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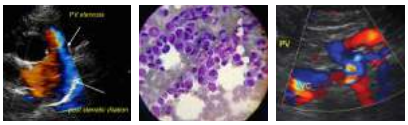

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DATE

10/5/21

PATIENT

Mocha Fluehr

SPECIES

Feline

BREED

Ragdoll

SEX

Male Neutered

AGE

2011

WEIGHT

17.2 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Padonia Veterinary Hospital

REFERRING VET

Dr. Youssef

INVOICE

11961kk

PRESENTING CLINICAL SIGNS

Patient has constantly had diarrhea, no appetite, lethargic.

Lab Results & Radiographs: Baseline lab work in June was unremarkable. T4 is normal. FeLV/FIV is negative. Coronavirus +. Abdominal radiographs are unremarkable.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: No sedation necessary.

Stat Report: Stat report not requested.

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 mildly distended. A moderate amount of suspended, 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 cm, are normal.

The left kidney is normal size (4.14 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.

The right kidney is normal size (4.18 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.94 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 is moderately distended. The wall is normal in thickness. Luminal contents are mostly anechoic. A bi-lobed confirmation is suspected. 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 thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis:

mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely enlarged (particularly the right limb) with irregular, peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and diffusely mottled in appearance with numerous, hypoechoic to anechoic nodules throughout the organ. The pancreatic duct is visible but not overtly dilated (0.18 cm in diameter). The mesentery effacing the serosal surface is hyperechoic.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes are most consistent with acute or chronic, active pancreatitis with regional peritonitis. The pancreatic nodules could be consistent with benign nodular hyperplasia and/or cystic areas. However, pancreatic neoplasia cannot be completely excluded.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

Secondary Findings:

- Non-specific, age-related renal pathology.
- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Nutritional support (i.e., via temporary feeding tube) is strongly recommended to help prevent/treat hepatic lipidosis.
2. A malabsorption panel including serum cobalamin, folate, PLI and TLI is also recommended.
3. Complete three-view thoracic radiographs should be performed to assess cardiopulmonary status, due to the potential systemic effects of moderate to severe pancreatitis.
4. A fine needle aspirate of the pancreas can be considered to further assess for infiltrative neoplasia.
5. Ultimately, if the patient does not clinically improve, pancreatic and gastrointestinal biopsies may be necessary to get a definitive diagnosis. If an aggressive approach is not pursued, corticosteroids could be considered as a last resort as long as the client understand the risks of steroid use without a definitive diagnosis.


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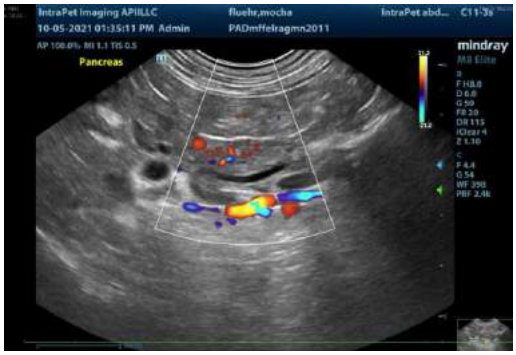
PADmffelragmn2011
Pancreas
mindray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Pancreas
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Stomach
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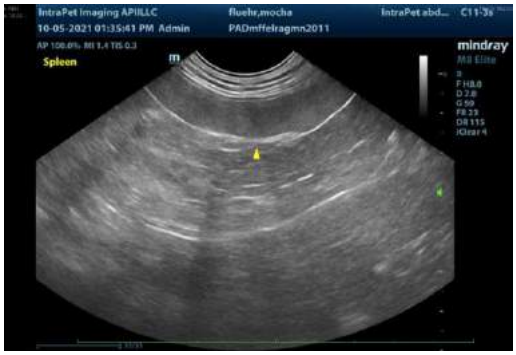
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Spleen
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Colon
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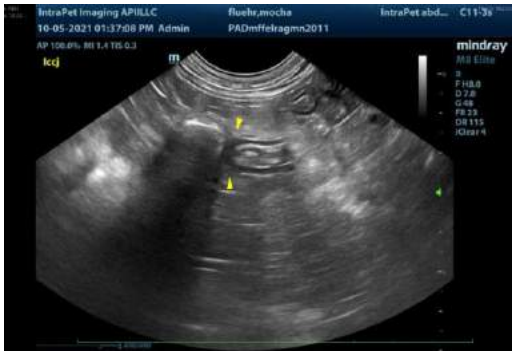
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Liver
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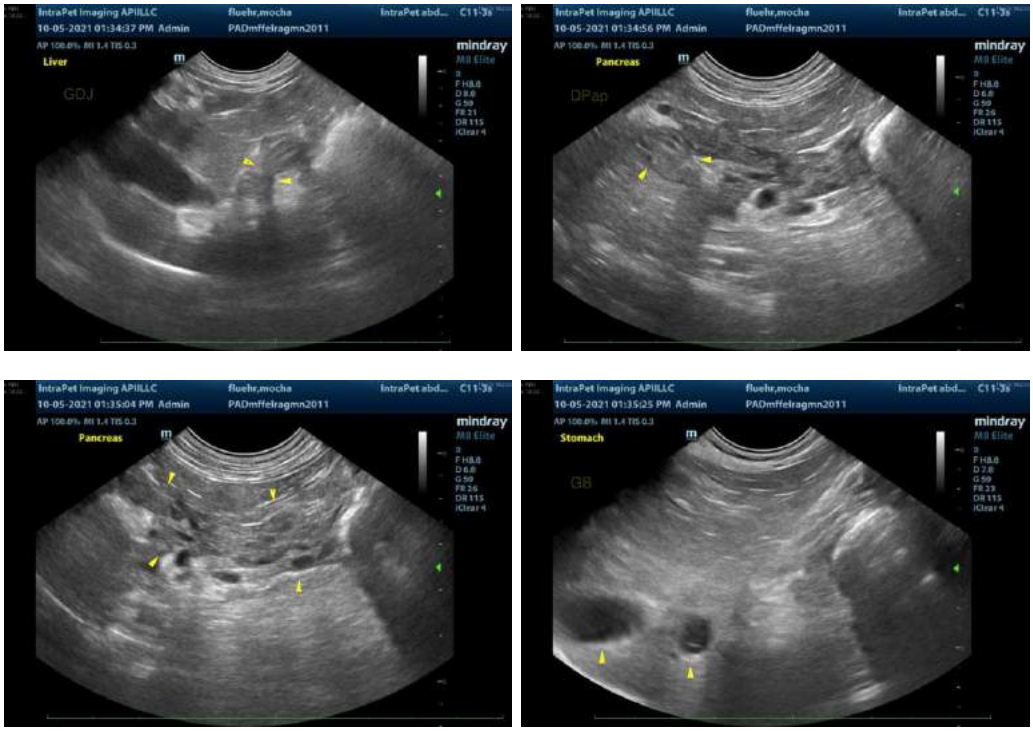

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)
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