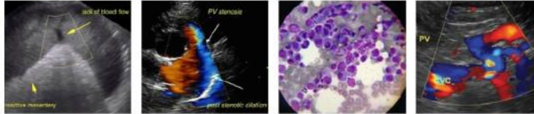


PATIENT

Ernie Santiago

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

18 Years 3 months

WEIGHT

10.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Marysville

REFERRING VET

Dr. Grace Berg

INVOICE

12867

DATE

1/18/2022

PRESENTING CLINICAL SIGNS

History: Patient's name: Ernie Owner's first and last name: Santiago Species: Feline Gender (altered?): MN Age: 18 yrs 3 mos Breed: DMH Chief Concern/Provisional Dx: Rena l insufficiency, LS Spondylosis, pancreatitis, possible bronchitis History: Ernie receives regular subcutaneous fluid treatments. He recently had a bout of pancreatitis Physical : No abnormalities Senior Screen Summary 12/21/21: creatinine 3.6 mg/dl, BUN: 49, SDMA: 16, Spec fPl: 10.7 (0-3.5 ug/L)

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 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.

The left kidney is normal size (3.33 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is thin and hyperechoic and there is mild loss of corticomedullary distinction. Trace pyelectasia is present (0.18 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.63 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is thin and hyperechoic and there is mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

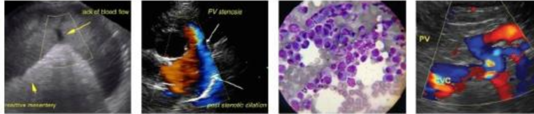
The right adrenal gland is normal in size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively prominent in size (1.02 cm in width at the level of the hilus) with slightly swollen peripheral contours. 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 0.66 cm irregular, septated cystic lesion is observed on the left side. In the remaining parenchyma a few small ill-defined hypoechoic nodules/areas are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. 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 not dilated. The small intestinal wall is diffusely thickened (up to 0.44 cm) with retention of the normal layering pattern. There is disruption in the normal 1:3 muscularis: mucosal ratio with a >1:1 ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is mildly dilated (0.27 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 0.50 cm gastric lymph node and a 0.35 cm colic lymph node are visualized. Surrounding mesentery is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The bowel pattern is concerning for emerging lymphoma or severe inflammatory bowel disease.
- The pancreatic changes are consistent with chronic pancreatitis.

Secondary Findings:

- Bilateral, non-specific age-related renal changes.
- The prominent gastric lymph node is most likely reactive.
- The mild splenomegaly may be secondary to a benign process (i.e., lymphoid hyperplasia or extramedullary hematopoiesis). Alternatively, emerging neoplasia is possible.
- Hepatic cyst, likely benign. The hypoechoic hepatic nodules trend toward the benign (i.e., inflammation, age-related remodeling). However, emerging neoplasia cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.

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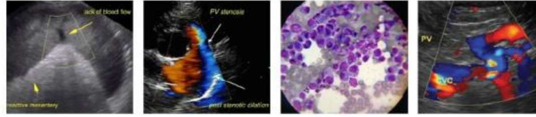
- In order to get a definitive diagnosis, surgical gastrointestinal biopsies are recommended.
- A malabsorption panel including serum cobalamin, folate, TLI and PLI should also be considered.
- If biopsies are not to be pursued, empirical treatment for inflammatory bowel disease with a hypoallergenic diet and corticosteroids can be considered as long as the client understands the risk of treatment without a definitive diagnosis.

1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

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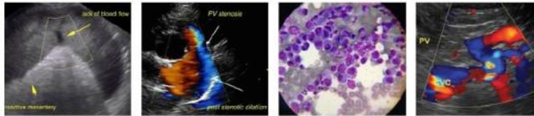

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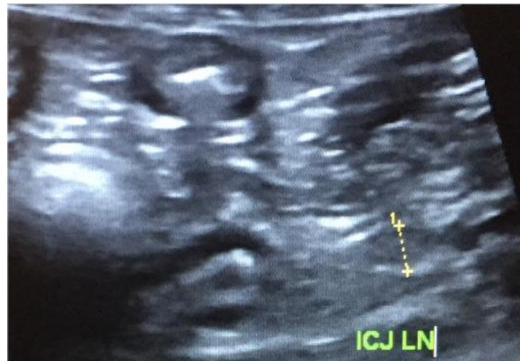

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.nicastro@sonopath.com