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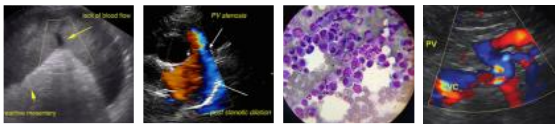

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Tess Payne

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 yrs

WEIGHT

11.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills Animal Hospital

REFERRING VET

Dr Fogarty

INVOICE

10120

DATE

PRESENTING CLINICAL SIGNS

History: Sudden onset anorexia, lethargy
Abnormal PE/Chem/CBC/UA Results: Leukocytosis 26K, neutrophilia 24K, creatinine 2.3, elevated Tp, GLOB, GGT: 14, TT4 10.3 Current Medications mirtazapine, Cerenia, amoxicillin

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 (3.84 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. The cortex is hypoechoic. Trace pyelectasia is present (0.18 cm in the longitudinal plane). A cortical infarct is observed at the caudal lateral aspect. There is no evidence of nephroliths or hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic.

The right kidney is normal size (3.81 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. The cortex is hypoechoic. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic.

Adrenal Glands

The left adrenal gland is normal size (0.59 cm length; 0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.96 cm length; 0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively prominent in size (1.01 cm in width at the level of the hilus) with a normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity and echotexture. Several small hyperechoic nodules are observed throughout the organ. Splenic vasculature is normal with no evidence of thrombosis.

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 mildly distended. A bi-lobed conformation is suspected. The wall is normal in thickness. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

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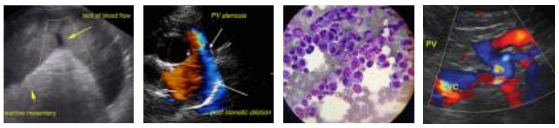

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Gastrointestinal

The gastric lumen is distended with ingesta. 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 thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecal colic junction and colonic wall is normal. No obstructive disease is noted.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, the pancreas is prominent to enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. A 0.46 cm irregular cystic area is observed in the region of the body.. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic. The base and limbs of the pancreas are isoechoic to surrounding omental fat.

Free Abdomen

Trace free fluid is observed. A 1.47 cm sublumbar lymph is visualized. The node is normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with acute pancreatitis with regional peritonitis. A pancreatic cyst is present.
- Bilateral nephropathy with trace pyelectasia and a left cortical infarct. Cranial retroperitonitis is present, possibly secondary to pyelonephritis or interstitial nephritis.

Secondary Findings

- The splenic nodules trend toward the benign (i.e., myelolipomas or foci of lymphoid hyperplasia with a low possibility of emerging neoplasia.
- The sublumbar lymph node is likely reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the renal changes, a urine culture and sensitivity is recommended to assess for pyelonephritis.
- Supportive care for acute pancreatitis is recommended including fluid therapy, gastric protectants, antiemetics, pain medication +/- fresh frozen plasma.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status as pancreatitis can sometimes result in pulmonary side effects and pleural effusion.

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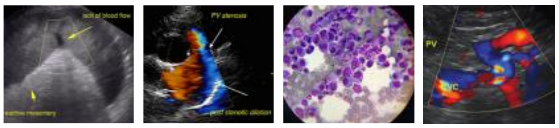

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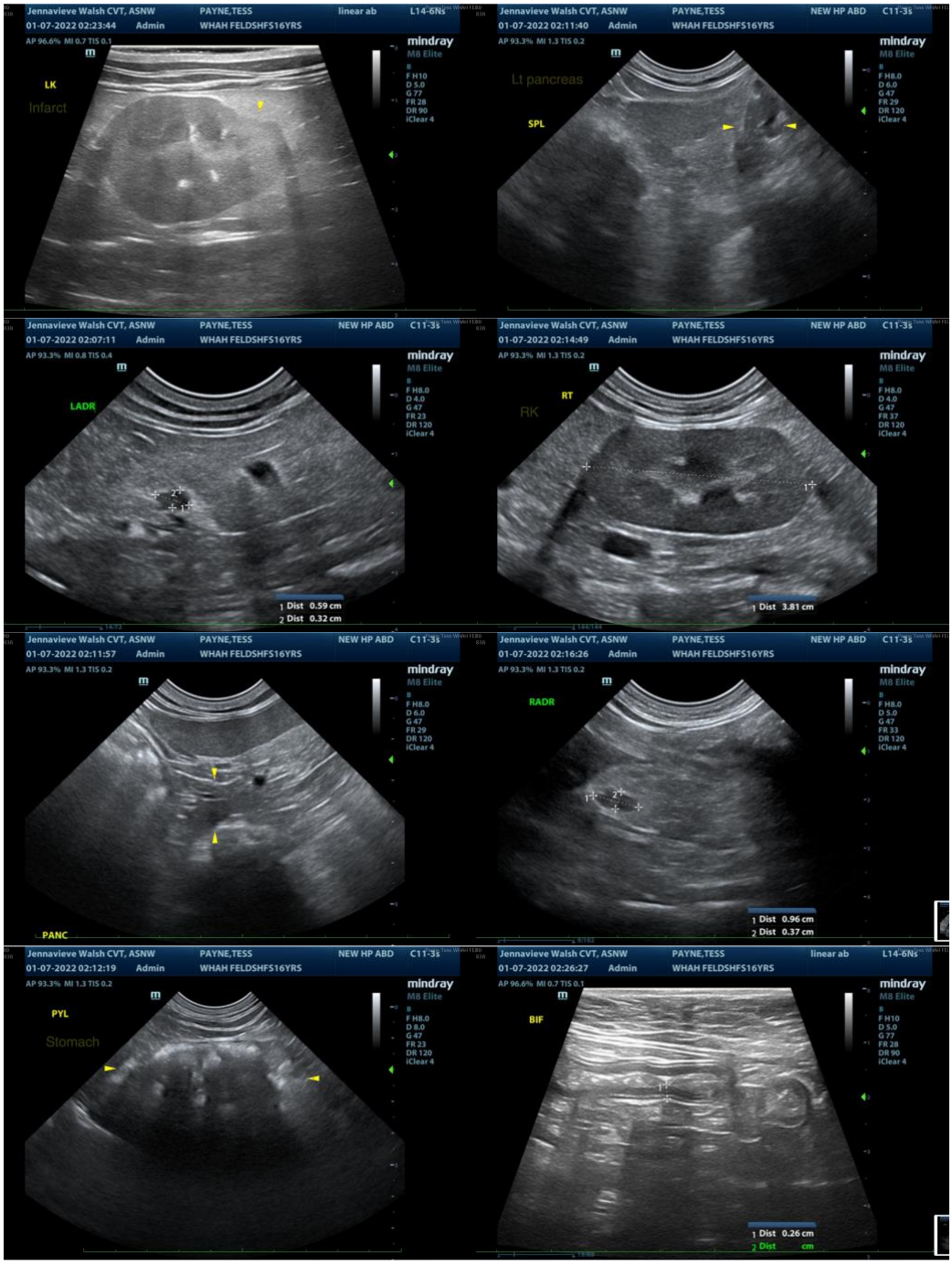
- Consider a GI panel including serum cobalamin and folate TLI and PLI to confirm pancreatitis and assess for concurrent gastrointestinal disease.



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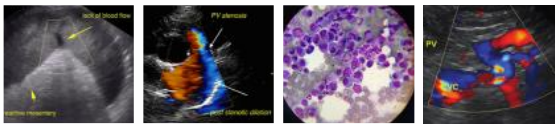

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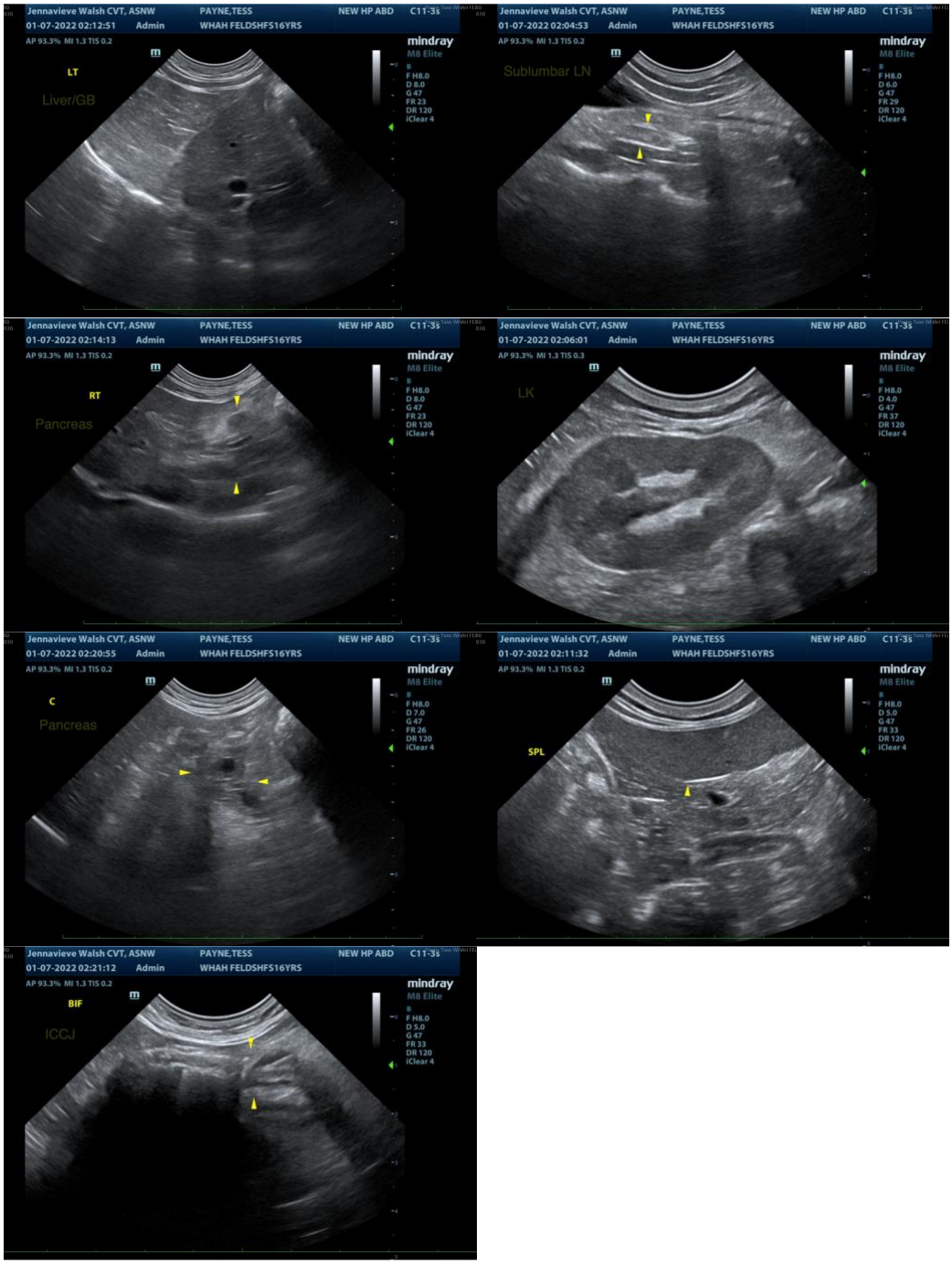
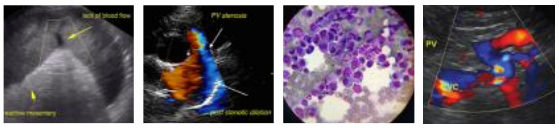


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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