



PATIENT

Lexi Big Smoke

SPECIES

Feline

BREED

DSH

SEX

F/S

AGE

14 years

WEIGHT

3.6 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Alpine 24/7

REFERRING VET

Dr. Sasa Karagic

INVOICE

14496

DATE

8/3/22

PRESENTING CLINICAL SIGNS

Chronic vomiting. Normal labs.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.3 cm width. The right adrenal gland was not definitively visualized owing to increased omental artifact in the area of the right adrenal gland.

Spleen

A mildly expansive, homogeneous, isoechoic to mildly hypoechoic splenic nodule measuring approximately 1.7 cm x 1.0 cm. Subtle splenic parenchyma heterogeneity was present in the portions of the spleen not involved with the nodule. The nodule resulted in mild primarily symmetrical distortion of the associated regional splenic capsule, yet without evidence of parenchymal escape.

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. Mild nondependent particulate mildly hyperechoic gallbladder debris was present with the gallbladder otherwise normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. 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 width measured 0.25 cm.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent small intestinal wall layering owing to mildly



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prominent muscularis layer. The small intestinal wall width measured 0.27 cm. The ileocolic wall width measured 0.35 cm.

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

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Pancreas

The discernable pancreas exhibited areas of capsule asymmetry with nonhomogeneous to mixed echogenic parenchyma and minor pancreatic duct dilation. Multiple, variably sized, hypoechoic nodules to homogeneous mass lesions were present in the area of the subjective pancreas base and proximal left and right pancreatic limb. An example of nodular mass lesion in the area of the pancreas measured 2.3 cm in diameter. Regional peripancreatic hyperechoic mesentery was present.

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Free Abdomen

No evidence of peritoneal free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

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- Irregular to nodular pancreas with homogeneous mass lesion in the area of the subjective pancreas base, regional peripancreatic hyperechoic mesentery
- Mild expansive homogeneous splenic nodule
- Mild chronic renal changes
- Intact yet segmentally prominent small intestinal walls

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The irregular to hypoechoic nodular pancreas with a homogeneous mass lesion in the area of the subjective pancreas base may indicate Inflammation i.e., pancreatitis with potential for neoplastic criteria.

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Multiple etiologies for the mildly expansive splenic nodule such as hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia are possible. Further assessment may include, assuming normal clotting status and using a 25-gauge needle, ultrasound-guided FNA of the pancreas and splenic nodules. Is warranted for screening cytology.

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The small intestine exhibited subtle segmental mural changes which, although potential for a patient variant, may suggest concurrent segmental mild inflammatory enteropathy / IBD. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

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Empirically, as-needed gastrointestinal support and medical therapy for pancreatitis with assessment of clinical response would be reasonable. A guarded prognosis pending cytology is warranted.

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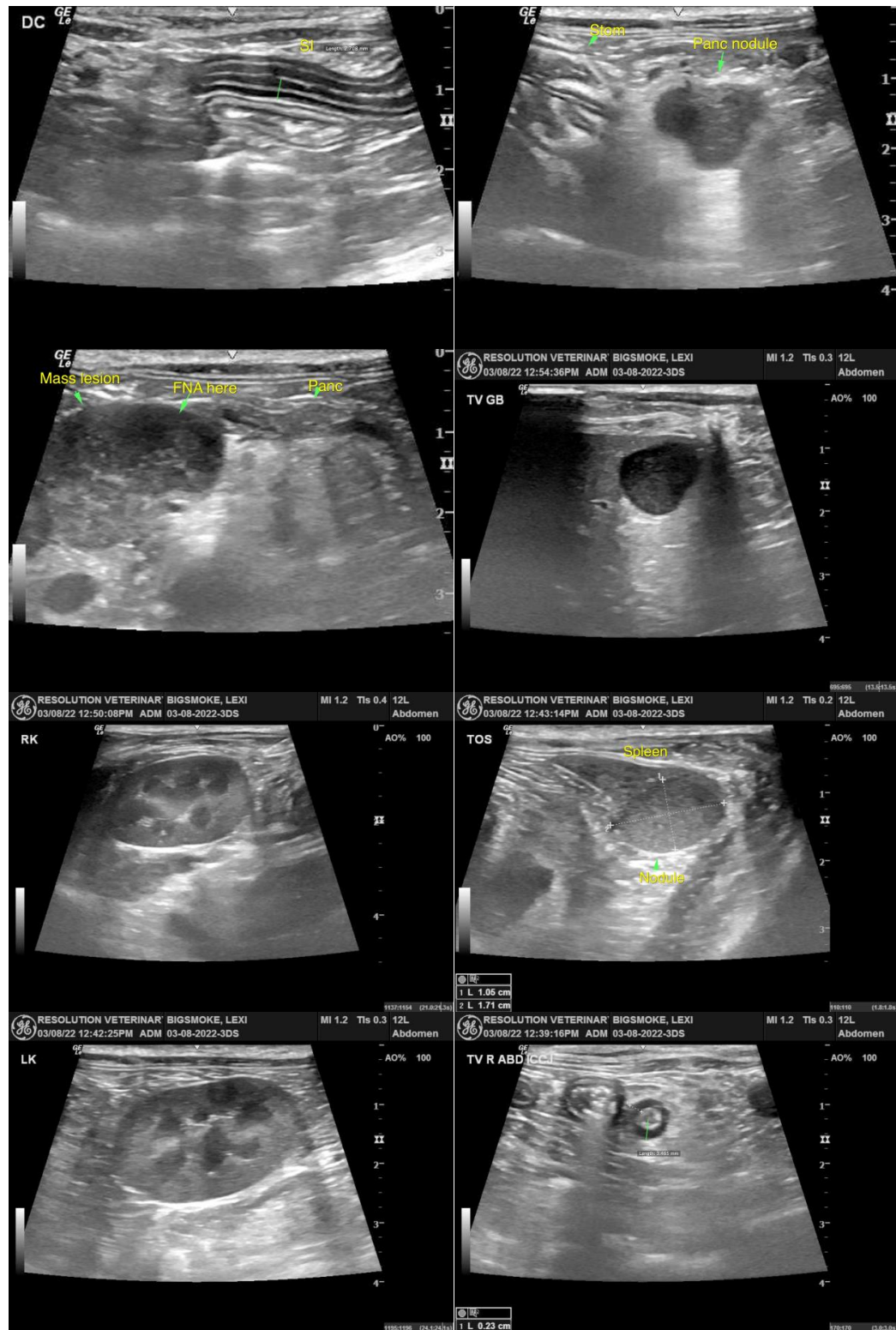
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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