



**PATIENT**

Camilo Jose Santiago  
Maldonado

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

Male Neuter

**AGE**

14 Years

**WEIGHT**

9 lbs

**INTERPRETED BY**

Sebastian Jawinski,  
German Board Certified  
Vet Specialist in  
Diagnostic Imaging

**IMAGING  
PERFORMED BY**

Dr. Ferrer DVM

**HOSPITAL NAME**

Paseos Veterinary  
Center

**REFERRING VET**

Dr. Jennifer Walker

**INVOICE**

48380

**DATE**

11-15-21

**PRESENTING CLINICAL SIGNS**

Presented for an abdominal ultrasound for evaluation for vomiting and diarrhea. Pt has been on prednisolone for possible IBD and pt has been doing well with the medication. Treated also for pancreatitis with metronidazole and famotidine by referring veterinarian. Owner unable to perform malabsorption profile due to financial concerns.

Abnormal PE/Chem/CBC/UA Results: CBC mild anemia HCT 28% Chem high Amylase 1527 T4 normal SDMA Normal Urinalysis normal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary system**

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

The renal cortex appears mildly hyperechoic and coarse. There is clear corticomedullary definition with an indicated hyperechoic medullary rim. Renal pelvises and exits to the ureters are unremarkable.

**Adrenal glands**

The left adrenal gland presents a tiny, calcified spot, shape and surface, and size overall are inconspicuous. The right adrenal gland is inconspicuous. Both adrenal glands are considered to be age-appropriate and normal.

**Spleen**

The spleen shows diameters of 0.9 cm. Splenic margins are mildly rounded. There are multiple, small hyperechoic areas noted without protrusions of the capsule. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins.

**Liver/Gallbladder**

Liver echogenic texture appears mildly coarse with a small cyst of 0.33 cm.

The gallbladder and -wall are unremarkable without signs of relevant sludge, a florid process or cholestasis.

**Gastrointestinal**

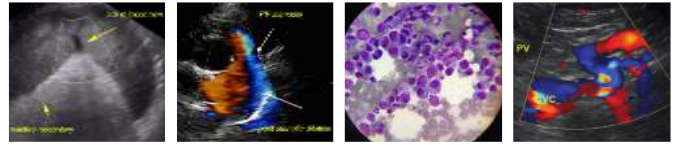
The stomach, the small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery of the ileocolic junction is mildly hyperechoic. There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process.

Mesenteric, epigastric and portal lymph nodes are considered to be normal.

**Pancreas**

In the periphery of the pylorus there is small cyst noted measuring 0.6 cm. Pancreatic origin is suspected. All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

**Free Abdomen**



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There is no evidence of relevant peritoneal or retroperitoneal effusion noted. Abdominal fat and great vessels show no pathological findings.

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**ULTRASONOGRAPHIC FINDINGS**

- Mild hepatopathy with inhomogeneous echogenic texture and a small liver cyst
- Mild unspecific splenomegaly with multiple small hyperechoic areas
- Cystic lesion periphery pylorus
- Subtly hyperechoic periphery ICJ
- Signs of a mild and chronic nephropathy
- Subtle calcification left adrenal

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Ultrasonographic findings do not match with the reported symptoms. Findings are predominantly age-appropriate and of questionable clinical relevance /liver, liver cyst, splenic spots, kidney and left adrenal). Splenomegaly can be associated with chronic pancreatitis. The suspected pancreatic cyst indicates degenerative pancreas disease. Signs of a relevant/active inflammation are missing.

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Normal sonographic appearance of the stomach and intestines does not exclude functional problems such as indigestibility going along with IBD/chronic pancreatitis. Steroid-responsive inflammation such as lympho-plasmocytic, -histiocytic or eosinophilic enteritis are possible differentials (perhaps add hypoallergenic diet). The subtly hyperechoic fat tissue in the ICJ periphery can speak for mild and unspecific inflammation/infection.

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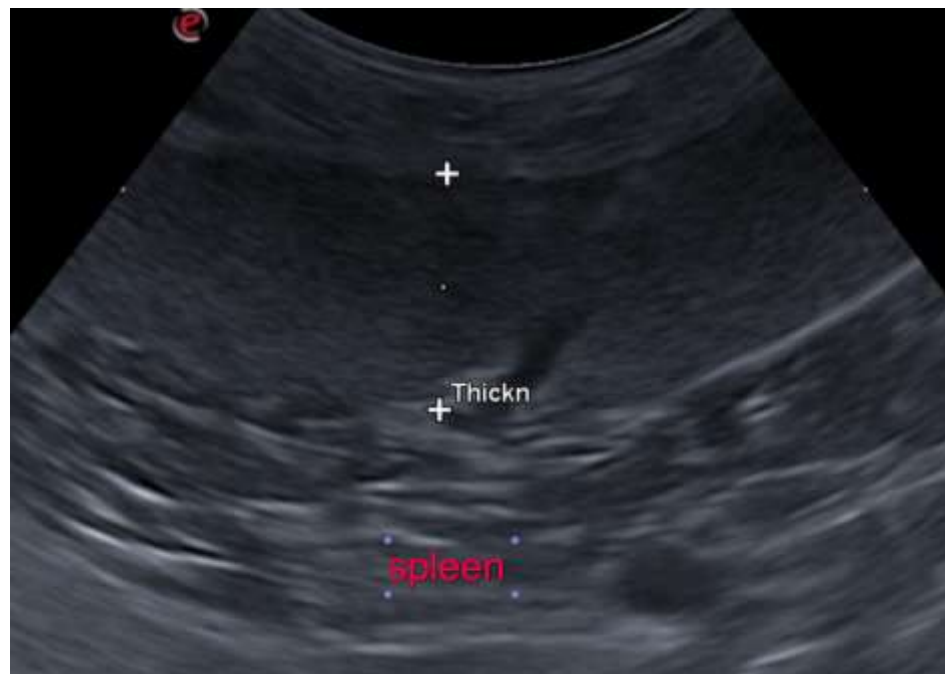
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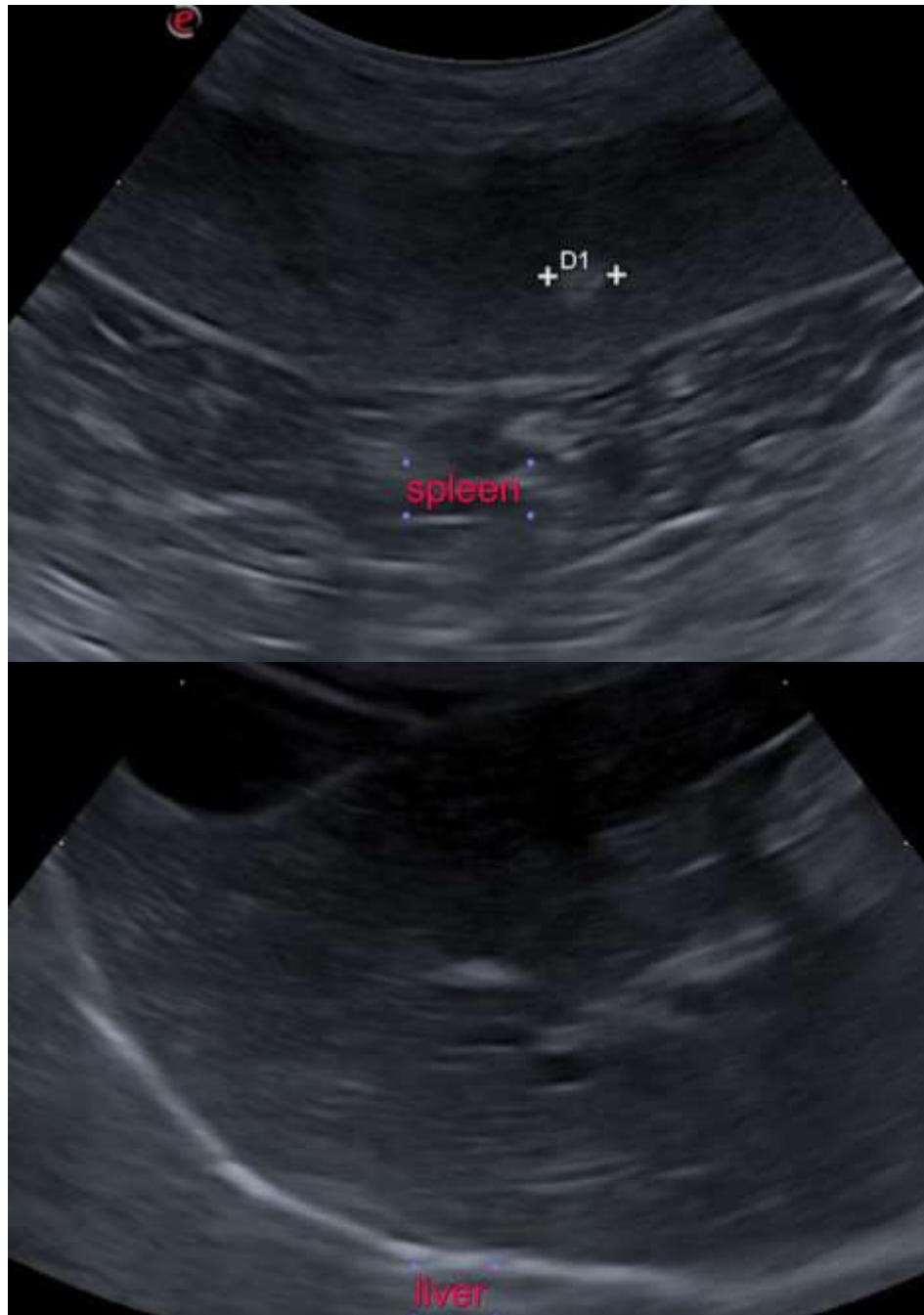
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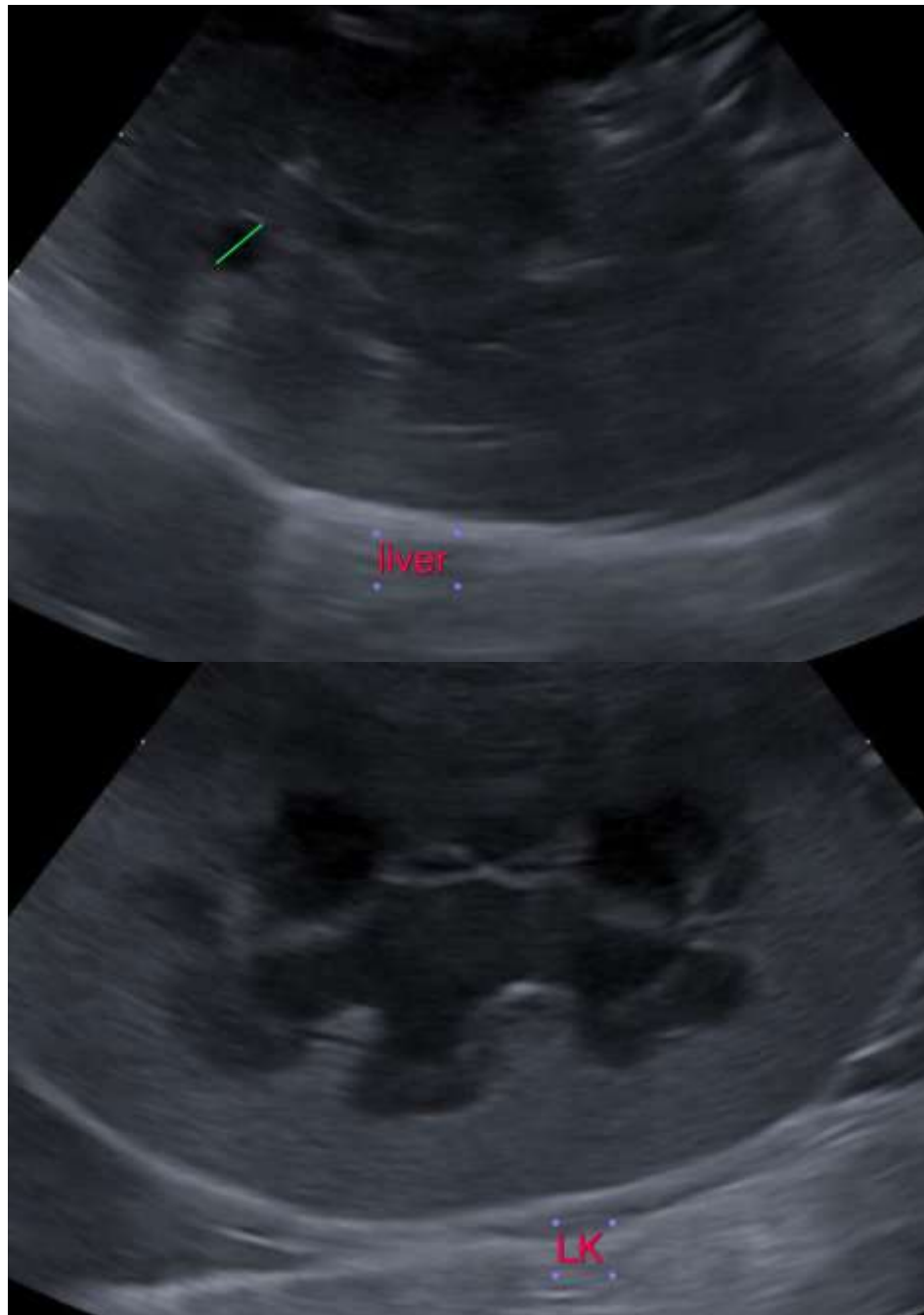
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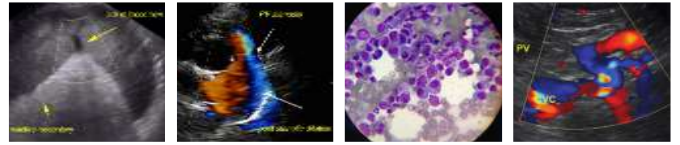
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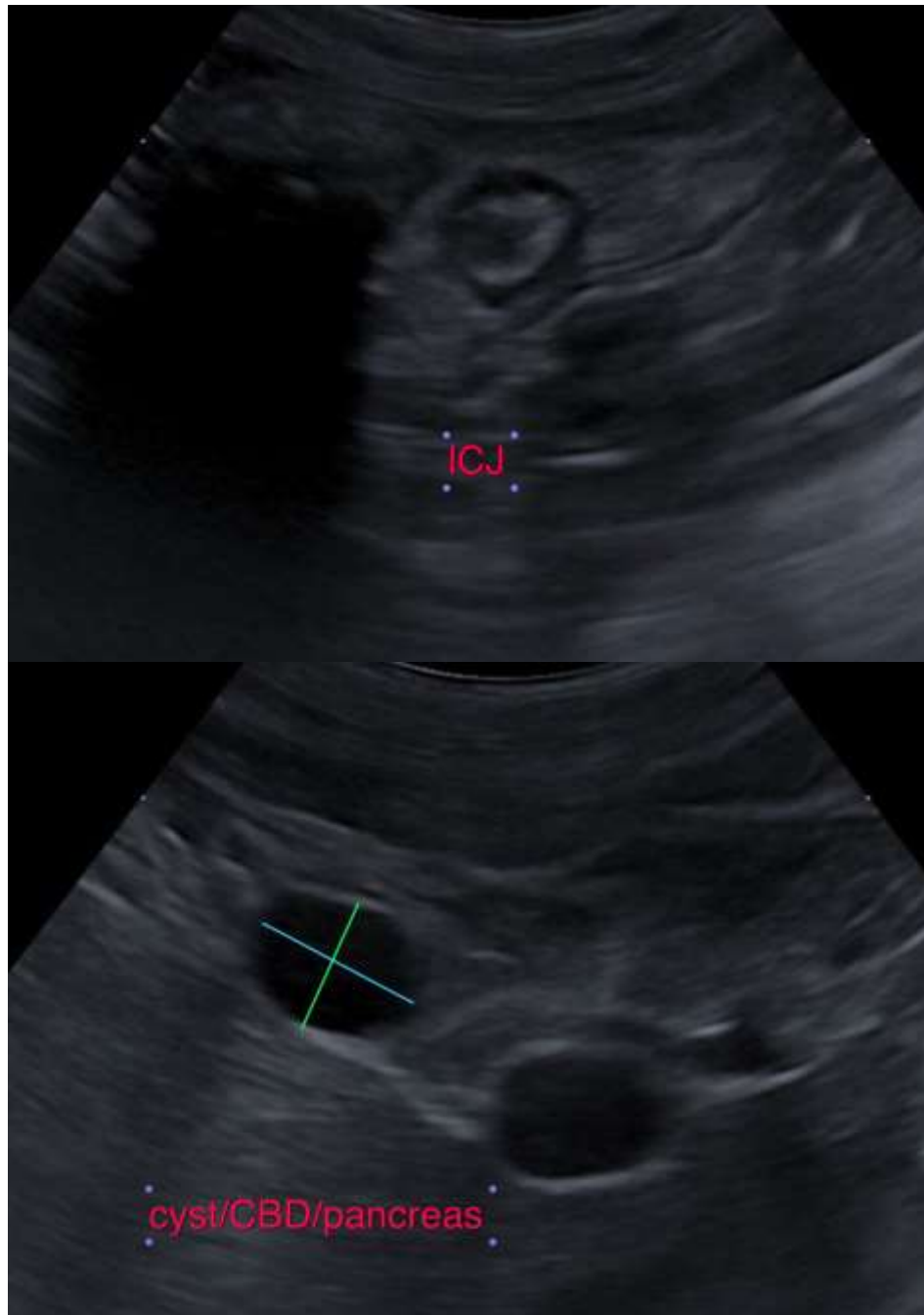
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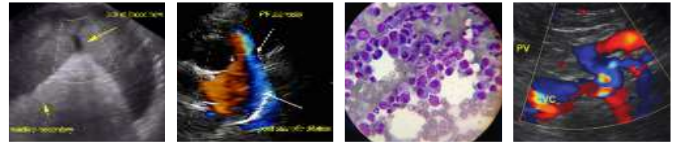
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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