



PATIENT

Littles Thomson

SPECIES

Feline

BREED

DSH

SEX

F/S

AGE

11 years

WEIGHT

6.23 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

La Paw Animal
Hospital

REFERRING VET

Deb LaPaugh DVM

INVOICE

14953

DATE

9-22-22

PRESENTING CLINICAL SIGNS

Littles presented to BAESC Referral Ultrasound for evaluation of the following: - Weight loss, vomiting, and liquid stool. - Owner doing multiple small meals with added water. No vomiting in a few days. Primary Problem(s): suspect large mass cranial abdomen - would like US needle aspirate to help diagnosis Current Medication: Cerenia, albon
Abnormal PE/Chem/CBC/UA Results: Pertinent PE: -always been obese (18lbs) but 2 days ago 13.8lbs, abdomen tender Diagnostic Tests Performed/Results: - no blood since saw mass in abdomen, owner was to think on it - abdominal rads= large cranial abdominal mass. Upon completion of the AUS, blood was collected and submitted for analysis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 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 4.2 cm in length. The right kidney measured 4.2 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 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 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/ 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 mildly dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.18 cm diameter.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta exhibiting progressive to mildly strong distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction was noted. The stomach was otherwise normal. The pylorus wall width measured 0.28 cm.

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 0.24 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.32 cm width.

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

Pancreas

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract with progressive to strongly shadowing gastric ingesta
- Suspect mild pancreatitis
- Minor non-obstructive proximal common bile duct dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation associated with the pancreas is recommended.

No overt evidence of structural gastric intestinal pathology was noted, although the potential for hairball-type density in the stomach cannot be definitively excluded. Correlation with most recent meal ingestion is recommended. Given the weight loss and GI signs in this patient, a GI panel to include PLI/TLI/Cobalamin/Folate is warranted.

This proximal common bile duct dilation may suggest age-related changes or secondary to underlying cholangitis / cholangiohepatitis, especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

No evidence of intraabdominal neoplastic criteria or intraabdominal mass was noted. Pending GI panel, or if not elected, continued empirical gastrointestinal support and therapy for suspect mild pancreatitis would be reasonable.



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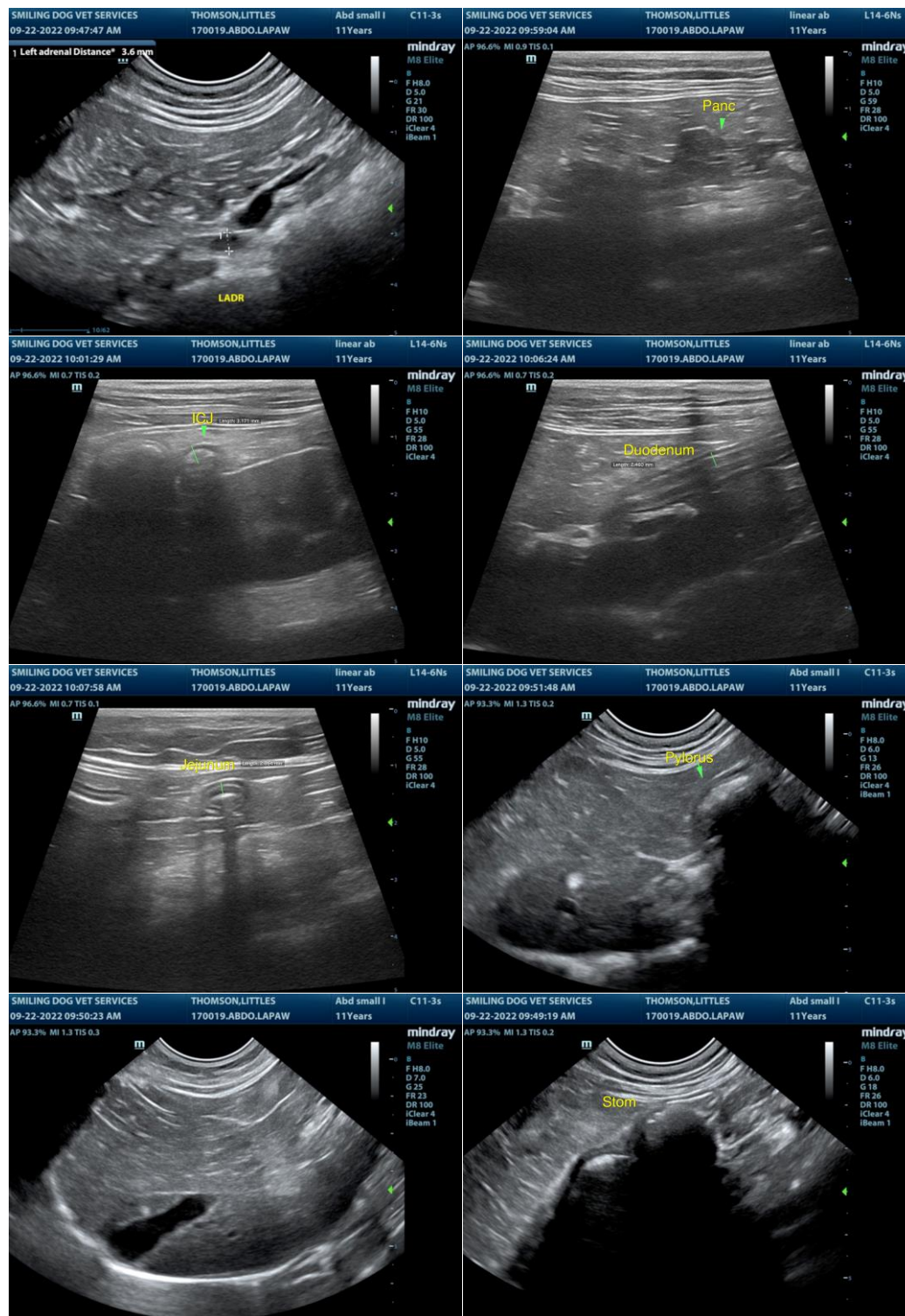
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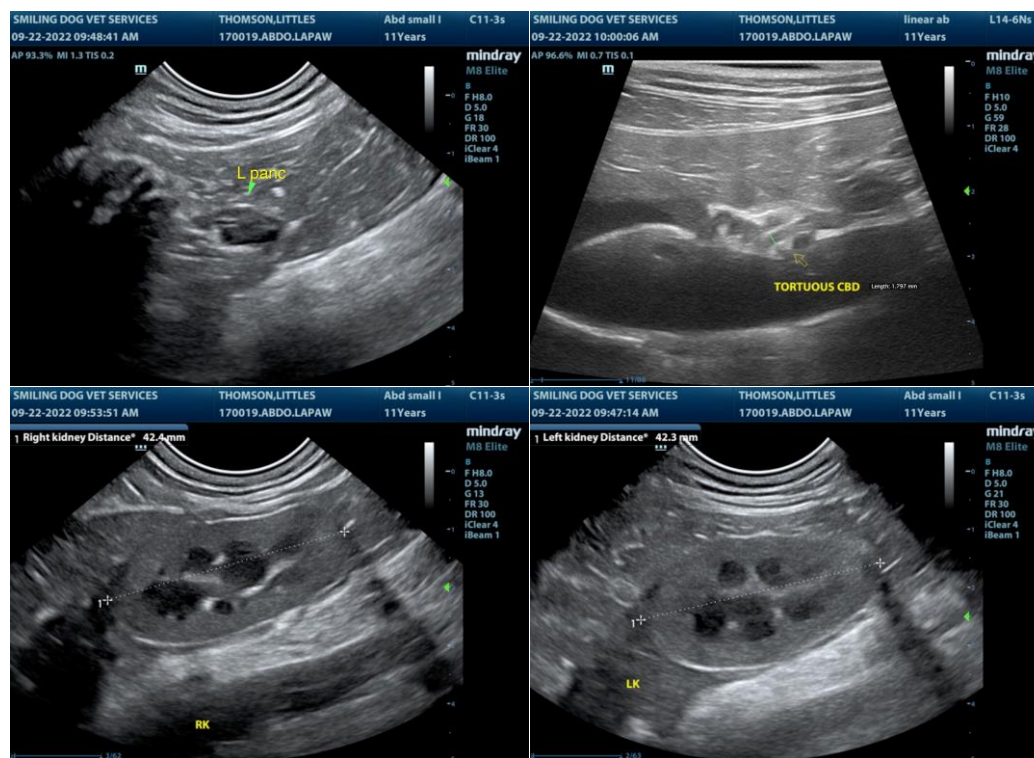
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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