

**PATIENT**

Lexi Hanrahan

**PRESENTING CLINICAL SIGNS**

History: V/D. Dehydration. ADR.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

3yr

**WEIGHT**

3.5kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dave Stasiuk

**HOSPITAL NAME**

Resolution Veterinary  
Ultrasound

**REFERRING VET**

Alpine 24/7

**INVOICE**

11322ag

**DATE**

08/08/2022

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

**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**

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 with minor luminal debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. The pylorus wall measured 0.32 cm in width.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse mild ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The duodenum wall measured 0.22 cm in width. The jejunum wall measured 0.21 cm in width.

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



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**Pancreas**

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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 reactivity / inflammation. No overt evidence of neoplasia.

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Feline

**Free Abdomen**

Focal to intermittent scant pockets of peri intestinal to peritoneal effusion was present.

**BREED**

DSH

Focal, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 0.30 cm width.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

3yr

- Pancreatitis
- Gastroenterocolitis pattern with gastric and segmental intestinal hypomotility
- Intermittent minor benign/reactive mesenteric lymph nodes
- Minor gallbladder debris-incident, suspected to be secondary to fasting

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

3.5kg

The primary cause of the patient's clinical signs may be owing to pancreatitis, potential for concurrent nonspecific enteropathy i.e. viral/bacterial/parasitic/toxin etc. or less likely occult infiltrative neoplasia is possible. A spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically medical therapy for pancreatitis and nonspecific gastroenteritis with assessment of clinical response would be reasonable. Recheck sonogram recommended if persistent/progressive clinical signs despite empirical therapy to assess for progressive inflammatory pancreatic or gastrointestinal changes.

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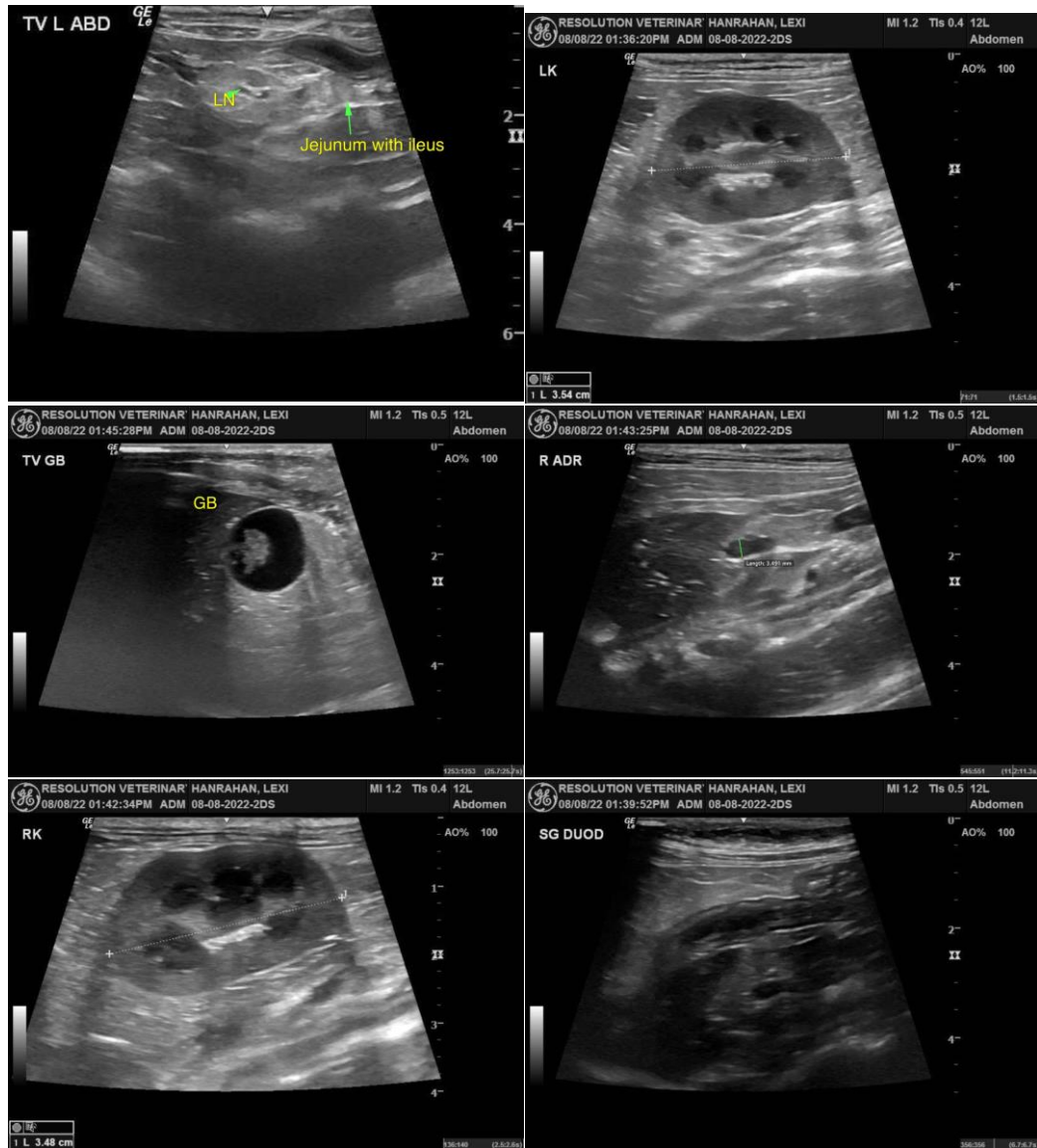
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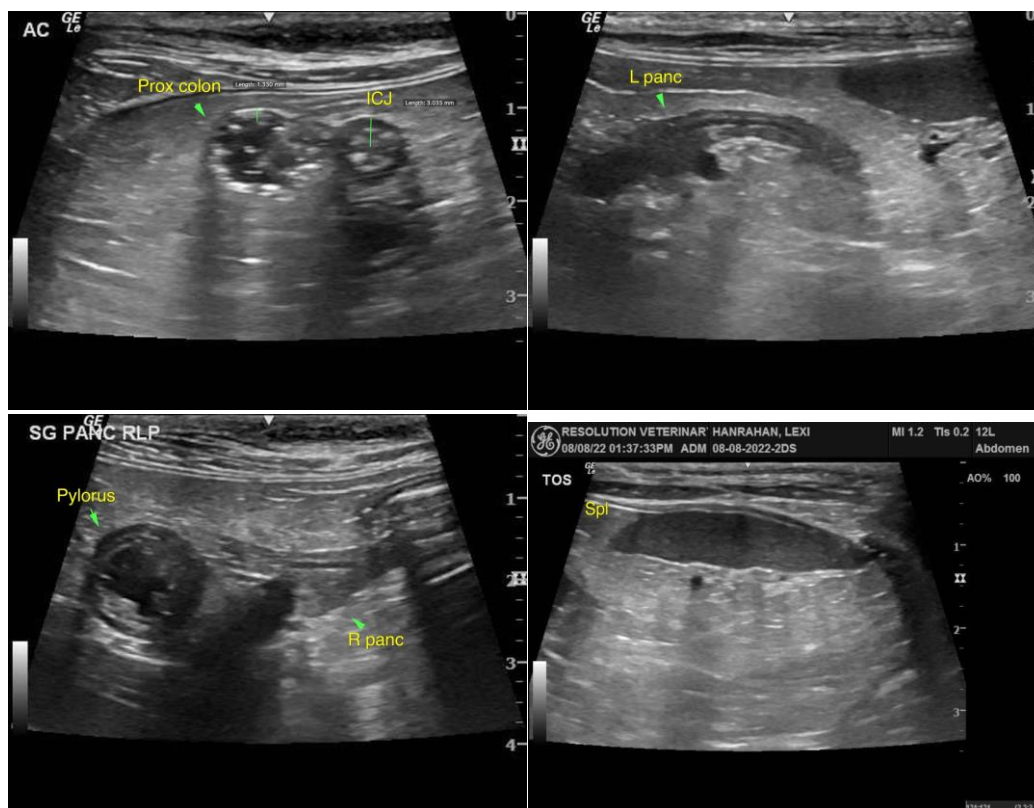
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com