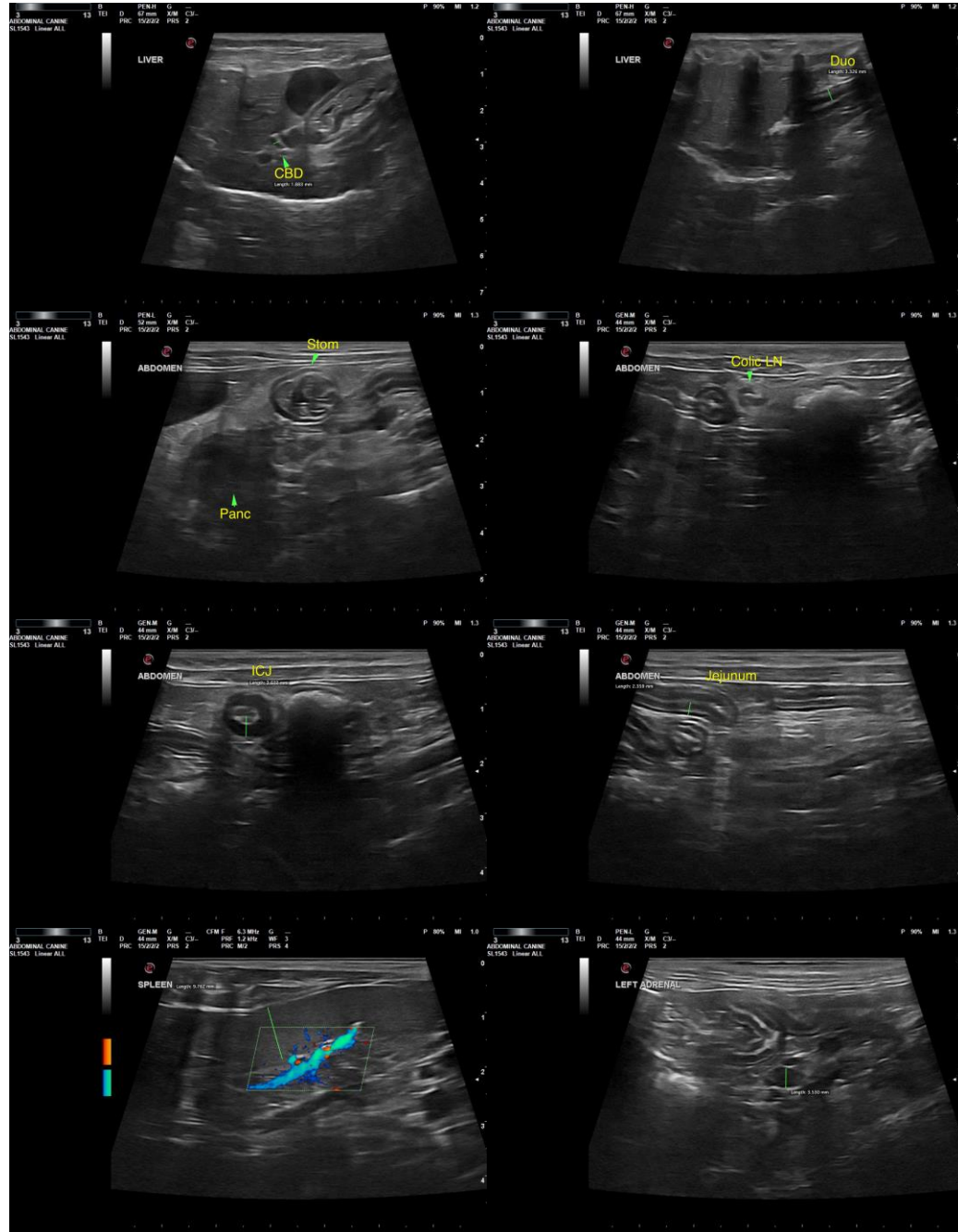
Dr. Gerenser

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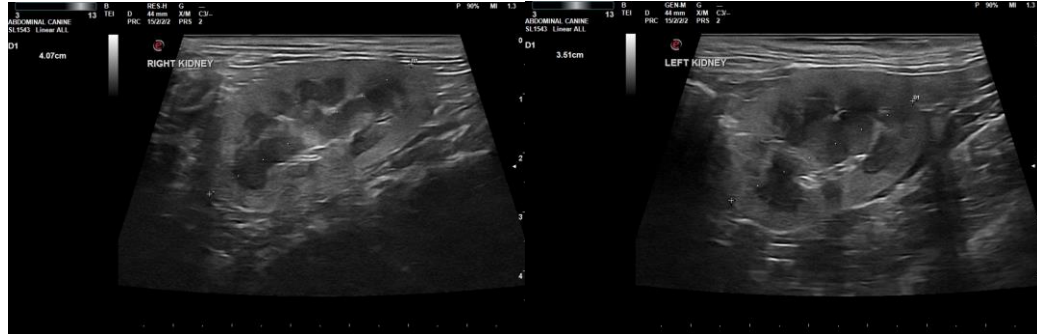
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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