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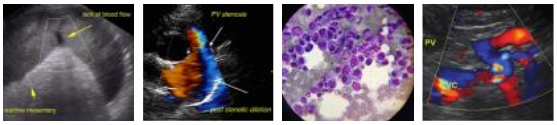


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Mi Casa Morlan

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

15 Years

WEIGHT

11.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Remcho

DATE

10/28/21

INVOICE

14047

PRESENTING CLINICAL SIGNS

History: Vomiting and poor appetite - first started one week ago. Responded to conservative therapy but P is still lethargic and eating less Radiographic Findings 3 radiographs dated October 22, 2021. Opposite lateral and ventrodorsal views of the abdomen. Comparison study dated May 14, 2020. Peritoneal detail is decreased with wispy soft tissue opacities throughout the peritoneal space. These are best seen over the falciform fat on the lateral views in the in the left mid abdomen on the ventrodorsal view. These are not seen on the previous study. There is the impression ill-defined increased opacity in the lateral aspect of the left mid abdomen. This is in the area of the left pancreatic lobe. On the previous study, the left pancreatic lobe has a mildly irregular lateral margin. The liver is of normal size. There appears to be a few small granular mineral opacities in the area of the gallbladder. These are more defined than on the previous study. The spleen is obscured. The visible portions of the kidneys and urinary bladder are normal. The stomach is gas distended but otherwise normal. The small intestines are diffusely gas-filled. The large intestines containing gas and formed feces. These have a somewhat stacked appearance in the descending colon. There are multiple sites of spondylosis deformans along the lumbar spine. There is variation in the widths of the lumbar intervertebral disc spaces. The L1 – 2 and L2 – 3 intervertebral disc spaces are most narrowed. Severe degenerative changes are at the stifles. Visible portions of the thorax are normal. Assessment: 1. Decreased peritoneal detail. This appears most severe in the left mid abdomen. Given the reported sonographic findings, concern is raised for a lesion arising from the left pancreatic lobe (carcinomatosis versus severe pancreatitis) disease. Recheck abdominal ultrasound is suggested. 2. Cholelithiasis. This is typically an incidental finding but follow-up is suggested based on laboratory tests for cholestasis. 3. Large volume feces within the large intestines. This may be incidental or represent constipation. Otherwise normal abdomen. 4. Possible lumbar intervertebral disc disease. Clinical correlation would be required to determine the significance of these findings. 5. Bilateral stifle degenerative joint disease.

Abnormal PE/Chem/CBC/UA Results: fPL - abnormal, WBC 19,940, Lymphocytes 14,120, Monocytes 3,830.

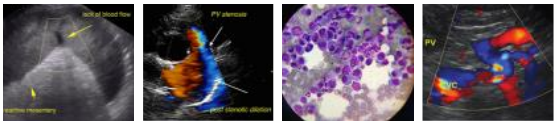
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 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 2.0 cm, are normal.

The left kidney is small in size (3.11 cm in length); with a slightly irregular shape. The cortex is variably thickened and there is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Moderate pyelectasia is present (0.40 cm in the longitudinal plane). There is no evidence of nephroliths or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.27 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. 1-2 small nephroliths are visualized. There is trace pyelectasia (0.14 cm in



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the longitudinal plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (1.16 cm length; 0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.89 cm length; 0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.68 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 enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder is moderately distended. The wall is normal in thickness. A 0.42 cm cholelith is observed within the lumen and is surrounded by a small amount of aggregated echogenic debris. The cystic and common bile ducts are normal.

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 mildly thickened (up to 0.34 cm) with a normal layering 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 colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb and body of the pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. Numerous varying sized ill-defined septated fluid filled structures are seen throughout the parenchyma. The surrounding mesentery is hyperechoic. Regional peritonitis is present.

Free Abdomen

There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

Other

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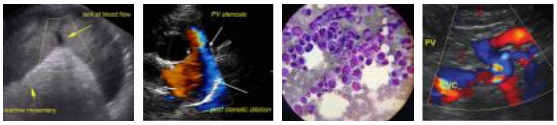

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A brief echocardiogram (no charge) reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes could be consistent with chronic active pancreatitis with abscessation or parenchymal cysts. Alternatively, infiltrative neoplasia with necrotic areas is also possible.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

Secondary Findings

- Bilateral age-related renal pathology with left dystrophic mineralization and right non-obstructive nephroliths. Renal pathology is more severe on the left side with suspected right-sided compensatory hypertrophy.
- Cholelith-incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fine needle aspirate of the left limb of the pancreas with submission for cytology and aerobic and anaerobic cultures is recommended (if clotting status is appropriate). A 25-gauge needle should be used.
- Three-view thoracic radiographs should also be performed to assess cardiopulmonary status.
- A malabsorption panel, including serum cobalamin, folate, TLI and PLI is also recommended.
- Depending on the results of the above diagnostics, an abdominal exploratory with pancreatic, hepatic and gastrointestinal biopsies may be necessary to get a definitive diagnosis. If surgery is to be pursued, referral to a board-certified veterinary surgeon is recommended due to potential for perioperative complications.
- Nutritional support (i.e., a temporary feeding tube) is also strongly recommended to help prevent/treat hepatic lipidosis.

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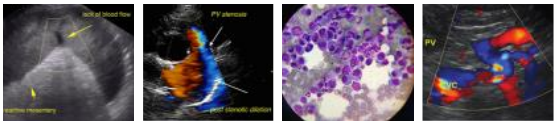

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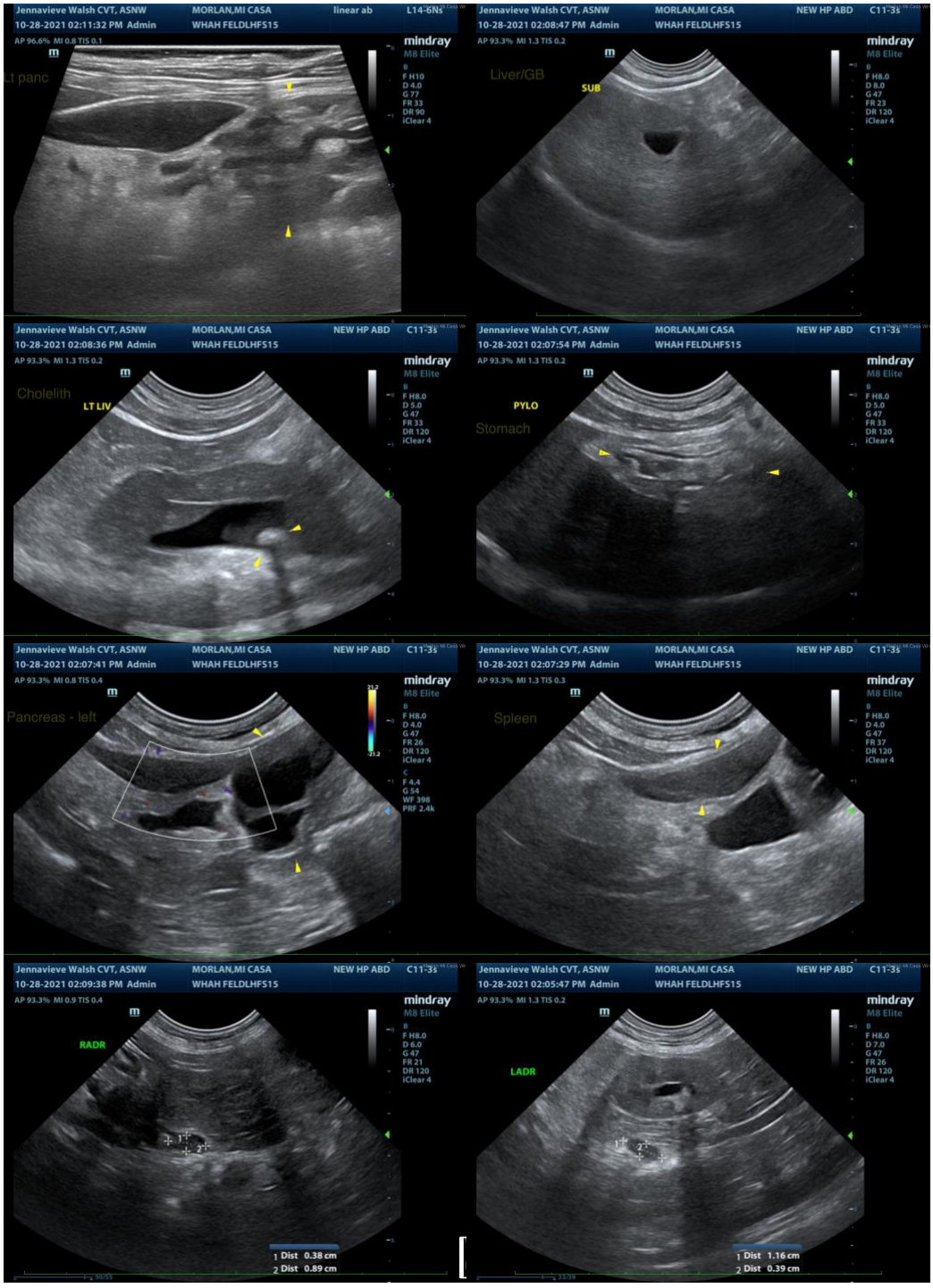

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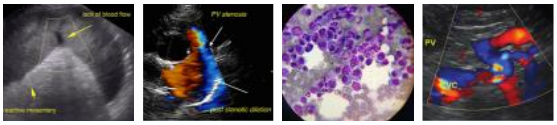

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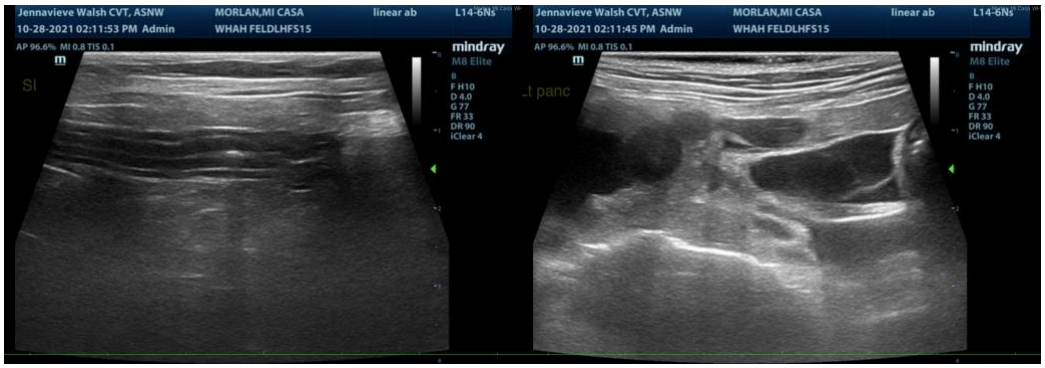

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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