



PATIENT PRESENTING CLINICAL SIGNS

Courtney McWilliams
History: Fractious so sedation with dex/torb/ket- AUS to check kidneys and pancreas. On benazpril for high BP, PU/PD and weight loss- heat murmur

SPECIES
Feline
Abnormal PE/Chem/CBC/UA Results: Hx of IBD versus lymphoma diagnosis so being treated with leukeran long term. AMY 1227, PHOS 2.9, Crea 2.5, CHOI 300, UrineUSG 1016

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
DLH
Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately 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.

SEX

Spayed Female

The left kidney is normal in size (2.99 cm in length); with a slightly irregular shape There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. At least one nonobstructive nephrolith is visualized as well as hyperechoic shadowing diverticular foci. Trace pyelectasia is present. There is no evidence of hydroureter.

AGE

15 years

The right kidney is small in size (3.02 cm in length); with an irregular shape There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized, as well as a few nonobstructive nephroliths. A cortical infarct is observed at the caudal lateral aspect. There is no evidence of pyelectasia or hydroureter.

WEIGHT

6.975 lbs

Adrenal Glands

The left adrenal gland is normal size (0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT,
LVT

Spleen

The spleen is normal in size (0.48 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.

HOSPITAL NAME

Pine Creec VC

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity and is subtly mottled in appearance. There is an increase in portal markings. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Denny Nolet

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.

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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 segmentally dilated with chyme. The small intestinal wall is normal to mildly thickened (up to 0.33 cm) with a normal layering

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pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. No obstructive disease is noted.

SPECIES *Pancreas*
Feline
The pancreas is diffusely enlarged with normal irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and is mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is borderline dilated (0.21 cm in diameter). Surrounding mesentery is hyperechoic. Pancreatic neoplasia is possible but considered less likely.

BREED DLH
Free Abdomen
Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

SEX Spayed Female
Other
A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

AGE 15 years
WEIGHT 6.975 lbs

Primary Findings

- The pancreatic changes are consistent with moderate to severe active pancreatitis.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- Hepatic changes are non-specific and could be consistent with hepatic lipodosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The trace ascites is likely secondary to pancreatic pathology.

Secondary Findings

- Bilateral degenerative renal changes with nonobstructive nephrolithiasis and dystrophic mineralization.

*Given the sonographic changes, "triaditis" is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME Pine Creec VC
REFERRING VET Dr. Denny Nolet

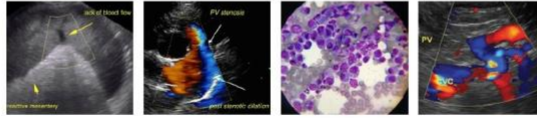
- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Also consider a malabsorption panel including serum cobalamin and folate PLI and TLI.
- If an aggressive approach is desired, an abdominal exploratory with biopsies of the GI tract, liver and pancreas can be considered. If surgery is not pursued, supportive care for "triaditis" is recommended.
- Serial monitoring of the patient's renal values is recommended to assess for progressive disease. Also consider a urine culture and sensitivity, UPC (if proteinuria is present) and blood pressure measurement.

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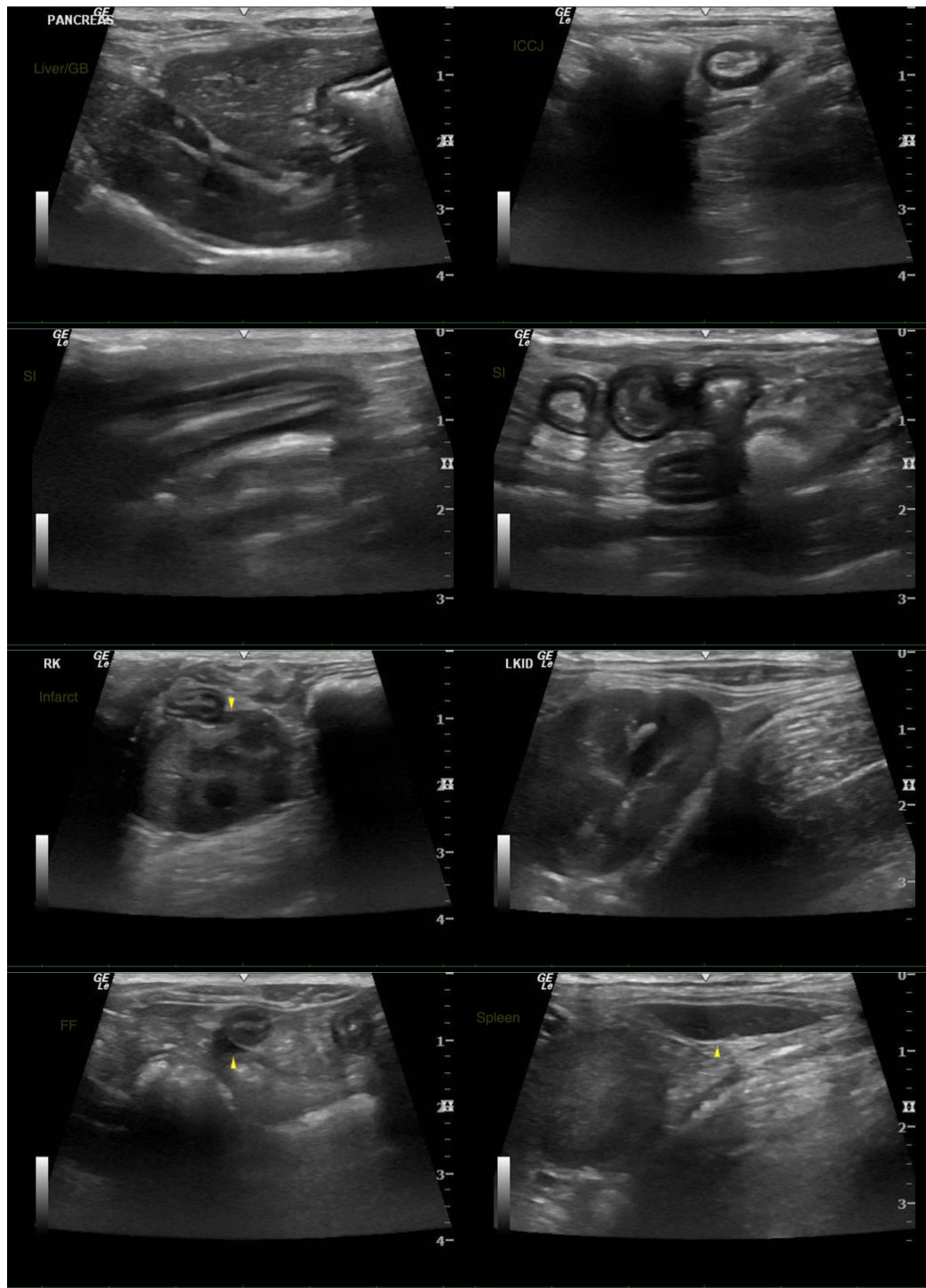
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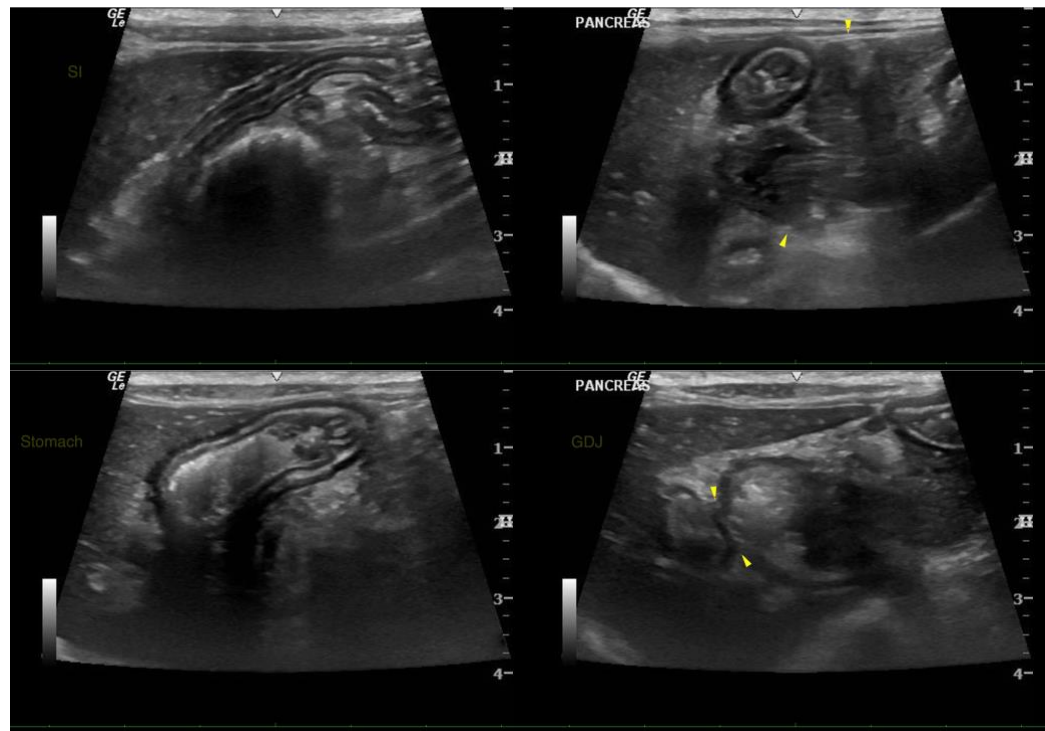
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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