



PATIENT

Gracyn Ballinger

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

16 years

WEIGHT

11.9 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Jones

INVOICE

71012

DATE

1/28/26

PRESENTING CLINICAL SIGNS

- Gracyn is diabetic and gets Glargine 2.5 U BID.
- Came in for hyporexia.
- Pancreatic Lipase 750 Elevated SDMA Fructosamine 411

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of floating, hyperechogenic sediment.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.4 cm, right measured 3.6 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio and capsule. Left-sided pyelectasia measuring 0.4 cm. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.63 cm in length x 0.36 cm in width. The right adrenal gland measured 0.53 cm in length x 0.39 cm in width. Pinpoint parenchymal mineralization was evident in the right gland.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.9 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Dilated and tortuous appearance of the cystic and common bile ducts with no obvious obstruction evident. The bile duct measures up to 0.5cm in diameter.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A moderate amount of ingesta was present within the stomach compatible with a recent meal.

Pancreas

The pancreas was enlarged (left pancreas 0.8 cm in width) with a mottled echogenic appearance and an irregular capsule. Mild, increased echogenic appearance of the mesentery and fat surrounding the pancreas. The visible pancreatic duct measured 0.3 cm in diameter.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Dilated and tortuous bile duct.
- Right adrenal mineralization.
- Left-sided pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the bile ducts and the right adrenal mineralization can be considered an age related finding. Although the left-sided pyelectasia can be an incidental age related finding with the urinary bladder sediment, underlying low-grade pyelonephritis needs to be considered.

Further assessment would be urinalysis and urine culture.

Management of the pancreatitis would be feeding small frequent meals of a low-fat intestinal type diet, antiemetics and analgesics.



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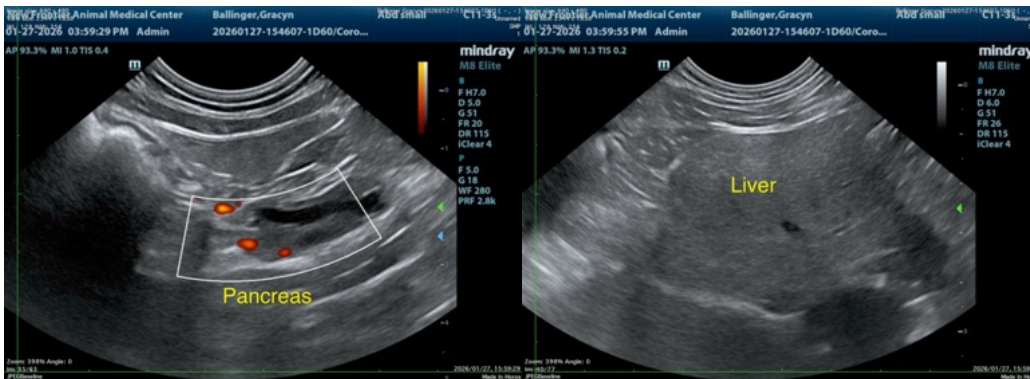
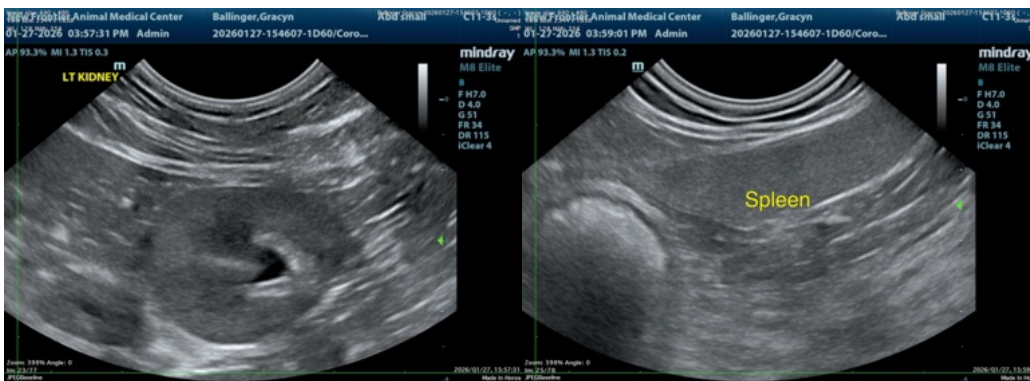
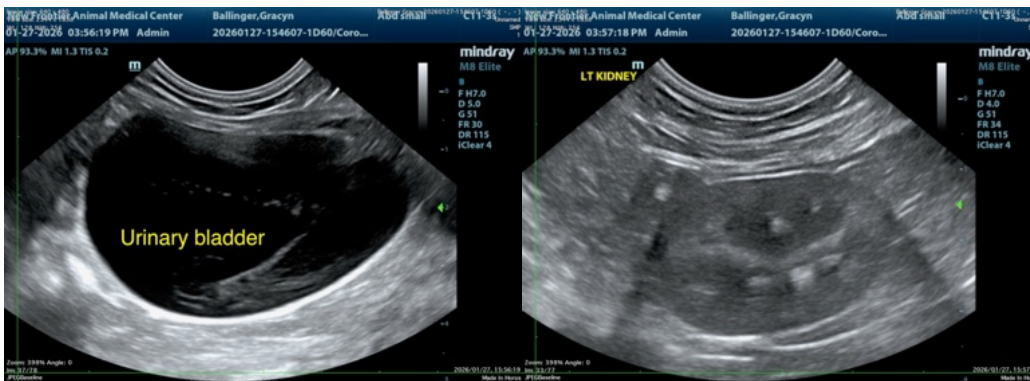
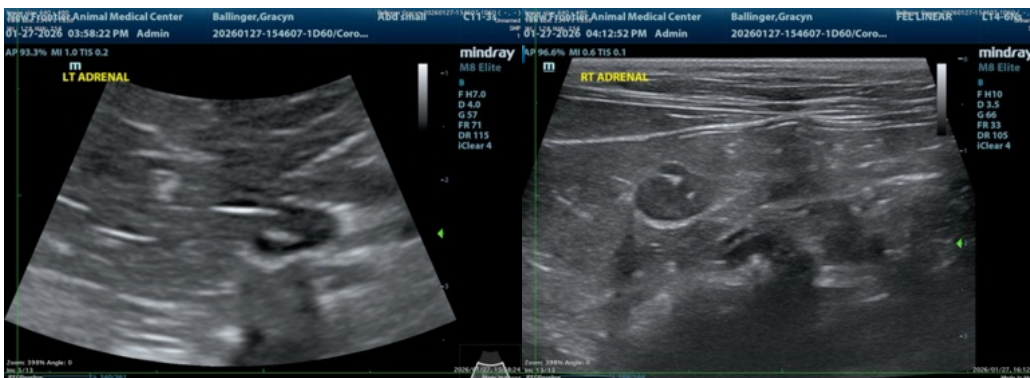
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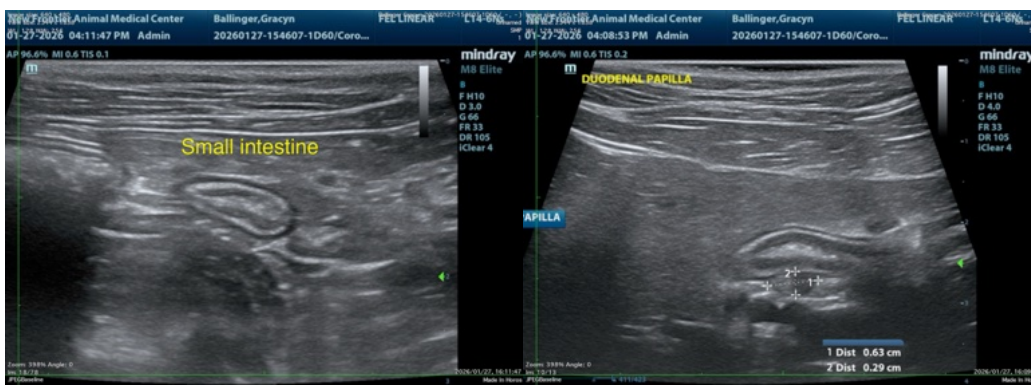
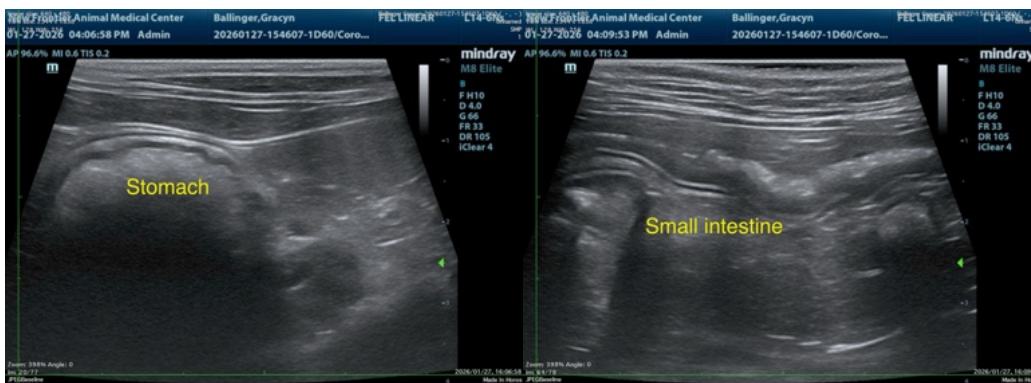
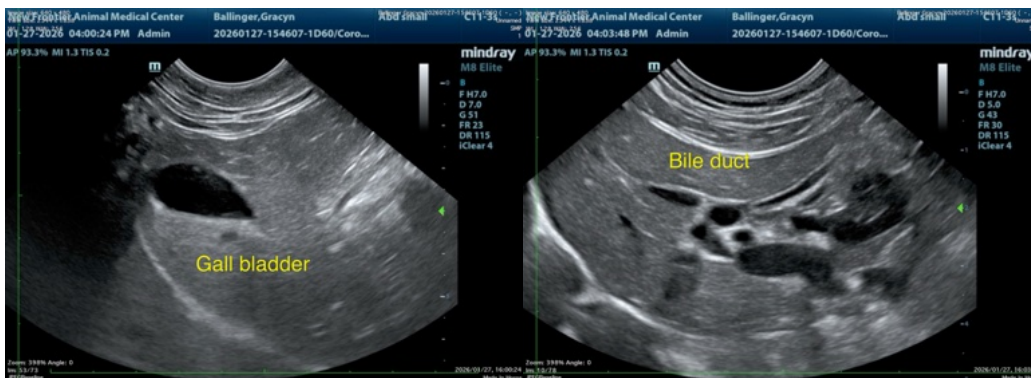
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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