



PATIENT

Alexis Weis

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

9.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24 Hr AH

REFERRING VET

Dr. Gruffy

INVOICE

24866

DATE

8/24/21

PRESENTING CLINICAL SIGNS

Patient despondent and anorexic last 3-4 days, Marked cranial abdominal pain. suspect. Patient severely obese body score 5/5. Patient on fluids and a NG tube is in place. On fentanyl for pain control
Abnormal PE/Chem/CBC/UA Results: Severe azotemia, and elevation of amylase and lipase. No fPL done at time of scan.

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 were noted.

The kidneys were normal in size with minor asymmetrical renal margination. 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. Mild pyelectasia present in both kidneys. No evidence of concurrent left or right ureter dilation. Potential for subtle retroperitoneal reactivity noted. No evidence of retroperitoneal effusion.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

Spleen

The spleen was mildly subnormal in size, potentially owing to volume contraction, yet 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.

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 mild, echogenic, nonmineralized biliary sludge. The common bile duct was normal.

Gastrointestinal

The stomach presented intact, subjectively normal wall layering with a normal wall layer ratio. The stomach was moderately dilated with retained, primarily anechoic fluid. No evidence of retained ingesta, foreign material, or mechanical pyloric outflow obstruction. Pylorus wall measured 0.22 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.34 cm. Jejunum wall measured 0.20 cm.

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



PATIENT

Alexis Weis

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

9.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24 Hr AH

REFERRING VET

Dr. Gruffy

INVOICE

24866

DATE

8/24/21

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild to moderate variable parenchymal swelling and regional peripancreatic reactivity and inflammation. No overt evidence of neoplasia.

Free Abdomen

No evidence of significant lymphadenopathy or peritoneal effusion.

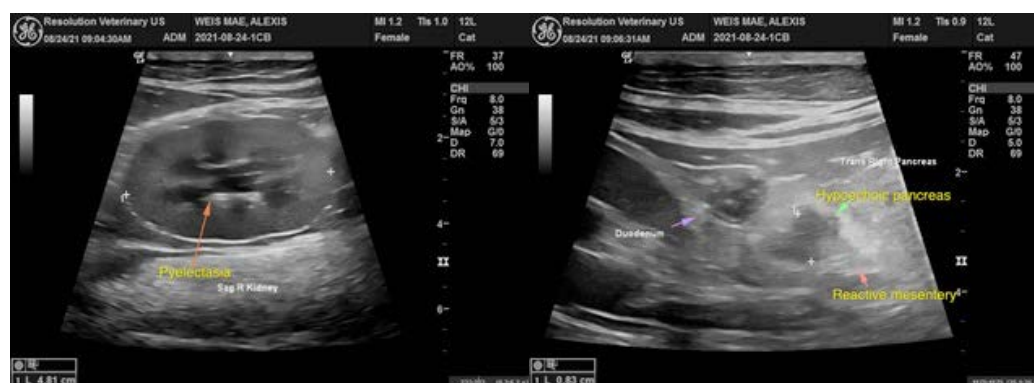
ULTRASONOGRAPHIC FINDINGS

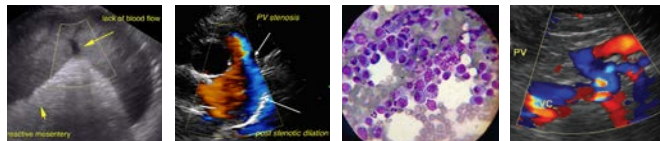
- Pancreatitis with regional peripancreatic reactive inflamed mesentery
- Gastric hypomotility and suspect duodenitis
- Bilateral subjective chronic nephropathy with minor pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the appearance of the pancreas is consistent with active, potentially acute pancreatitis and associated reactive to inflamed peripancreatic mesentery. Secondary metabolic gastric hypomotility and duodenitis is probable. Subjectively, the bilateral kidneys did not appear to be end stage, although potential for acute renal insult owing to pancreatitis is possible. The pyelectasia noted in both kidneys may be secondary to chronic renal changes, pelvic scarring, or IV fluid therapy.

Aggressive medical therapy for pancreatitis with as-needed gastrointestinal support and monitoring of renal parameters recommended. Correlation with urinalysis suggested to assess for prerenal versus renal azotemia. Monitoring for evidence of hypothermia or hypocalcemia suggested, as these may be negative prognostic indicators in cats with pancreatitis. Recheck sonogram may be considered pending clinical response to medical therapy.





PATIENT

Alexis Weis

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

9.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24 Hr AH

REFERRING VET

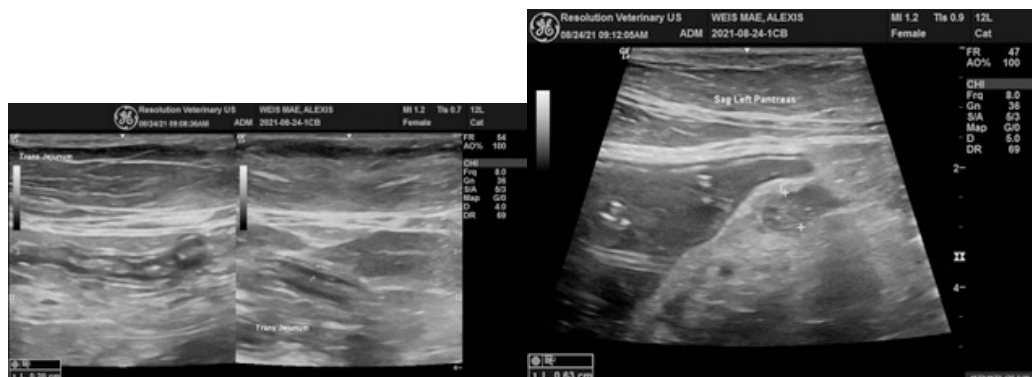
Dr. Gruffy

INVOICE

24866

DATE

8/24/21



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com