

PATIENT PRESENTING CLINICAL SIGNS

Beat Fenton

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

4 years

WEIGHT

6.7 kg

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

IMAGING PERFORMED BY

Dr. Callihan/AEC

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Callihan/AEC

INVOICE

10191

DATE

1/23/22

History: Presented on ER as transfer for continued inappetence and abdominal pain. 4yr old MN indoor only cat, is only cat in household. Was adopted 3 years ago and tested FeLV neg at that time, current on preventive care. Was seen 2 nights ago on ER for acute onset vomiting, no known gastric indiscretions or toxin exposures. Had unremarkable radiographs. Supportive outpatient care, was rechecked with primary care following day (yesterday/Friday), still not eating. Abd radiographs repeated and still inconclusive, barium was given and radiographs rechecked this morning showed some retention in stomach, most in colon. Labs w rDVM showed leukopenia (WBC 2.7K) and severe neutropenia (0.38K) yesterday; Chemistries largely normal; mild hyperglycemia 187, Mild elev Chol 366, Amyl sl low 438. *An FeLV test inhouse was faint positive with rDVM and was sent out to lab for confirmation. Was referred here today for continued care and diagnostics.

Abnormal PE/Chem/CBC/UA Results: Mildly febrile temp 103 (was mildly elev at original presentation 2 days ago too but he is quite nervous so thought might be falsely elev) Repeat CBC today shows Leukopenia 2.5K, Neutropenia 0.06K, suspected nRBC, low PLT (clumping) The large pocket of free fluid in the right cranial abdomen was sampled and looks like chyle. There are a lot of inflammatory cells on in-house cytology (segs to mononuclear, reactive mesothelial), no bacteria; (pancreatic aspirates are cellular, show no bacteria, but beyond that will need to send out for interp)

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 is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. 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 (4.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.56 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

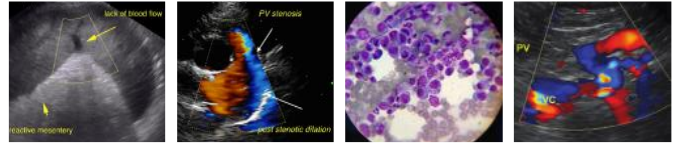
The right adrenal gland is subjectively normal in size. Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.93 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.



PATIENT

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Beat Fenton

SPECIES

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. A segment of small intestine in the right cranial abdomen, which is thought to be duodenum, is mildly thickened (up to 0.40 cm) with a thickened submucosal layer. Within this segment, a 1.94 cm shadowing structure is visualized. The lumen is mildly fluid distended, just proximal to the shadowing structure. Distal to the lesion, the small intestinal lumen is not dilated. The remaining small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The The ileocecolic junction and colonic wall are normal.

Feline

BREED

DLH

SEX

Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and edematous in appearance. The pancreatic duct is visible but not overtly dilated (0.16 cm in diameter). The mesentery surrounding the pancreas is hyperechoic

Neutered Male

AGE

Free Abdomen

The mesentery in the cranial to mid-abdomen is hyperechoic. A small to moderate amount of free fluid is present. A few cholic lymph nodes are visualized, the largest measuring 0.35 cm in length.

4 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

Primary Findings

6.7 kg

- Moderate to severe acute pancreatitis. The contents within the pyloric antrum may represent kibble and/or foreign material (i.e, hairball).
- Regional peritonitis is present.
- The shadowing structure within the small intestinal lumen likely represents foreign material (i.e, trichobezoar), other. This foreign material may be transient or obstructive. Transient material is favored.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

IMAGING PERFORMED BY

Dr. Callihan/AEC

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Callihan/AEC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Nutritional support (i.e, via a temporary feeding tube is recommended during the recovery period to help prevent hepatic lipidosis).
- Given the severe neutropenia, broad-spectrum antibiotic therapy is recommended. Submission of the abdominal fluid and pancreatic samples for cytologic evaluation is recommended.
- Given the possible foreign material in the small intestine, a repeat ultrasound is recommended in 12-24 hours to determine if the material is transient in nature.
- Three-view thoracic radiographs are also recommended to assess cardiopulmonary status.

INVOICE

10191

DATE

1/23/22



PATIENT

Beat Fenton

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

4 years

WEIGHT

6.7 kg

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

IMAGING PERFORMED BY

Dr. Callihan/AEC

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

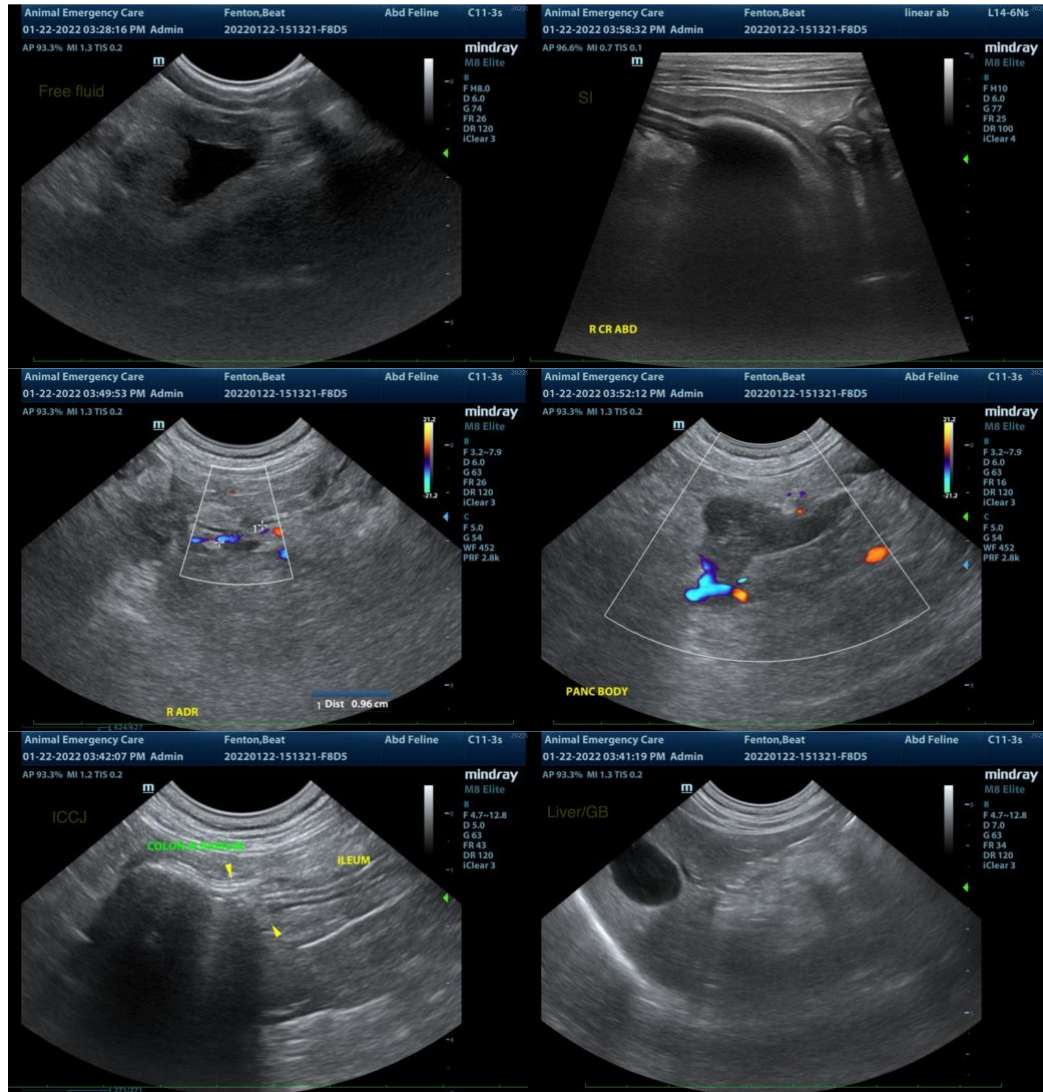
Dr. Callihan/AEC

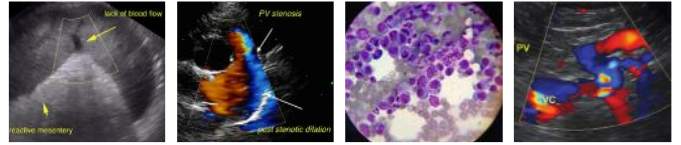
INVOICE

10191

DATE

1/23/22





PATIENT

Beat Fenton

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

4 years

WEIGHT

6.7 kg

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

IMAGING PERFORMED BY

Dr. Callihan/AEC

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

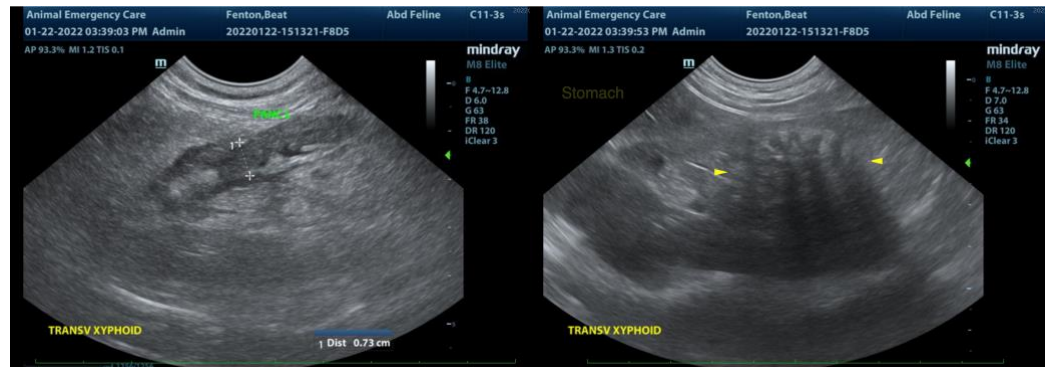
Dr. Callihan/AEC

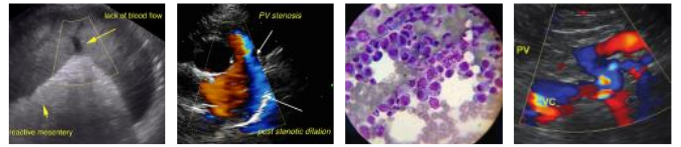
INVOICE

10191

DATE

1/23/22





PATIENT

Beat Fenton

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

4 years

WEIGHT

6.7 kg

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

IMAGING PERFORMED BY

Dr. Callihan/AEC

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

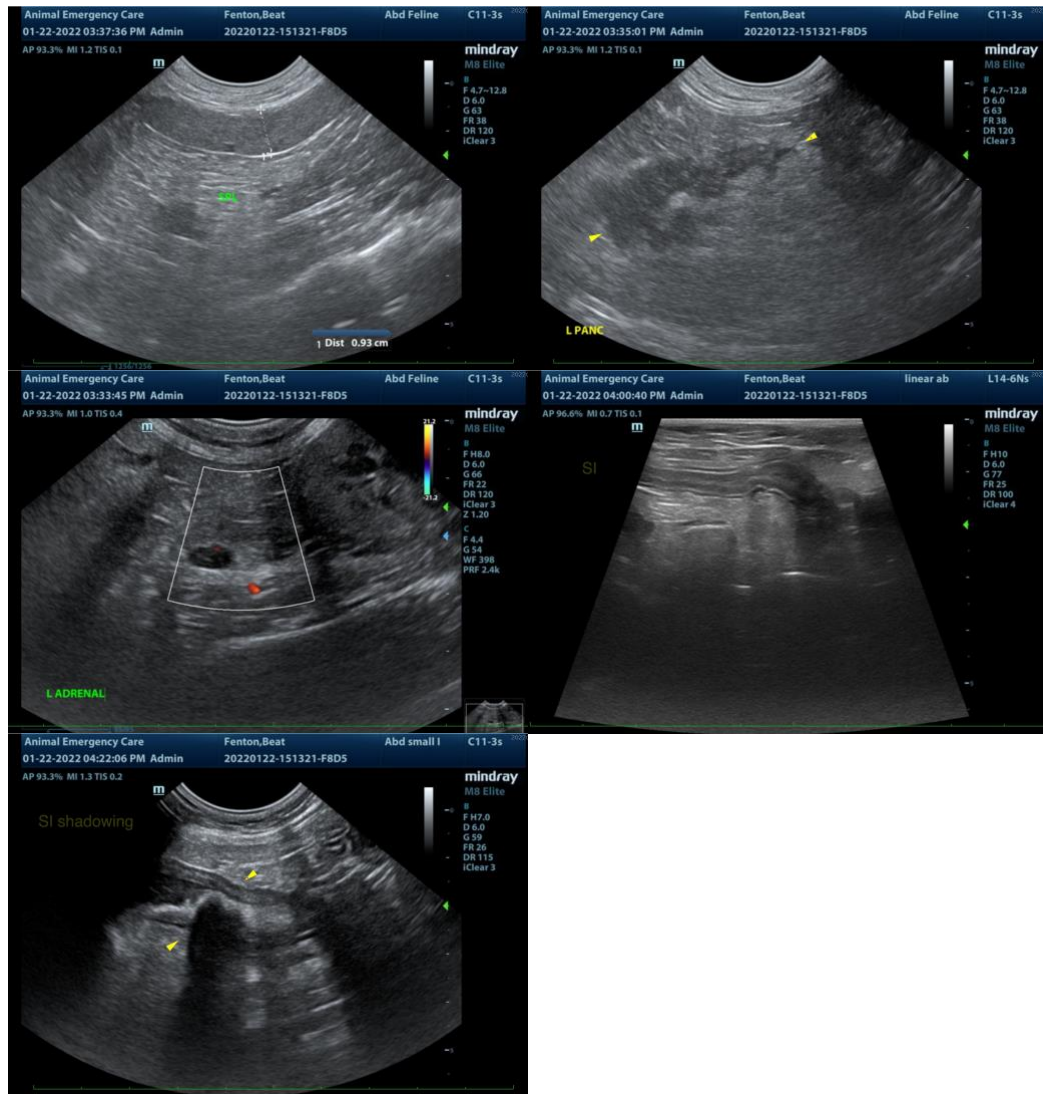
Dr. Callihan/AEC

INVOICE

10191

DATE

1/23/22

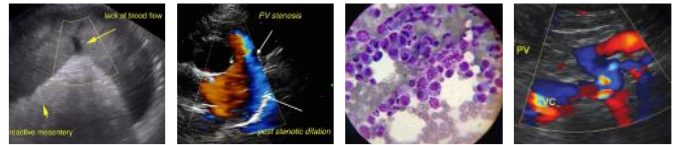


ADDENDUM (Day 2):

The right cranial quadrant is evaluated. The right limb of the pancreas is enlarged, hypoechoic and edematous with irregular peripheral margins. Surrounding mesentery is reactive. Shadowing material is observed in the region of the pyloric antrum. The pyloric outflow tract appears patent.

ADDENDUM: INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Continued sonographic monitoring of the Gi tract and pancreas is recommended to assess for evidence of obstruction and pancreatic abscessation, respectively



PATIENT

Beat Fenton

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

4 years

WEIGHT

6.7 kg

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

**IMAGING
PERFORMED BY**

Dr. Callihan/AEC

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

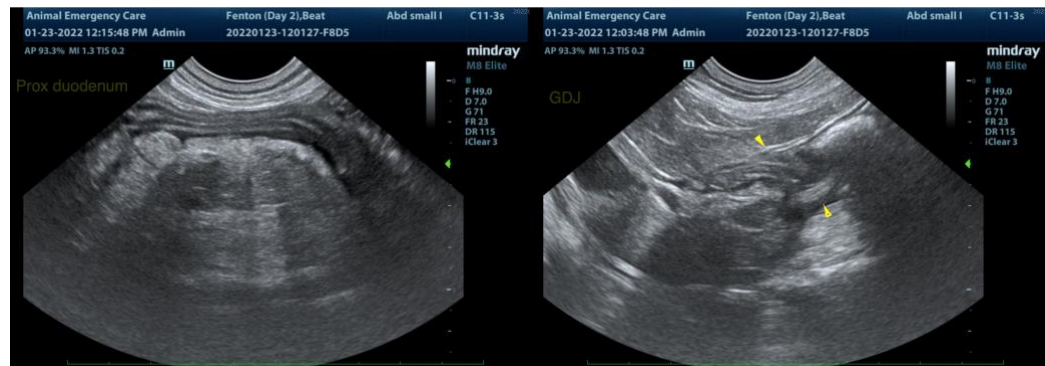
Dr. Callihan/AEC

INVOICE

10191

DATE

1/23/22



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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com