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Clinical Sonography & Telecytology
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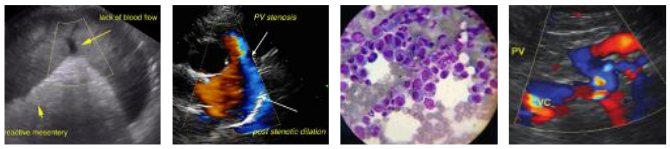


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bruno Kociba

SPECIES

Feline

BREED

Feline

SEX

Neutered Male

AGE

10 Years

WEIGHT

6.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Hess

HOSPITAL NAME

Pet Medic UCVC

REFERRING VET

Amy Hess

INVOICE

13012

DATE

12/11/21

PRESENTING CLINICAL SIGNS

History: Straining to defecate and lethargic Ascites noted on PE
Abnormal PE/Chem/CBC/UA Results: Neutrophilic Leukocytosis Fluid analysis pend

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 mostly 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 (4.30 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 (3.94 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.

Adrenal Glands

The left adrenal gland is normal size (0.49 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 contracted (0.60 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

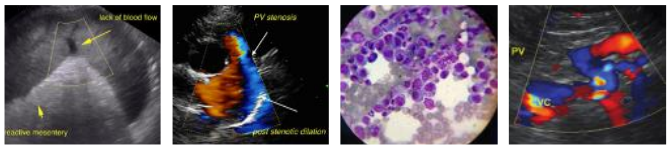
Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. Several hypoechoic nodules/masses are observed throughout the organ, the largest measuring 2.7 cm in diameter. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is mildly to moderately distended. The wall is normal in thickness. A small amount of aggregated echogenic debris is observed within the lumen. The cystic and common bile ducts are tortuous and dilated. The common bile duct measures up to 0.42 cm in diameter.

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 colonic wall is normal. There is no evidence of an obstructive pattern.



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Pancreas

The pancreas is diffusely and severely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative so surrounding omental fat and mottled in appearance with foci of mineralization. The surrounding mesentery is hyperechoic. A mass effect (approximately 3.12 cm) is observed in the region of the body of the pancreas.

Free Abdomen

A moderate amount of free fluid is present within the abdomen. The mesentery throughout the abdomen is hyperechoic and irregular/nodular in appearance. Several ill-defined hypoechoic nodules are observed within the mesentery in the cranial abdomen. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Pancreatic mass effect. Neoplasia (i.e., adenocarcinoma) is suspected with a lower possibility of severe pancreatitis. Regional peritonitis is present.
- The hepatic nodules and nodules within the cranial mesentery are concerning for metastatic lesions.
- The diffuse hepatic parenchymal changes could be consistent with hepatic lipidosis, inflammatory disease, infiltrative neoplasia, other.
- The cystic/common bile duct dilation may be secondary to extraluminal obstruction resulting from the pancreatic pathology.

Secondary Findings

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The splenic contraction is likely secondary to dehydration.
- Minor age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Fine needle aspirates of the pancreas and abdominal fluid are recommended. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. However, given the diffuse abdominal pathology, the prognosis for this patient is considered guarded.

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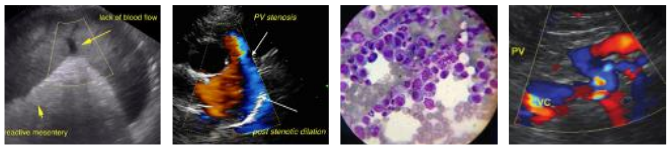

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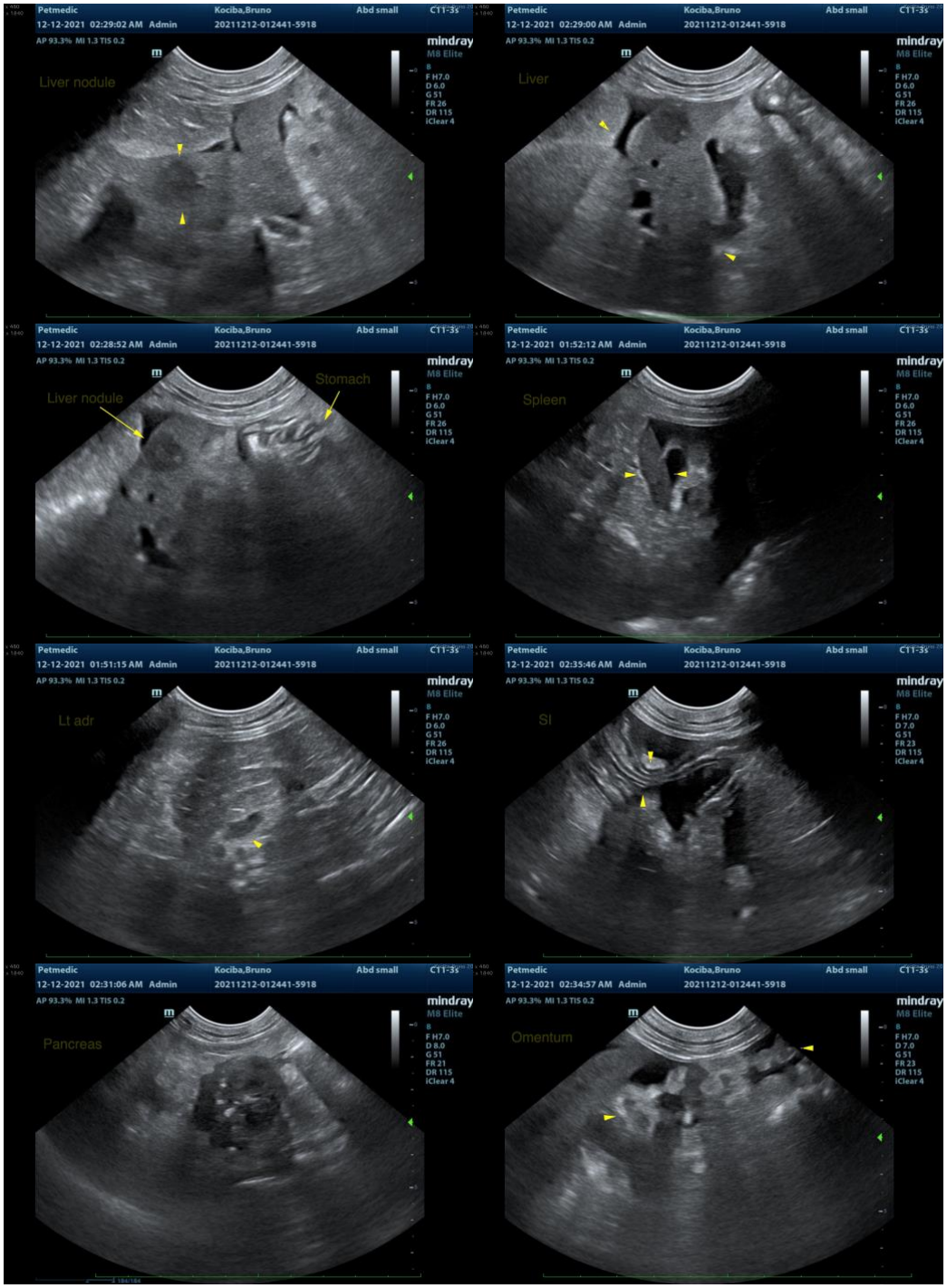

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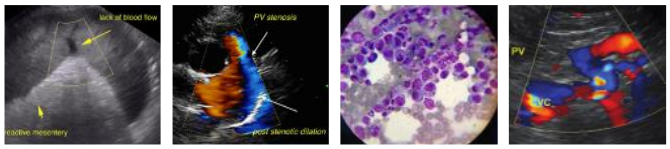

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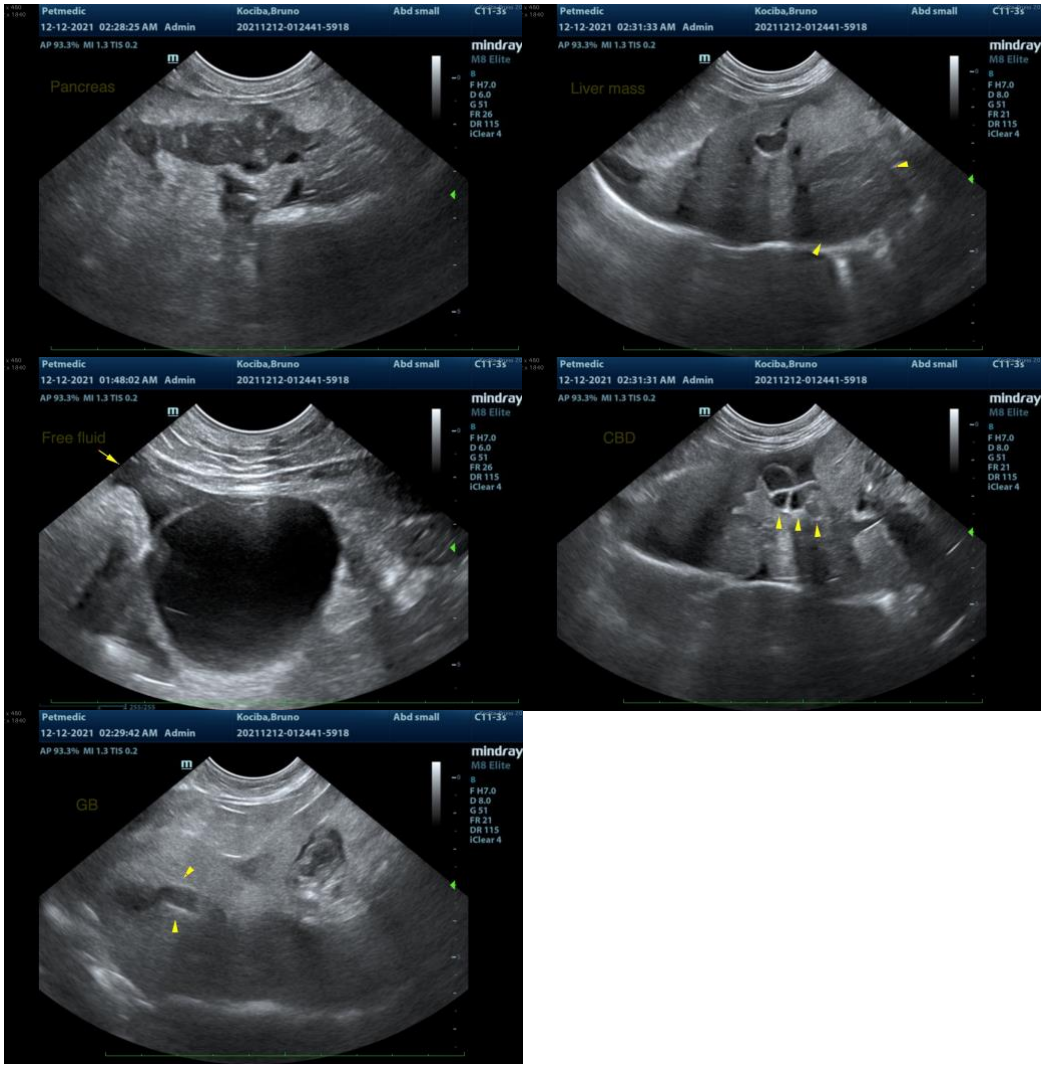

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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