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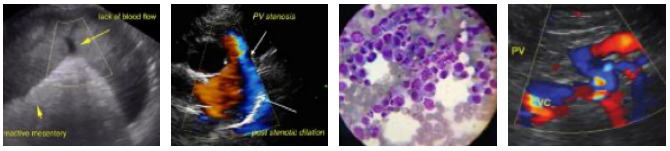

PATIENT
Chloe Ziehr

SPECIES
Feline

BREED
Domestic shorthair

SEX
Female, spayed

AGE
15 Yrs.

WEIGHT
4.53 kg.

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

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
SVS Imaging CT

REFERRING VET
Dr. Strauss

INVOICE
14265

DATE
11/23/22

PRESENTING CLINICAL SIGNS

History: Chloe presented to the MVS Emergency Service on Nov 22, 2022, at 3:15pm, for evaluation of inappetence, lethargy. Chloe is a post-op cholecystoduodenostomy from 11/18/22 secondary to bile duct obstruction from a gall stone. When Chloe went home she was just resting and seemed okay. On Sunday she was really cuddly with the owners and was perching in her normal places. Monday she was laying around a lot and nibbled a little bit on some fancy feast foods, and then today she has been resting in strange places like the floor and the closet, and has not been interested in eating. They took Chloe to her pcDVM, they noted that she was pyrexic, and recommended coming here right away.
Abnormal PE/Chem/CBC/UA Results: RBC - 4.72 (6.54-12.20) HCT - 20.0 (30.3-52.3) HGB - 6.7 (9.8-16.2) WBC - 22.54 (2.87-17.02) NEU- 19.67 (2.30-10.29) Mono- 0.92 (0.05-0.67) EOS - 0.05 (0.17-1.57) GLU- 272 (74-159) BUN- 15 (16-36) GLOB- 5.3 (2.8-5.1) ALT- 264 (12-130) ALKP- 186 (14-111) GGT- 21 (0-4) TBIL- 9.9 (0.0-0.9)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is 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 1-2 cm, are normal.

The left kidney is normal size (4.30 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal size (3.83 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. A few pinpoint hyperechoic foci are observed within the cortex.

Adrenal Glands

The left adrenal gland is normal in size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent in size (1.09 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. A 0.17 cm hypoechoic nodule is observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. There is an increase in portal markings. Some intrahepatic biliary tracts appear dilated. Vascular appears normal volume with no obvious evidence of congestion.

The gall bladder lumen is mildly to moderately distended. The wall is normal in thickness. It is observed adjacent/attached to the duodenum (cholecystoduodenostomy site). Luminal contents appear anechoic.

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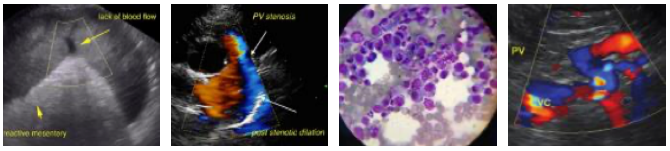

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Gastrointestinal

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. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the surrounding omental fat and subtly mottled in appearance. A few small hypoechoic nodules are observed in the left limb. The pancreatic duct is dilated (up to 0.42 cm in diameter). Surrounding mesentery is hyperechoic.

Free Abdomen

Trace free fluid is observed. A small amount of free gas is present. The mesentery in the cranial abdomen is hyperechoic.

1-2 prominent lymph nodes are observed adjacent to the ileocecocolic junction, the largest measuring 0.46 cm in diameter. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

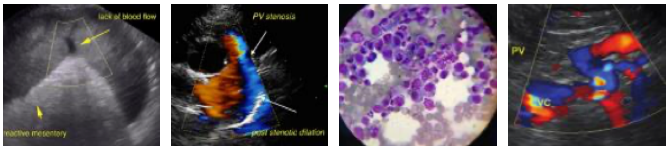
- The pancreatic changes are consistent with moderate to severe pancreatitis with adjacent peritonitis. This may be secondary to perioperative manipulation of the pancreas or potentially, bile leakage from the previous surgery site.
- The hepatic parenchymal changes are most consistent with an inflammatory process. However, emerging hepatic lipidosis cannot be completely excluded.
- The free gas is likely secondary to iatrogenic introduction of air during recent surgery.

Secondary Findings:

- Bilateral, chronic age-related renal changes with subtle dystrophic mineralization.
- The hypoechoic splenic nodule trends toward the benign (i.e., small focus of lymphoid hyperplasia or similar) with a lower possibility of an emerging tumor. This is a new finding.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Aggressive supportive care for acute pancreatitis is recommended including fluid therapy, pain medication, gastric protectants +/- fresh frozen plasma. If available, hyperbaric oxygen therapy would be useful in reducing post-operative inflammation. Broad spectrum antibiotic therapy is also recommended as empirical treatment for cholangiohepatitis/cholangitis.



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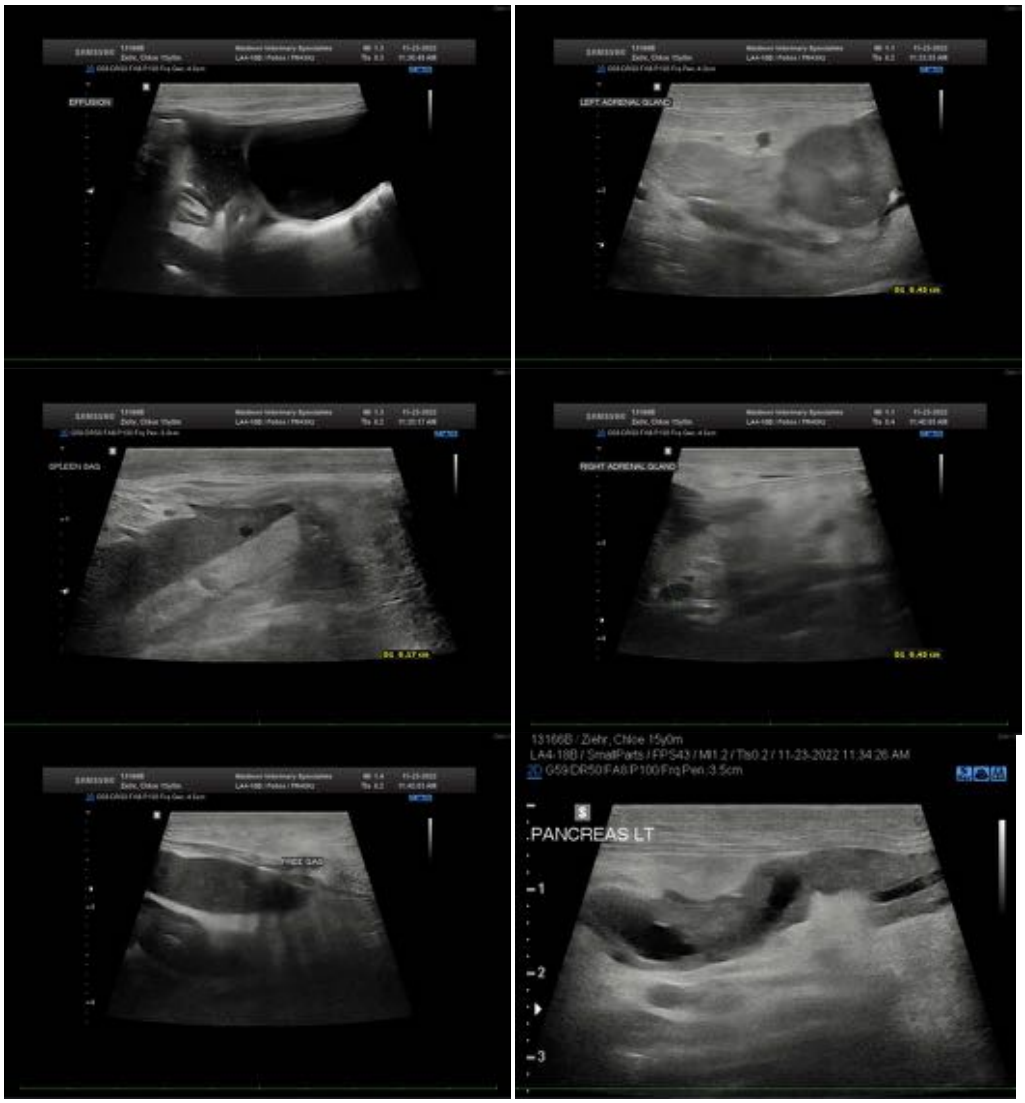
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, as pancreatitis can sometimes result in pulmonary effects.
- Serial (i.e., daily) sonographic monitoring of the abdomen is recommended to assess for worsening pancreatitis and increases in free fluid volume. If the patient is not clinically recovering with medical management and/or the amount of free fluid increases, a repeat abdominal exploratory may be necessary to evaluate for leakage from the surgery site.

ADDENDUM

Cytology results from the abdominal fluid became available after the ultrasound report was posted. Results reveal a septic effusion. Given this finding, there is suspicion of leaking from the surgery site and an abdominal exploratory is recommended.



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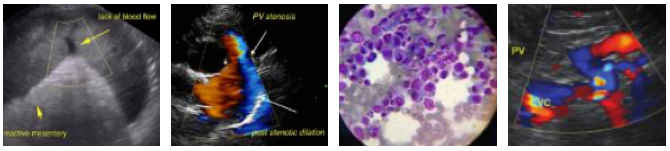

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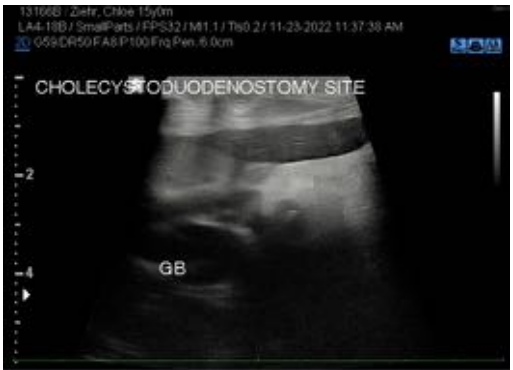

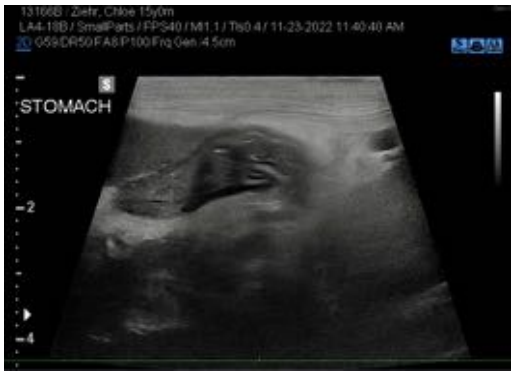

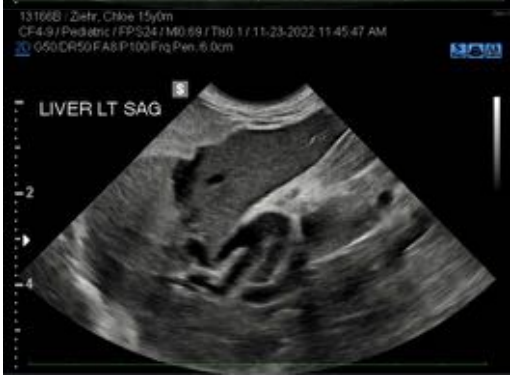

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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