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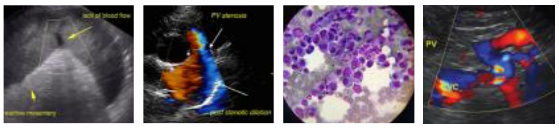


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Pita Bennett

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

14Lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills Animal Hospital

REFERRING VET

Dr Cole

DATE

1/12/22

INVOICE

10137

PRESENTING CLINICAL SIGNS

History: 11-year-old FS DSH acute onset vomiting Monday night, free fluid seen on US guided cysto Current Medications Methimazole, cerenia injection 4pm Tuesday 1/11, Radiographic Findings Poorly defined mass effect in mid mesenteric area, loss of serosal detail in midabdomen, hazy opacity in substernal area - possible lymphadenopathy.

Abnormal PE/Chem/CBC/UA Results: Hyperglycemia (221), increased SDMA (21), elevated GGT (5), Leukocytosis (27.82), neutrophilia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (4.39 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.46 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.80 cm length; 0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.67 cm length; 0.55 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

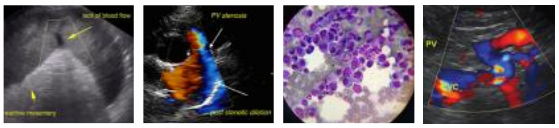
Spleen

The spleen is normal in size (0.71 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No cholelithes are observed. The cystic and common bile ducts are normal.



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Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to borderline thickened (up to 0.26 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The left limb is prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen
The mesentery throughout the abdomen is hyperechoic and irregular in appearance. A moderate amount of echogenic free fluid is observed. A few prominent mesenteric lymph nodes are suspected, the largest measuring 1.86 cm in length.

Other
A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The mesenteric changes and the presence of free fluid are consistent with peritonitis. The peritonitis may be secondary to pancreatitis, panniculitis, carcinomatosis, iatrogenic (i.e., secondary to cystocentesis), other.
- The prominent mesenteric lymph nodes may be secondary to reactive lymphadenitis, lymphoid hyperplasia or infiltrative neoplasia.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma
- The pancreatic changes in the left limb are suggestive of pancreatitis.

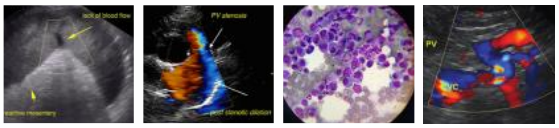
Secondary Findings

- Bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Consider a fine-needle aspiration of the mesentery to further assess for carcinomatosis, particularly if the abdominal fluid cytology is inconclusive. Other diagnostic considerations include the following:

    1. Fecal evaluation for ova and Giardia



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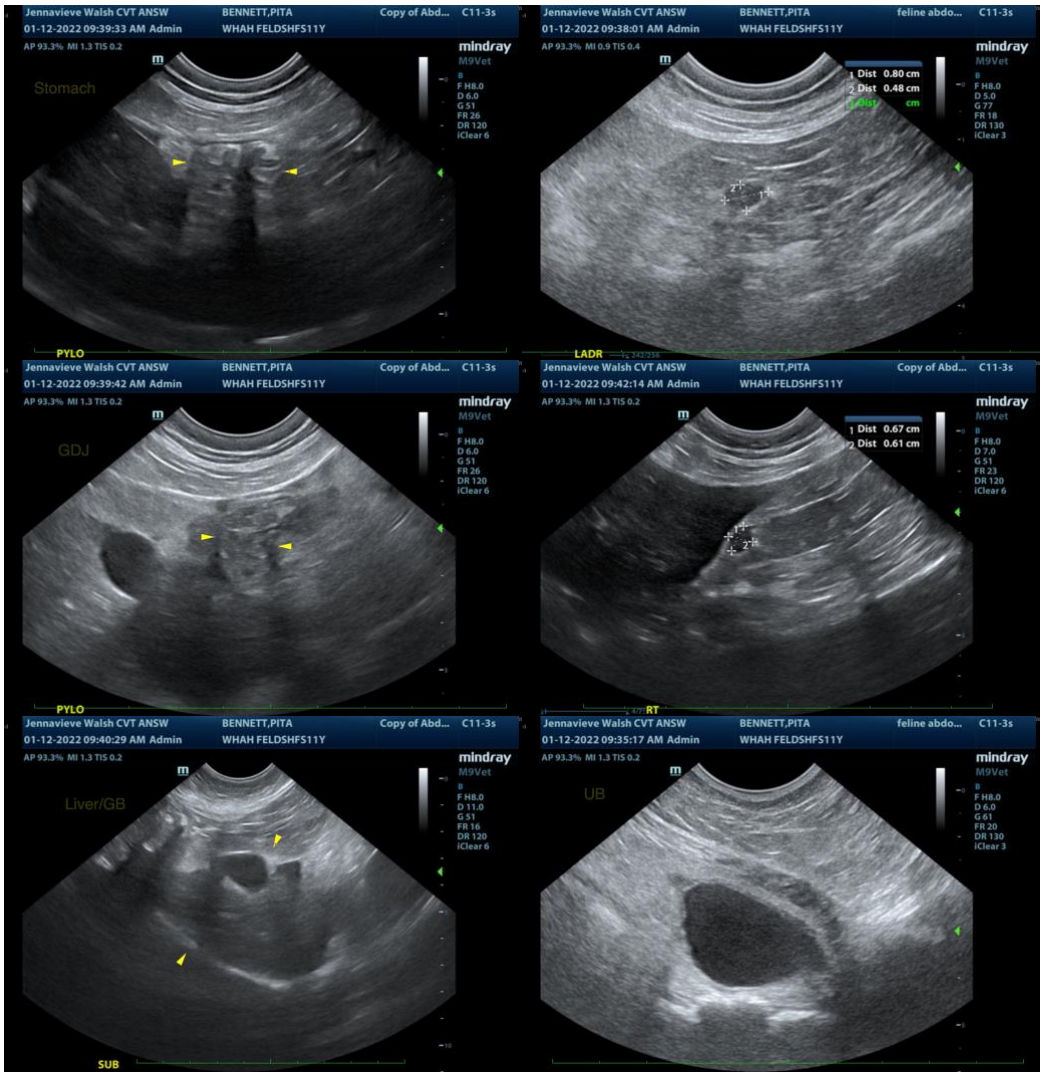
2. Malabsorption panel including serum cobalamin and folate TLI and PLI.

3. Depending on the results of the above diagnostics, endoscopic or surgical gastrointestinal and mesenteric biopsies may be necessary to get a definitive diagnosis. In the meantime, supportive care for pancreatitis/gastroenteritis is recommended.

4. A recheck ultrasound in 7-10 days can be considered to assess for resolution of the free fluid and pancreatitis.



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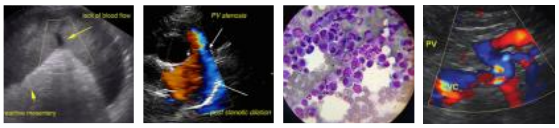

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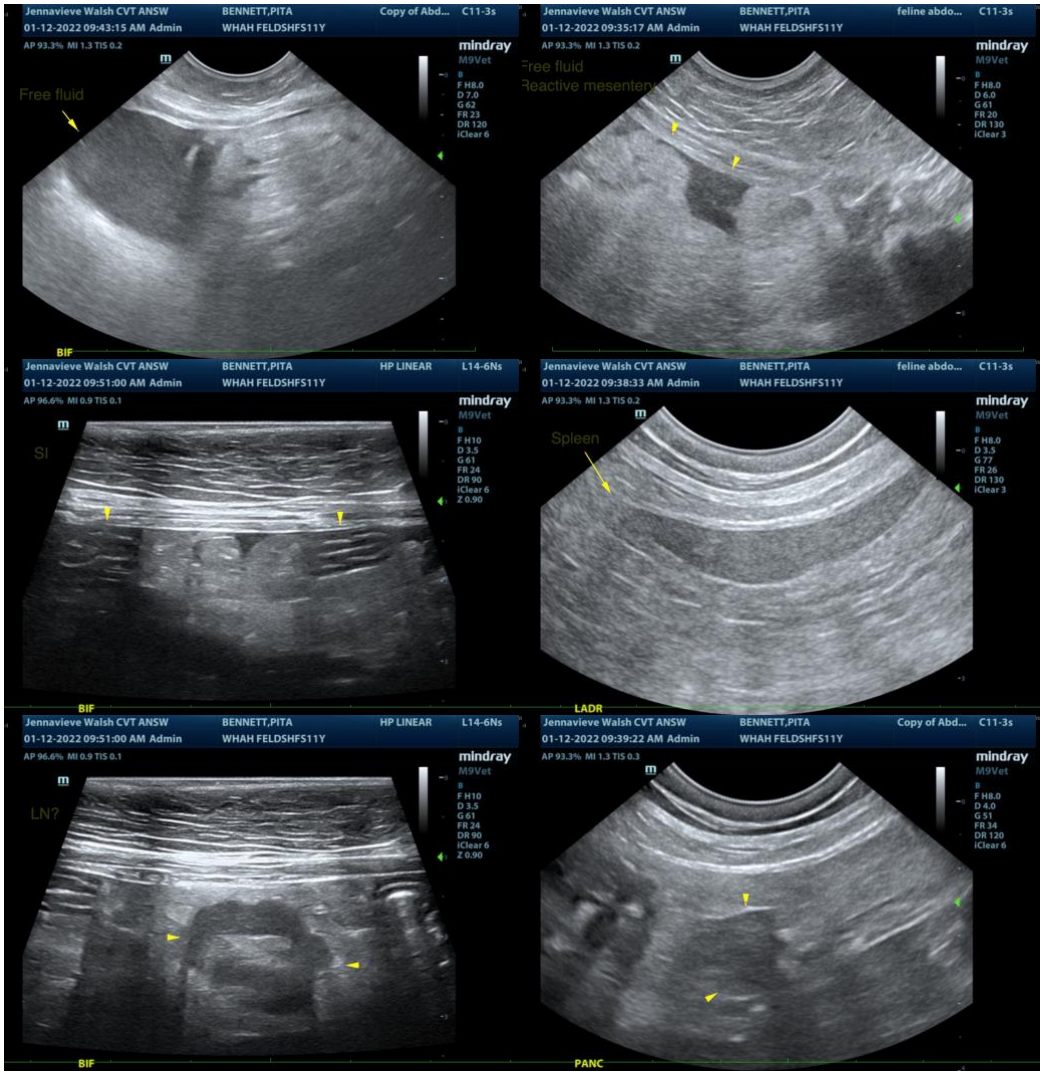

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

andrea_nicastro2@hotmail.com