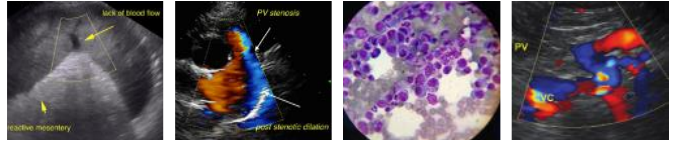


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Armand Dougherty

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

5 Years

WEIGHT

16 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

Dr. Ulassin

INVOICE

14057

DATE

10/29/21

PRESENTING CLINICAL SIGNS

History: vomiting and anorexia; wt loss in the past year. On cerenia, pepcid, buprenex, polyflex, IV LRS. R/O FB vs pancreatitis vs other
Abnormal PE/Chem/CBC/UA Results: WBC 28.7 wth elevated neuts (26); HCT incr 56.2%, amylase incr 1478

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 2.0 cm, are normal.

The left kidney is normal size (4.42 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (1.41 cm length; 0.63 cm width). Normal shape and glandular detail. The surrounding vasculature is normal.

The right adrenal gland is mildly enlarged (1.30 cm length; 0.64 cm width). Normal shape and glandular detail. The surrounding vasculature is normal.

Spleen

The spleen is normal in size (0.69 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.

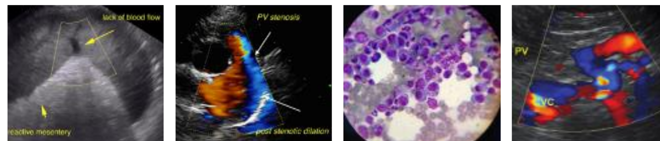
Liver

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.

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.

Gastrointestinal

The gastric lumen is mildly distended with fluid and is hypomotile. The gastric wall is normal in thickness with a normal layering pattern. A few small intestinal segments are mildly fluid distended



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and hypomotile. There remaining segments are not distended. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The left limb of the pancreas is prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The mesentery effacing the serosal surface is hyperechoic. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.21 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen

There is no evidence of free fluid. A few prominent lymph nodes are observed in the mid abdominal cavity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

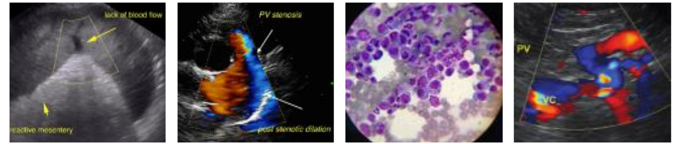
- The pancreatic changes are consistent with mild to moderate pancreatitis.
- Gastric and segmental small intestinal ileus, which may be secondary to pancreatitis or gastroenteritis. However, a partial small intestinal obstruction cannot be completely excluded.

Secondary Findings

- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.

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.
- Three-view thoracic radiographs are recommended to assess for aspiration pneumonia.
- Consider a GI panel, including serum cobalamin, folate, TLI and PLI to confirm pancreatitis and evaluate for concurrent gastrointestinal disease.
- If the patients' clinical signs do not improve in 48-72 hours, consider a repeat abdominal ultrasound to assess for changes.



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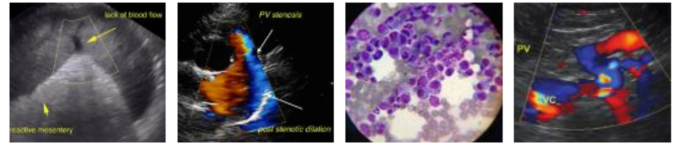

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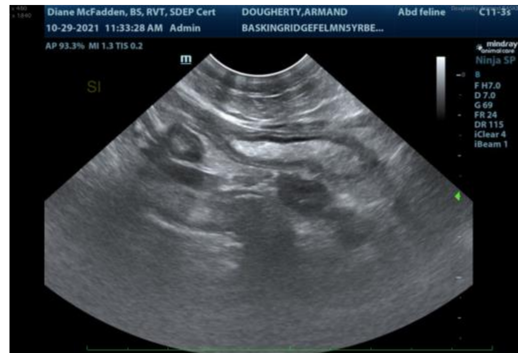

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DACVIM (Small Animal Internal Medicine)
info@SonoPath.com