



**PATIENT**

Bizzle Taylor

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

8 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Christina Sitton

**HOSPITAL NAME**

Sherwood Family PC

**REFERRING VET**

Christina Sitton

**INVOICE**

17410

**DATE**

9/23/22

**PRESENTING CLINICAL SIGNS**

History: ADR, inappetence  
Abnormal PE/Chem/CBC/UA Results: abdominal distention, palpable mass/thickening, icteric MM, muscle mass loss BW/UA/CBC: pending hospitalizing today

**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 were noted.

No overt pathology in the area of the iliac trifurcation. No evidence of medial iliac or sublumbar lymphadenopathy/masses.

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 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 in length. The right kidney measured 4.0 cm in length.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**Spleen**

The spleen was overtly normal in size, shape and echogenicity, measuring 0.9 cm in width at the level of the hilus.

**Liver**

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic content with mildly hyperechoic luminal debris. The common bile duct revealed proximal to mid tortuous dilation, which did not appear to extend to the level of the duodenal papilla, measuring 0.3 cm in diameter. The common bile duct contained subjective anechoic content.

**Gastrointestinal**

The stomach exhibited moderate distention with retained anechoic fluid. Sonographically unremarkable wall layering was noted without evidence of mechanical pyloric outflow obstruction.

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.

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



**PATIENT**

***Pancreas***

Bizzle Taylor

The left pancreatic limb exhibited enlargement with rounded to mild asymmetrical contour and hypoechoic parenchyma with minor pancreatic duct dilation compared to adjacent hyperechoic peripancreatic omentum.

**SPECIES**

***Free Abdomen***

Feline

Moderate to marked volume peritoneal free fluid was noted, exhibiting mild echogenic changes, suggestive of mild cellularity. Generalized primarily mid abdominal nonuniform to hypoechoic nodular mesentery was noted.

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DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Left limb pancreatitis pattern- potential for pancreatic neoplastic criteria is possible
- Generalized primarily mid abdomen nonuniform to hypoechoic nodular mesentery
- Moderate to marked volume peritoneal free fluid, exhibiting mild echogenic changes
- Hepatomegaly- nonspecific, metabolic, reactive, vacuolar hepatopathy, inflammatory disease, i.e., cholangiohepatitis, occult neoplasia are all potentials.
- Nondistended gallbladder containing mild hyperechoic debris, proximal to mid subjectively nonobstructive common bile duct dilation
- Hypomotile stomach, overtly normal small bowel

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Primary considerations in this case may include active pancreatitis with regional nonuniform to nodular peritonitis. Concurrent or secondary hepatopathy, i.e., concurrent cholangiohepatitis, nonobstructive common bile duct dilation, i.e., cholangitis, although potential for emerging posthepatic obstruction cannot be definitively excluded versus possible nonspecific to diffuse neoplastic disease, i.e., carcinomatosis or similar. Potential multicentric neoplastic disease, i.e., carcinomatosis, lymphomatosis or similar is favored, assuming normal albumin levels and without evidence of significant hepatic pathology or gastrointestinal mural pathology.

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Further assessment may include effusion analysis, cytology +/- culture and sensitivity, if evidence of inflammatory cells. Technically, FIP is considered an unlikely differential diagnosis given the age of the patient. Concurrent screening hepatic FNA cytology, using a 25-gauge needle and assuming normal clotting status, may be considered pending lab work. Guarded prognosis pending fluid analysis +/- additional sampling.

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Empirically, hospitalization with pancreatitis protocol with as needed GI and hepatic support would be reasonable.

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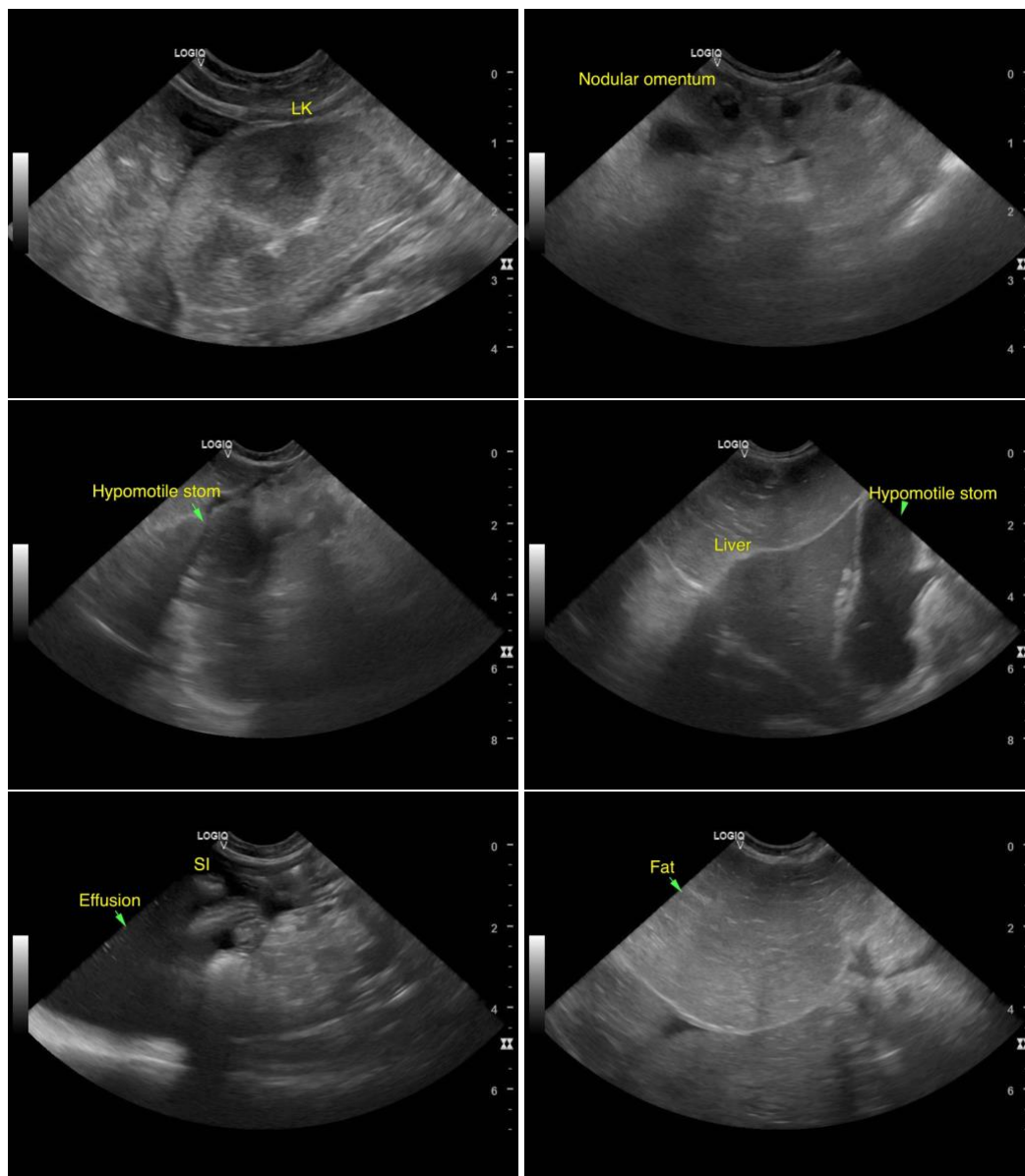
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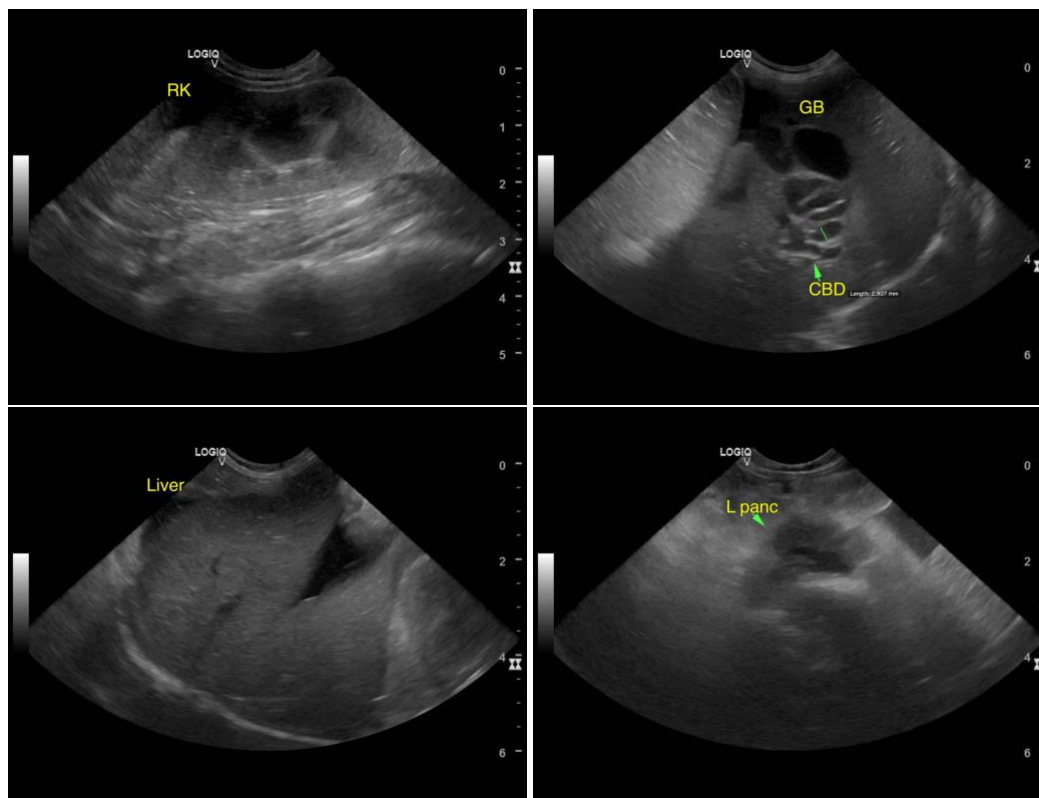
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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