



PATIENT PRESENTING CLINICAL SIGNS

Gabby Heabner History: Episodes of abdominal distention, low K+, high BG
 Medication: K+

SPECIES Fluctuating borderline to low potassium, increased blood glucose.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Domestic Shorthair

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

FS

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. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm. The right kidney measured 3.9 cm. The previously noted static caudal cortical nodule was present in the right kidney.

AGE

14 years

The area of the aortic trifurcation was free of pathology.

WEIGHT *Adrenal Glands*

13.4 Pounds

The left adrenal gland exhibited subjective mild to moderate enlargement with non-homogeneous yet non-mineralized parenchyma, subjectively measuring 1.0 cm in width. The right adrenal gland was indistinctly visualized, subjectively measuring 0.59 cm in width.

INTERPRETED BY *Spleen*

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

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. The spleen measured 1.0 cm in width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver

HOSPITAL NAME

Maple Hills VH

The liver was subjectively normal in size and contour. Subtle uniform, subjectively increased hepatic parenchyma echogenicity was noted. No masses or nodules. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The gallbladder debris is non-specific and may be owing to fasting or potential non-clinical cholestasis. The cystic duct and common bile ducts were normal without evidence of dilation.

REFERRING VET *Gastrointestinal*

Dr. Banzhof

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited moderate distention with retained anechoic fluid. No evidence of mechanical pyloric outflow obstruction, retained ingesta, or overt foreign material. Gastric body wall measured 0.25 cm.

INVOICE

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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 0.30 cm.

DATE

9.10.2021

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



PATIENT *Pancreas*

Gabby Heabner

SPECIES

Feline

BREED

Domestic Shorthair

SEX

FS

AGE

14 years

WEIGHT

13.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

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REFERRING VET

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The left pancreatic limb exhibited prominent size, asymmetrical contour, and non-uniform, hypoechoic parenchyma compared to adjacent reactive peripancreatic omentum. A solitary, mildly expansive, hypoechoic to anechoic cyst versus nodule was noted in the left pancreatic limb, measuring 1.9 cm in diameter. The pancreas base and right pancreatic limb exhibited mild prominent size and asymmetrical contour with non-homogeneous, heterogeneous to mildly echogenic parenchyma with intermittent hypoechoic nodules.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

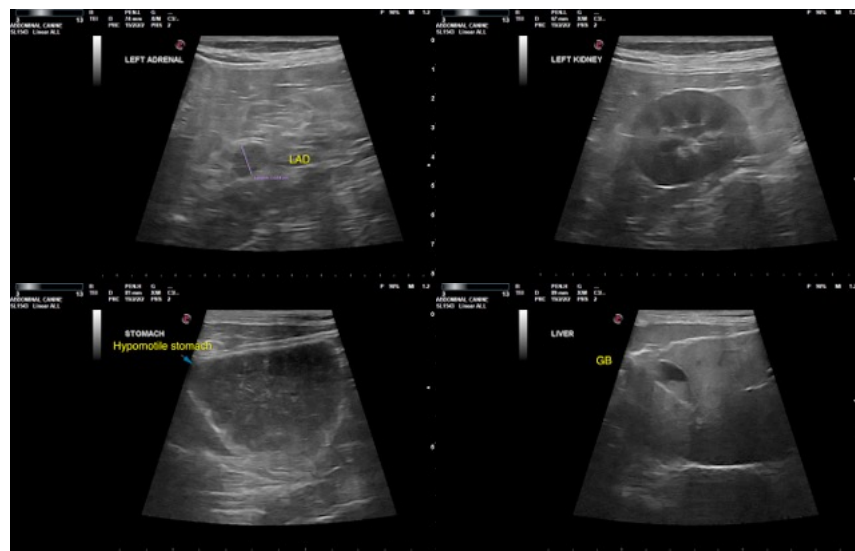
ULTRASONOGRAPHIC FINDINGS

- Bilateral static chronic renal changes with previously noted right kidney infarct
- Subjectively prominent to enlarged left adrenal gland
- Variably echogenic to nodular pancreas with left pancreatic limb, mildly expansive cyst versus nodule, regional peripancreatic reactive mesentery
- Hypomotile stomach – subjective metabolic stasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, the overall pancreas exhibited chronic active to mixed inflammatory pattern with evidence of parenchymal remodeling and suspect pancreas base to right pancreatic nodular hyperplasia. However, given the expansive nature of the cyst versus nodule in the left pancreatic limb, potential for an emerging neoplastic process is possible, less likely abscess.

Assuming normal clotting status, ultrasound guided FNA of the left limb cyst versus nodule using 25-gauge needle is recommended for screening cytology. Serum aldosterone levels and assessment of blood pressure recommended given the borderline to low potassium levels and subjective left adrenomegaly. Additional adrenal workup may be considered if evidence of diabetes. Empirically, as-needed gastrointestinal support and potassium supplementation would be appropriate pending additional diagnostics.





PATIENT

Gabby Heabner

SPECIES

Feline

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Domestic Shorthair

SEX

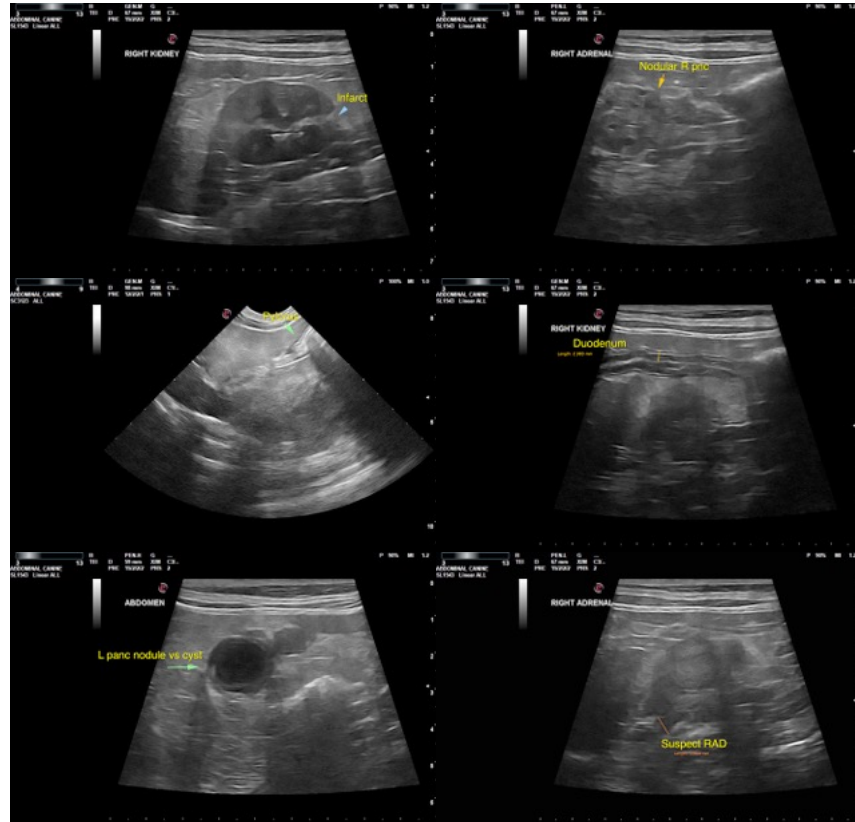
FS

AGE

14 years

WEIGHT

13.4 Pounds



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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.

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