

**PATIENT PRESENTING CLINICAL SIGNS**

Lilly Shepard - Vomiting after meals for 3 months, - Black tarry stool for a couple of days - Decreased appetite on/off for 3 months Current Medications Gabapentin 50 mg PO at 7:15 am Primary Question/Differential to Be Answered in This Exam Pancreatitis?  
**SPECIES** Abnormal PE/Chem/CBC/UA Results: - Elevated PSL: 34 (43, 65), steadily decreasing since 6/22/21. -  
 Feline Stable IRIS 2, BUN: 31, Creat: 2.1 (1.9, 2.0), USG 1.014 - Borderline TT4: 2.9 (2.0)

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

DSH **Urinary system**

The urinary bladder, trigone und 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 are noted.

**SEX** Left kidney measures 2.99 cm length, right kidney 3.31 cm, both reduced in size with a mildly irregular surface and wedge-shape hyperechoic cortical areas consistent with chronic renal infarcts. Both show a slightly age-appropriate fuzzy corticomedullary transition. There is bilateral distension of the renal pelvis and exit to the ureters noted. An obstructive lesion is not suspected.

**WEIGHT Adrenal glands**

9.25 lbs Both adrenal glands are considered to be normal.

**INTERPRETED BY Spleen**

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging Splenic margins are mildly rounded, spleen shows transverse diameters of 0.72 cm. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins. There are no signs of nodular/focal changes are noted.

**IMAGING Liver/Gallbladder**

Jenna Walsh The liver presents as expected. Evidence of nodular or focal changes are not visible. Gallbladder is unremarkable with a mild amount of sludge. Signs of a relevant florid process or cholestasis are missing.  
 Liver vasculature presents normal appearance.

**HOSPITAL NAME Gastrointestinal**

Corvallis Cat Care Stomach, small and large intestine present intact wall layers being normal in width and echogenicity. In the periphery of the ileocolic junction mild hyperechoic fat tissue and enlargement of lymph nodes is recognized. There is no overt evidence of an obstructive lesion/neoplastic process. Mesenteric lymph nodes are considered to normal.

**REFERRING VET Pancreas**

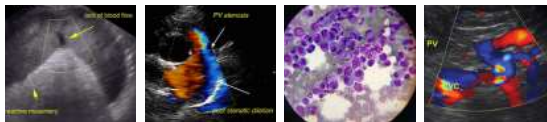
Dr Sharon Blouin All pancreatic parts displayed show a highly irregular surface with enlargement of the pancreas and a highly hypoechoic and inhomogeneous echogenicity to the surrounding omental fat. Maximum diameters measure 1.53 cm.

**INVOICE Free Abdomen**

47353

DATE

9-8-21



**PATIENT**

Lilly Shepard

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

15 Years

**WEIGHT**

9.25 lbs

**INTERPRETED BY**

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German Board Certified  
Vet Specialist in  
Diagnostic Imaging

**IMAGING PERFORMED BY**

Jenna Walsh

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No peritoneal or retroperitoneal effusion. Abdominal fat and great vessels show no pathological findings.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Highly hypochoic, enlarged and irregular pancreas

**Secondary**

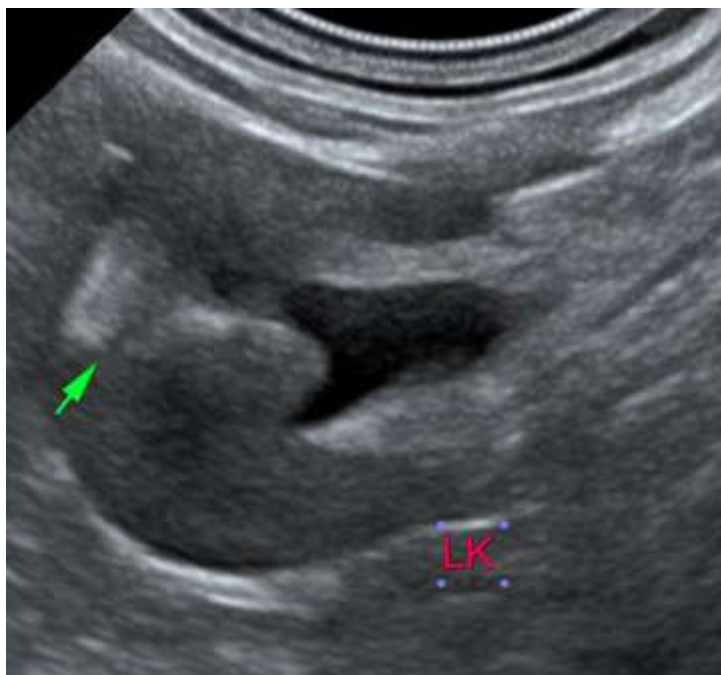
- Mild unspecific splenomegaly
- Signs of a bilateral degenerative/chronic nephropathy with small kidneys, distension of the renal pelvis and chronic cortical infarcts
- Small amount of gallbladder sludge, incidental finding

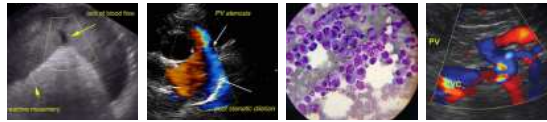
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasonographic findings of the pancreas are significant and do reflect the elevated amylase and precisionPSL. Chronic degenerative changes are a potential differential diagnosis. However, the irregular surface and uneven increase of volume as well as the hypochoic highly inhomogeneous texture could also represent pancreatic neoplasia as seen with adenocarcinoma. The latter could mimic (chronic) pancreatitis. Ultrasound-guided FNA could be performed next.

Splenomegaly is an unspecific finding but is commonly recognized with chronic pancreatitis in cats.

Changes of the kidneys are chronic; I suggest they are advanced degenerative and age-related changes.





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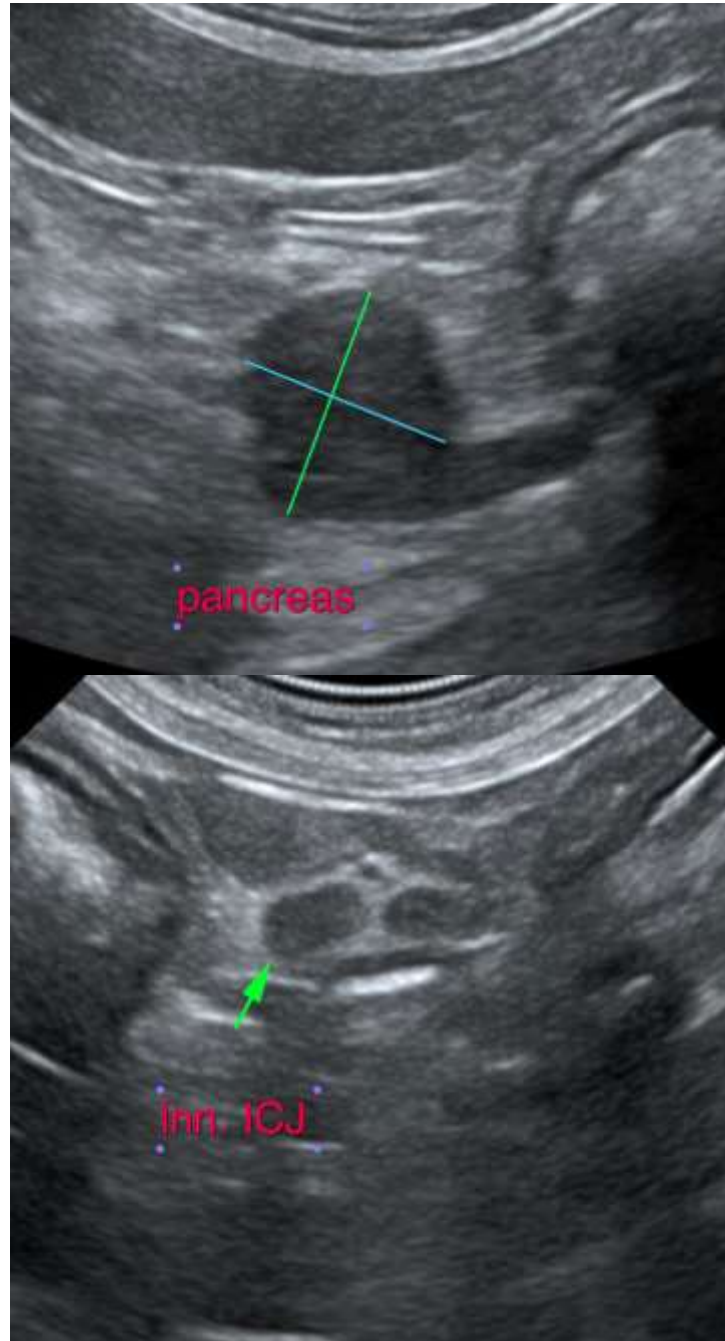
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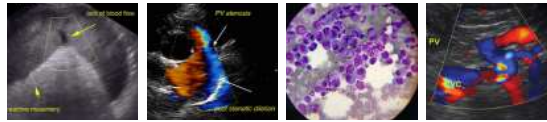
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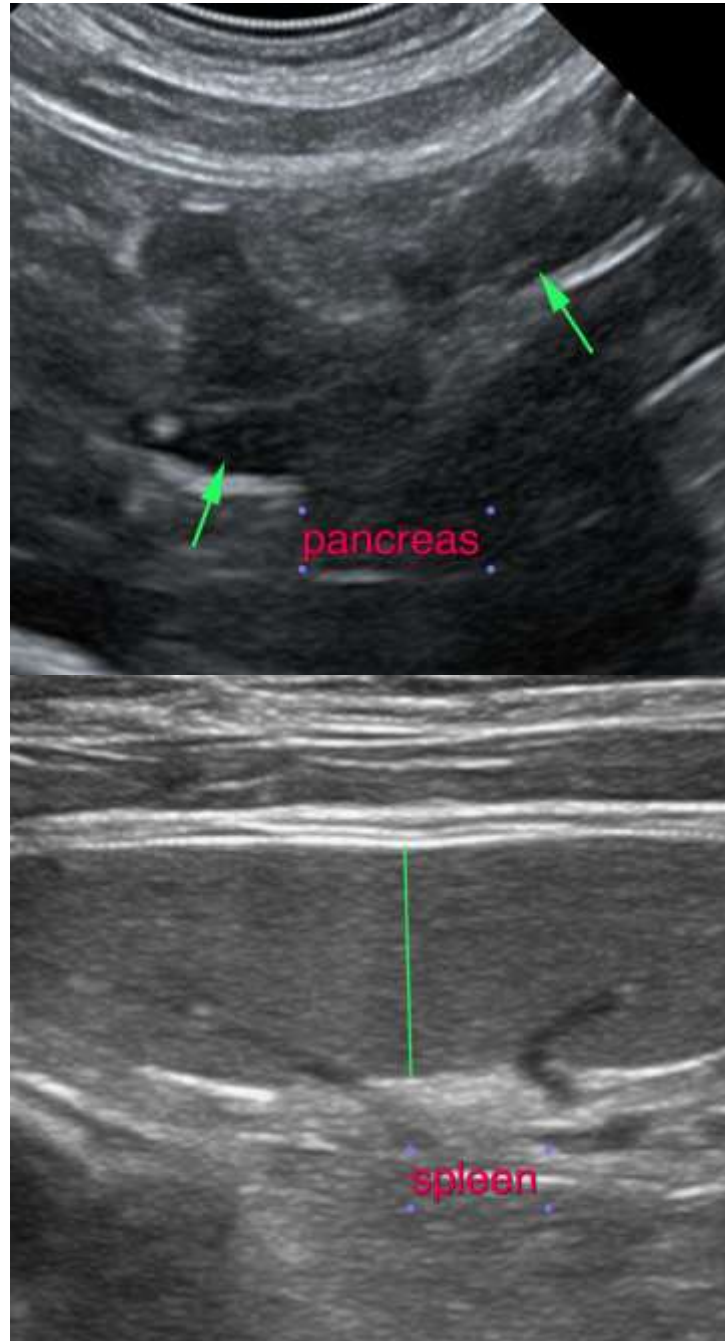
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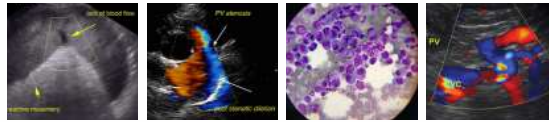
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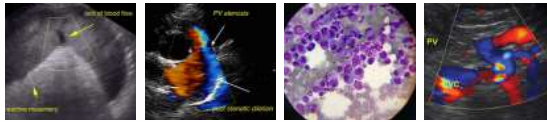
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**PATIENT**

Lilly Shepard

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.

**SPECIES**

Feline

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.

**BREED**

DSH

**Sebastian Jawinski**, German Board Certified Vet Specialist in Diagnostic Imaging  
info@sonopath.com

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