



PATIENT	PRESENTING CLINICAL SIGNS
Gabby LTAL	Presented for evaluation. History of diarrhea that is non-responsive to metronidazole, Been on a hydrolyzed diet with no improvement
SPECIES	Abnormal PE/Chem/CBC/UA Results: Bloodwork - fpl + No other abnormalities on bloodwork Owner relinquished to rescue organization that consented to ultrasound
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DSH	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.
SEX	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 loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia noted in the left kidney.
Neutered Male	The area of the aortic trifurcation was free of pathology.
AGE	Adrenal Glands
13 Years	No obvious pathology in the area of the left and right adrenal glands.
WEIGHT	Spleen
7	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.99 cm in width.
INTERPRETED BY	Liver
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.
IMAGING PERFORMED BY	Gastrointestinal
Dr. Waffle	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. Gastric body wall measured 0.26 cm.
HOSPITAL NAME	INVOICE
Torch Lake VC	25085
REFERRING VET	DATE
Dr. Waffle	8/31/21
	The visualized small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.20 cm.
	Normal visible colon wall layers were present with subtle distention with nonformed to soft feces.



PATIENT

Pancreas

Gabby LTAL

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

7

INTERPRETED BY

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

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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 variable parenchymal swelling and mild peripancreatic inflammation. A non-homogeneous to cystic expansive mass was noted within the mid to cranial abdomen, directly caudal to the stomach in the area of the mid pancreas, measuring approximately 4.5 cm x 3.0 cm. Associated mildly prominent to mildly hypoechoic probable pancreaticoduodenal to cranial omental lymphadenopathy was present. Example of lymph node measured 0.76 cm. Potential for small pockets of scant free fluid noted with generalized cranial abdominal echogenic mesentery.

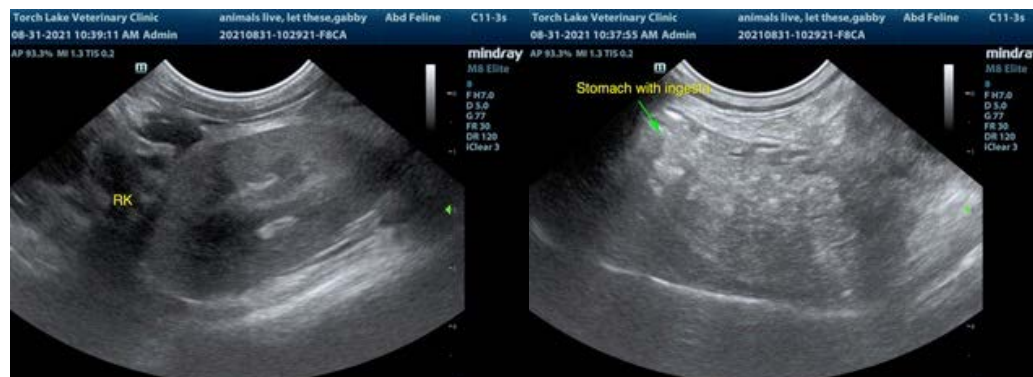
ULTRASONOGRAPHIC FINDINGS

- Non-homogeneous to cystic mid to cranial abdominal mass – strongly suspect pancreatic origin with primary concern for neoplasia, potential for non-pancreatic origin (i.e., lymphatic, non-obvious gastrointestinal, or other origin possible).
- Associated pancreaticoduodenal to cranial omental lymphadenopathy – reactive hyperplasia, lymphadenitis, or early neoplastic lymphadenopathy possible.
- Bilateral chronic renal changes with mild left kidney pyelectasia.
- Retained gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

If not recently done, GI panel to include PLI, TLI, cobalamin and folate, fresh fecal analysis to assess for parasitic ova/giardia, +/- diarrhea PCR panel may be considered. Assuming normal clotting status, ultrasound guided FNA of the probable pancreatic mass may be considered for screening cytology. 3-view chest radiographs recommended.





PATIENT

Gabby LTAL

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

7

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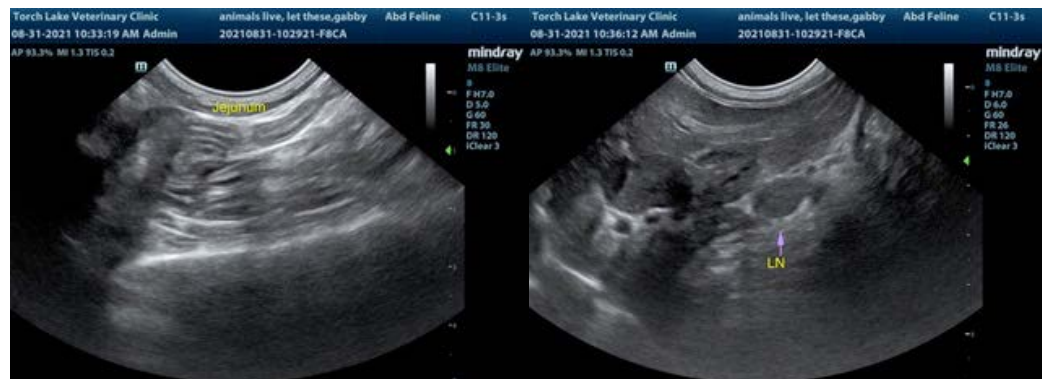
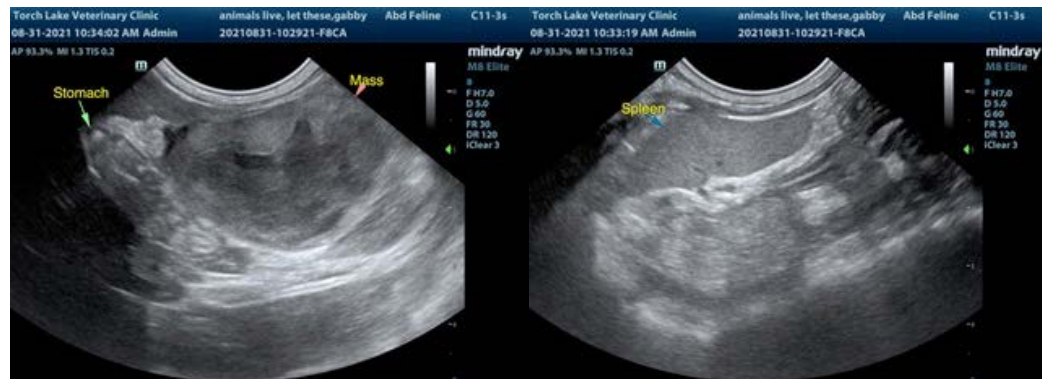
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PATIENT

Gabby LTAL

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.

SPECIES

Feline

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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BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

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