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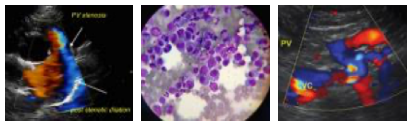

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DATE

11/15/2021

PATIENT

Flicker Haworth

SPECIES

Feline

BREED

Domestic mediumhair

SEX

Male, neutered

AGE

11/4/2015

WEIGHT

12.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Noah's Ark Veterinary & Boarding Resort

REFERRING VET

Dr. Martinez-Hernandez

INVOICE
12529

PRESENTING CLINICAL SIGNS

History: HX: Hypertrophic cardiomyopathy, Moderate left and mild right atrial dilation - slightly progressive. Mild left ventricular concentric hypertrophy with normal left ventricular systolic function. DM, Acromegaly, pancreatitis. The most recent annual exam main findings that are concerning: 1. Weight loss 2. Distended abdomen - fills fluid-filled - did brief US Scan (our probe was not working well but I do believe some fluid present but unable to get clear picture) 3. Abdominal palpation: left side - prominent /enlarged kidney vs. mass.
Current Medications: Benazepril 5mg - 1/2 tablet SID, Clopidogrel 75mg 1/4 tablet SID, Lantus 23 units BID, Fortiflora SID, Mirolax 1/4t BID
Dasuquin SID, B 12 injection .25 mls once a month (10/31/21 last dose).
Lab Results: currently, all renal values are WNL but did have a higher SDMA from previous trends; fpl - elevated but lower than previous years; UA- sample pending. T4 normal, fecal for ova and giardia negative.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required for a full diagnostic ultrasound.
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 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 cm, are normal.

The left kidney is normal size with a normal shape and smooth peripheral contours. The cortex is mildly thickened and there is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (5.51 cm in length) with a normal shape and smooth peripheral contours. The cortex is mildly thickened and there is poor corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is moderately enlarged. Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (1.00 cm width) with a slightly irregular shape. Glandular echogenicity and detail appear normal. Surrounding vasculature is normal.

Spleen

The spleen is normal in size (0.90 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 rounded peripheral contours. The parenchyma is hyperechoic relative to the spleen and subtly heterogeneous in appearance. No distinct focal lesions are observed. 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. A moderate amount of aggregated echogenic mostly gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 segmentally dilated with fluid (mild). The small intestinal wall is normal to mildly thickened (up to 0.29 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. A line of mucosal fibrosis is also seen 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 severely and diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and diffusely nodular in appearance. The pancreatic duct is visible but not overtly dilated (0.19 cm in diameter). The surrounding mesentery is hyperechoic.

Free Abdomen

Trace free fluid is observed. Several prominent mesenteric lymph nodes are visualized, the largest measuring 0.90 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes are most concerning for infiltrative neoplasia (i.e., adenocarcinoma) with secondary pancreatitis and regional peritonitis. Severe chronic pancreatitis with nodular hyperplasia, however, cannot be completely excluded.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The hepatic parenchymal changes could be secondary to diabetes mellitus/glycogen accumulation, hepatic lipidosis, inflammatory/immune mediated disease or infiltrative neoplasia (i.e., lymphoma).
- The trace ascites is likely secondary to pancreatic and/or bowel pathology.

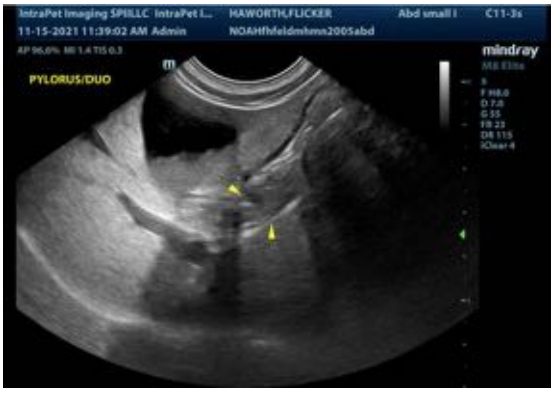
Secondary Findings:

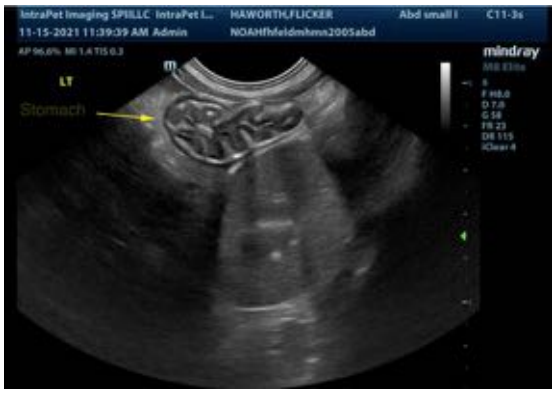
- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.
- Bilateral age-related renal changes with dystrophic mineralization.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the pancreas is recommended if clotting status is normal. A 25 gauge needle should be used. Also consider fine needle aspiration of the liver to assess for inflammatory/infiltrative disease.

- Depending on cytology results, surgical biopsies of the liver, GI tract, and pancreas may be necessary to get a definitive diagnosis.

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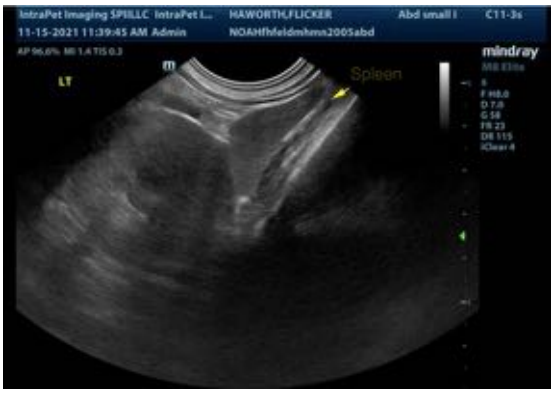
Stomach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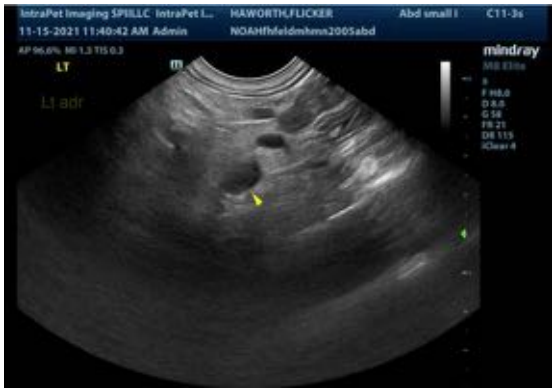
Spleen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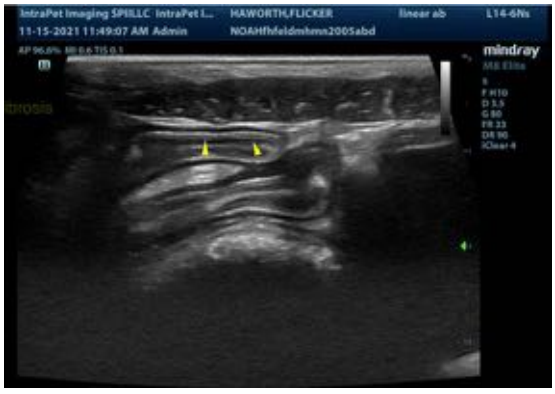
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.nicastro@sonopath.com