



PATIENT

Jackie Parcels

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

16

WEIGHT

7

INTERPRETED BY

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

IMAGING PERFORMED BY

Harmon

HOSPITAL NAME

Willamette VH

REFERRING VET

Harmon

INVOICE

14869

DATE

9/15/22

PRESENTING CLINICAL SIGNS

p has HX of suspect IBD, on hypoallergenic diet, presented to rDVM 9/13 after episode of vomiting and possible collapse, p weak in hind end and slightly ataxic/wobbly, dx with poss LS compression and hypokalemia (2.9). Ataxia/weakness worsened and p presented to rDVM 9/14, started on IV fluids and KCl supplementation, rDVM has concern for possible emerging neoplasia or other underlying cause
No azotemia, normal T4

Abnormal PE/Chem/CBC/UA Results: 9/13 K 2.9 pSL 35 9/14 K 2.4, Lac 4.12, BG 165. PCV 38%, TS 7.6

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 blood flow on doppler assessment was noted in the area of the iliac trifurcation. No evidence of thrombus is noted.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor medullary mineral was noted in both kidneys. The left kidney measured 3.6 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape without overt evidence of pathology or neoplastic criteria. The left adrenal gland measured 0.51 cm width. The right adrenal gland was indistinctly visualized and subjectively measured 0.44 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. The spleen measured 0.66 cm width at the level of the hilus. No evidence of splenic neoplastic criteria was noted.

Liver/ Gallbladder

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 proximal common bile duct was minorly dilated and



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tortuous. No evidence of post hepatic obstruction. This is likely consistent with age-related common bile duct changes and incidental. The common bile duct dilation measured 0.15 cm diameter.

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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 0.35 cm.

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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. The duodenum wall measured 0.33 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.32 cm width.

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

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Pancreas

The left pancreatic limb exhibited subtle prominent size with primarily maintained symmetrical capsule contour and heterogeneous to minor hypoechoic parenchyma compared to adjacent omentum. Minor pancreatic duct dilation was present.

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Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

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- Sonographically unremarkable gastrointestinal tract
- Suspect low-grade chronic / chronic active pancreatitis
- Mild to moderate chronic renal changes exhibiting minor medullary mineral
- Overtly normal bilateral adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of intraabdominal neoplastic criteria, specifically, no obvious evidence of adrenal pathology, i.e., adrenal masses, as an obvious or contributing factor to the patient's hypokalemia and ataxia. Given the patient history, potential for structurally insignificant inflammatory gastroenteropathy in combination with suspect low-grade chronic to chronic active pancreatitis as a potential cause of the patient's vomiting is possible. Correlation with a Spec fPL or GI panel if evidence of weight loss is suggested.

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If persistent to recurrent hypokalemia, as well as episodes of ataxia / weakness, or evidence of hypertension, aldosterone levels and/or sonographic reassessment in the area of the left and right adrenal glands may be considered. A thorough neurological exam is suggested if not done.



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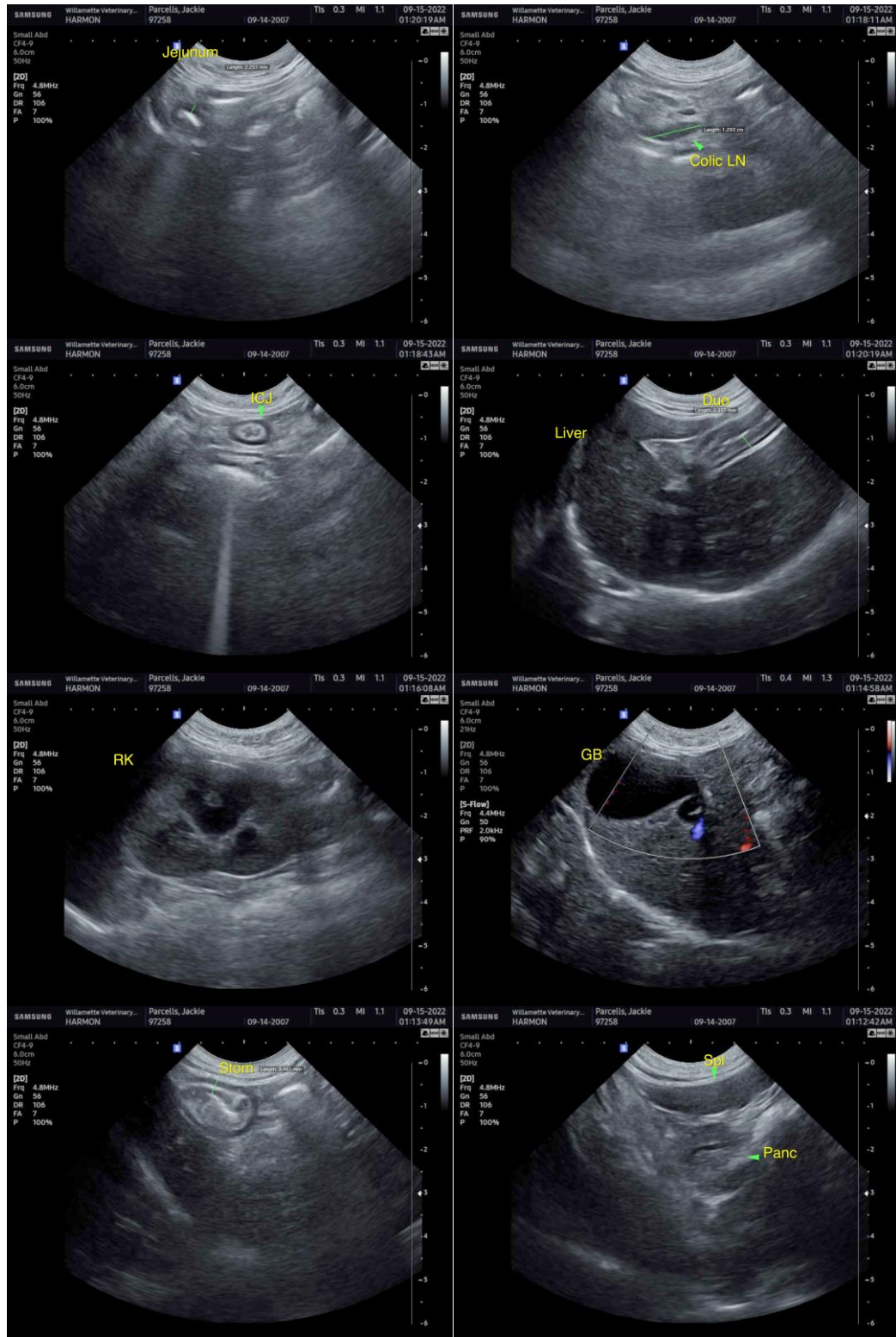
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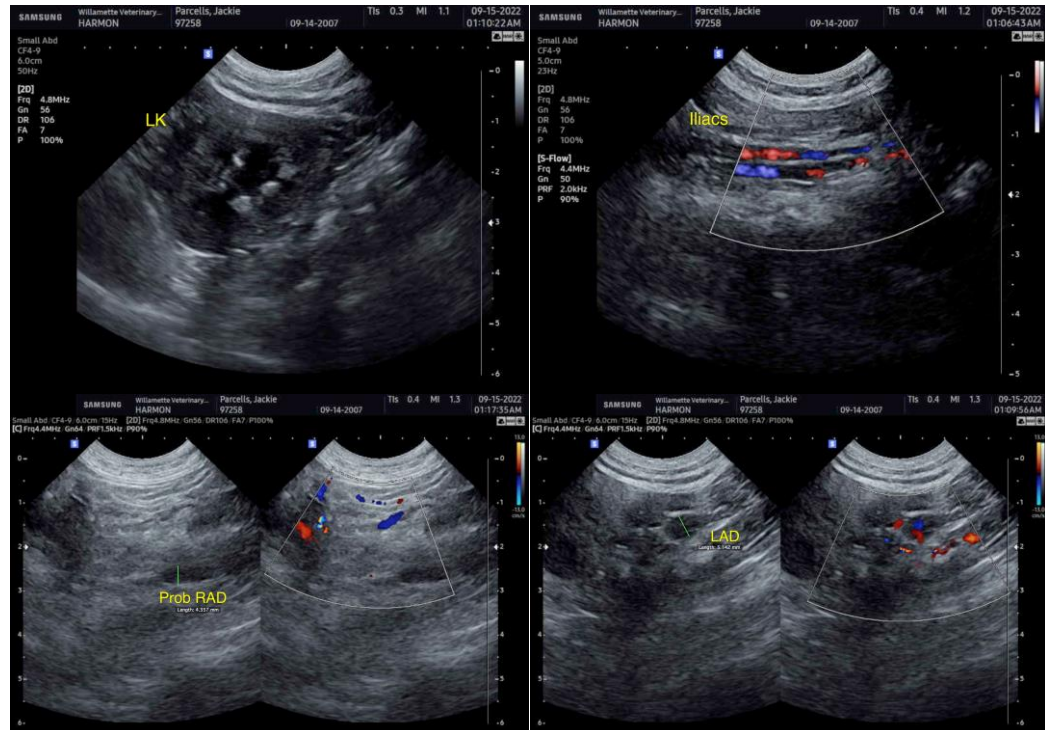
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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