

PATIENT

Angel Lively

SPECIES

Feline

BREED

Domestic Short Hair

SEX

F/S

AGE

15

WEIGHT

7.60

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Cassidy Braverman,
CVT

HOSPITAL NAME

Bush Animal
Hospital

REFERRING VET

Dr. Yaeger

INVOICE

17080

DATE

8/26/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Chronic intermittent vomiting, weight loss 0.8 lb since 11/21
Abnormal PE/Chem/CBC/UA Results: Lab Findings: CBC-basophilia, chem-WNL, T4-WNL, specFPL elevated 4.8 (normal less than 3.5) Current Medications: cerenia 8mg SID Radiographic Findings: none taken

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 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 3.3 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

Both adrenal glands were overtly normal in size position and shape. The left adrenal gland measured 0.43 cm. The right adrenal gland measured 0.47 cm.

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.

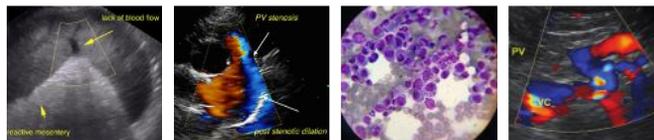
Liver/ Gallbladder

The liver was borderline to mildly enlarged in size. The liver parenchyma was heterogeneous. The hepatic and portal vasculature were normal in appearance without signs of congestion.

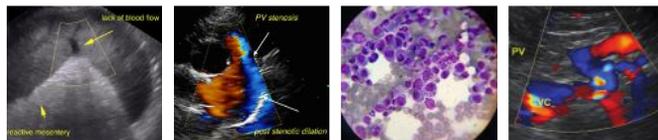
The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall measured 0.26 cm. The pylorus wall measured 0.29 cm.



PATIENT	The small intestine revealed intact to segmentally prominent wall layering. No overt evidence of loss of intestinal wall layering or intestinal masses. The lumen of the small intestine contained mild retained anechoic luminal fluid. The jejunum wall measured 0.26 cm. The ileocolic wall measured 0.46 cm.
Angel Lively	
SPECIES	Normal visible colon wall layers were present with subjective semi-formed to soft fecal matter.
Feline	Pancreas
BREED	The pancreas was variably prominent in size exhibiting areas of capsule asymmetry. Nonhomogeneous mildly hypoechoic parenchyma with generalized tortuous pancreatic duct dilation.
Domestic Short Hair	
SEX	Free Abdomen
F/S	Intermittent enlarged mesenteric lymph nodes were present adjacent to the ileocolic junction. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.47 cm in diameter. Small pockets of scant periintestinal free fluid were noted.
AGE	
15	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<ul style="list-style-type: none"> • Bilateral moderate chronic renal changes • Subjective borderline to mild hepatomegaly exhibiting nonhomogeneous parenchyma • Chronic to chronic active pancreatitis pattern • Intact yet segmental to generalized prominent small bowel walls • Intermittent mildly prominent to hypoechoic mesenteric lymph nodes • Small pockets of intermittent scant periintestinal free fluid
7.60	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	A primary contributor to the patients chronic vomiting may be secondary to chronic to chronic active pancreatitis. Potential for concurrent underlying small intestinal disease and/or hepatopathy given the patients weight loss and short hepatic enzyme half-life in cats cannot be definitively excluded. The possibility of triad disease may be a consideration in this patient. Further assessment may include hepatic screening cytology assuming normal status and using a 25-gauge needle, as well as a GI panel to include PLI/TLI/Cobalamin/Folate. Potential for underlying emerging hepatogastrointestinal neoplastic criteria considered a less likely differential diagnosis. Empirically, conservative therapy for chronic to chronic active pancreatitis with as needed GI support and/or empirical triad disease protocol would be reasonable with assessment of clinical response.
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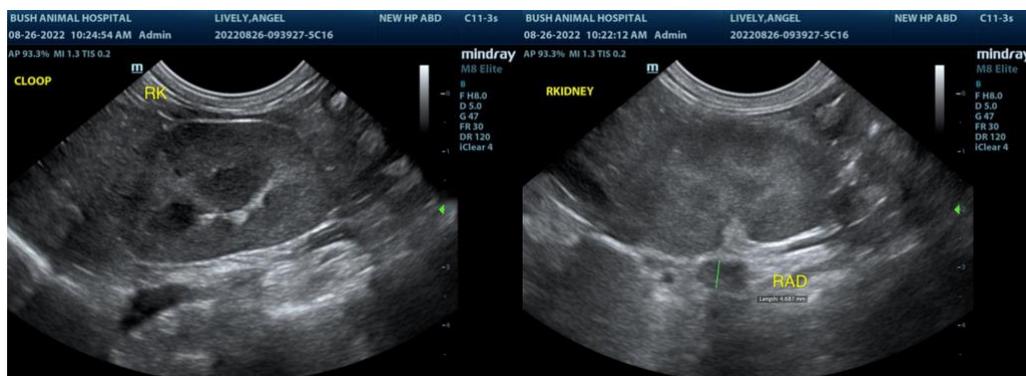
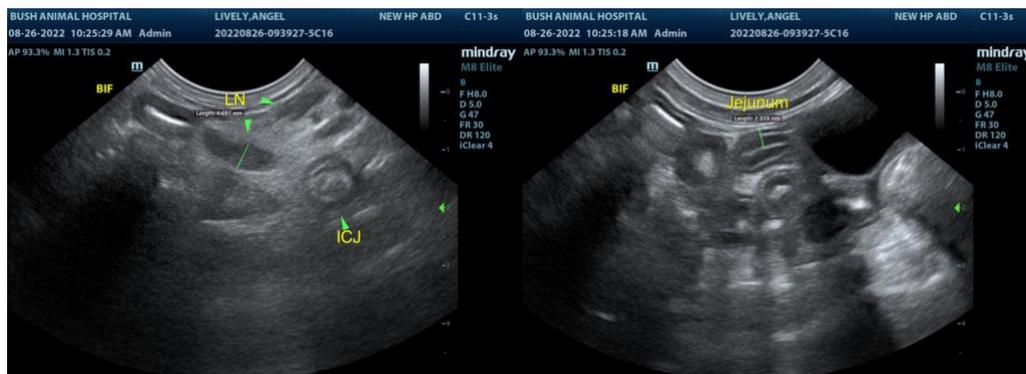
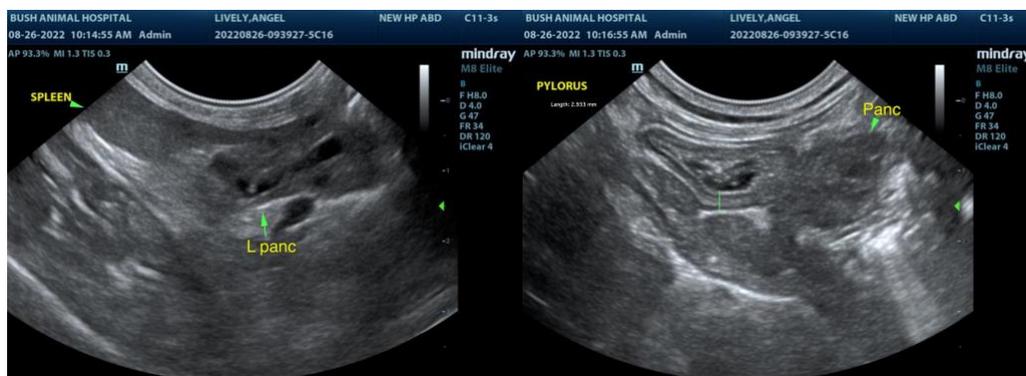
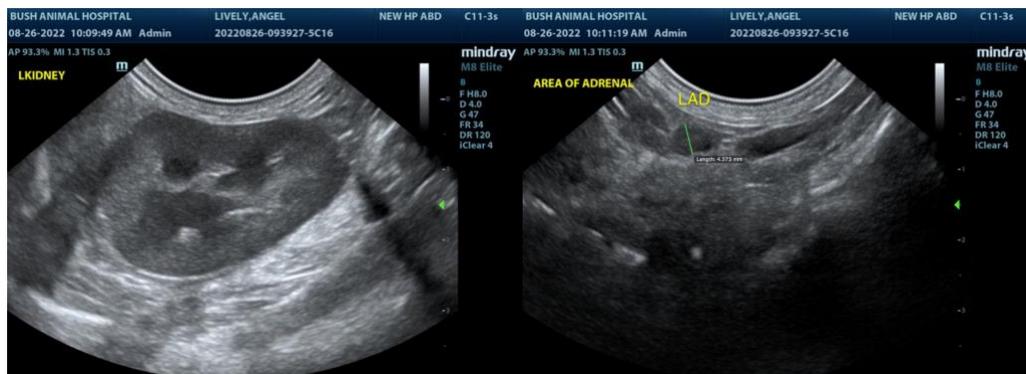
Dr. Yaeger

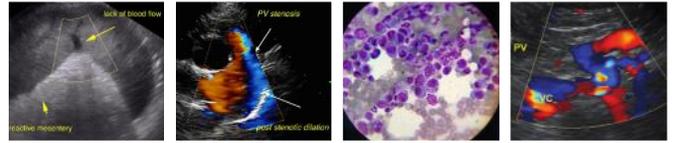
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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