SonoPath
Clinical Sonography & Telecytology
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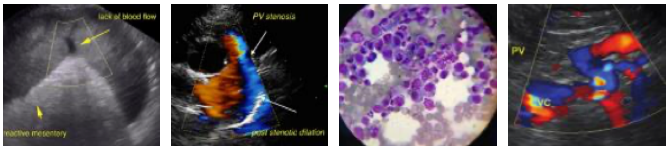


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Millie Kennedy

SPECIES

Feline

BREED

Domestic shorthair

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Ho Ho Kus VH

REFERRING VET

Dr. Eisenberg

INVOICE

12449

DATE

PRESENTING CLINICAL SIGNS

History: Diagnosed with DM 2 months ago, currently on 8 units lantus SQ BIG, still Pu/PD and polyphagic. Acute hx of diarrhea +/- melena
Abnormal PE/Chem/CBC/UA Results: PE WNL CBC/CHem elevated BG, UA and culture pending

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 (3.94 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present (0.16 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

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 mild loss of corticomedullary distinction. Trace pyelectasia is present (0.14 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.53 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.51 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

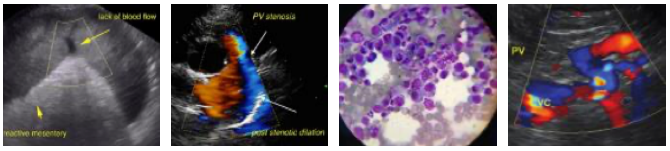
Spleen

The spleen is normal in size (0.81 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 prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits minor changes consistent with age-related remodeling. A 0.82 cm hypoechoic nodule is observed within the parenchyma. 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/not seen.

Gastrointestinal



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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 is normal to mildly thickened (up to 0.27 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 ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.13 cm in diameter). The mesentery effacing the serosal surface is slightly hyperechoic.

Free Abdomen

Trace free fluid is suspected. A few prominent lymph nodes are observed in the cranial and mid-abdominal cavity.

Other

A 1.85 cm fluid filled structure is observed in the caudal abdomen just ventral to the urinary bladder.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

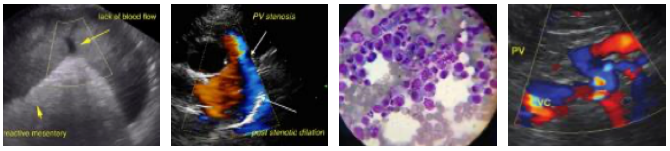
- The pancreatic changes are consistent with chronic, active pancreatitis. Neoplasia, however, cannot be completely excluded.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings:

- Bilateral age-related renal changes. The bilateral pyelectasia may be secondary to PU/PD, architectural remodeling, pyelonephritis, other.
- The cystic structure in the caudal abdomen may represent a cystic lymph node, a cyst or abscess within the mesentery, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- Given the pancreatic and bowel changes, consider the following:



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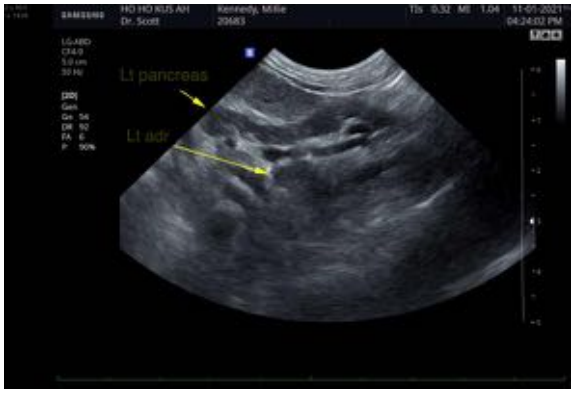
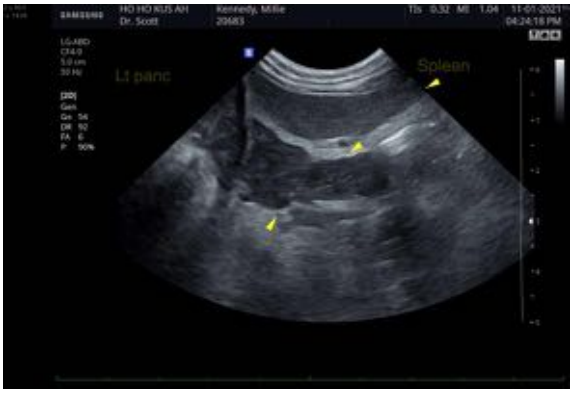
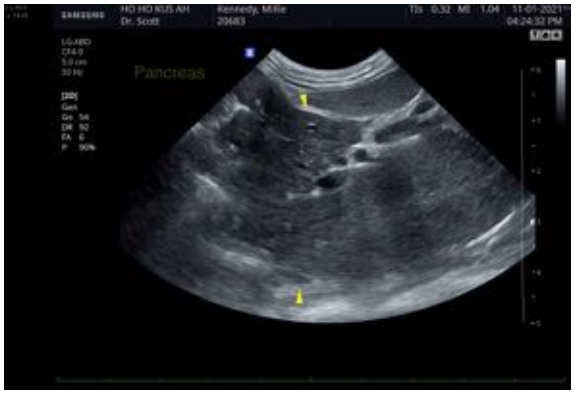
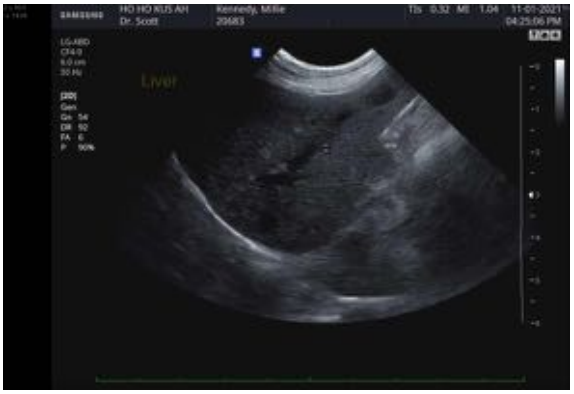
1. Fine needle aspirate of the pancreas, if clotting status is appropriate. A 25-gauge needle should be used.
2. GI panel including serum cobalamin, folate, TLI and PLI.
3. A fecal evaluation for ova/Giardia.
4. +/- gastrointestinal and pancreatic biopsies.

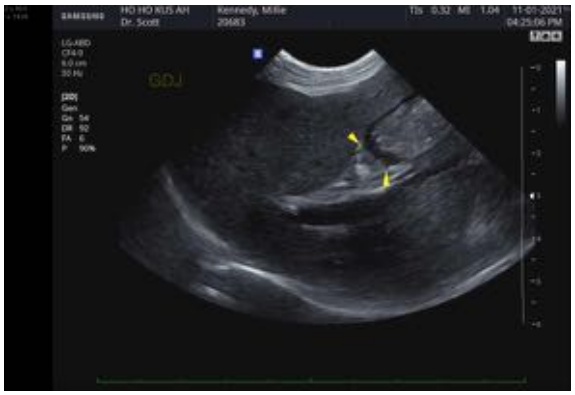
- Regarding the fluid filled structure in the caudal abdomen, an ultrasound guided fine needle aspirate is recommended. Again, a 25-gauge needle should be used.

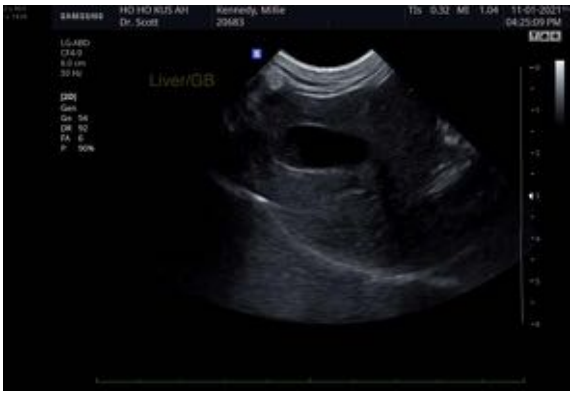












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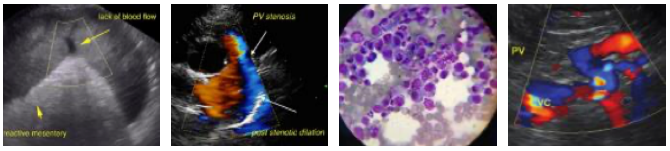

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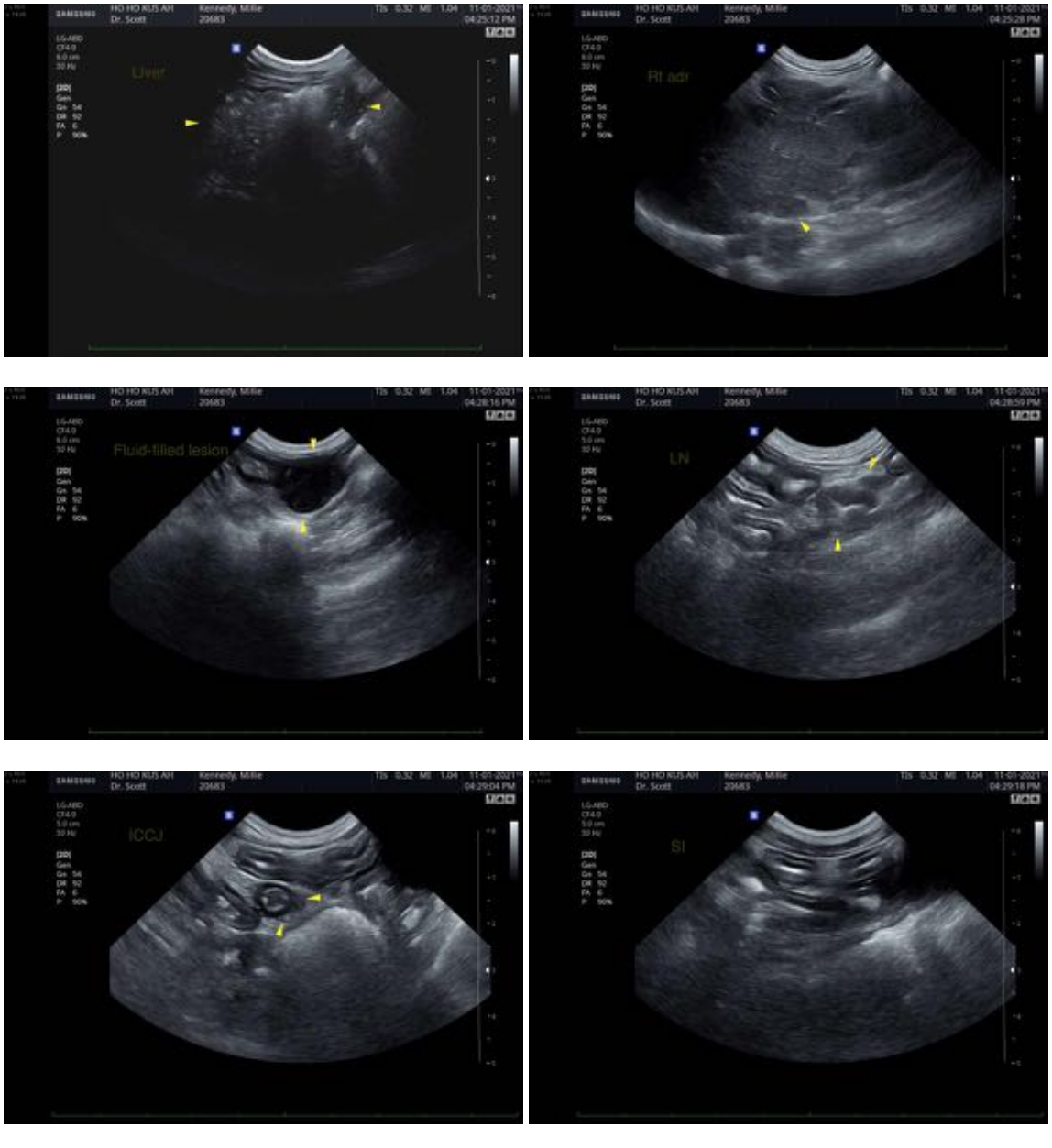

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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*)

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