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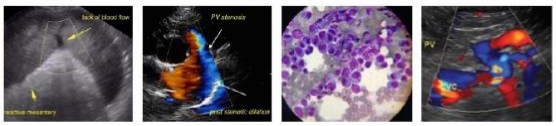


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Carly Campbell

SPECIES

Feline

BREED

Russian Blue

SEX

Spayed Female

AGE

14 Years

WEIGHT

4.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystall Hill

HOSPITAL NAME

Chippawa AH

REFERRING VET

Dr. Dowell

INVOICE

13073

DATE

12/15/21

PRESENTING CLINICAL SIGNS

History: History of throwing up regularly but worse lately. Seems to be unwell. Some skin abrasions noted and miliary dermatitis. Has been on Prednisolone previously and also advantage and Bravecto. Vomits unchewed food and sometimes water but is missing a few teeth. Will eat grass outside and vomit that as well. Mildly dehydrated at exam.
Abnormal PE/Chem/CBC/UA Results: M1 Increased SDMA, BUN, ALT, ALP.

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 (3.24 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. Renal vasculature is normal.

The right kidney is normal size (3.68 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. Renal vasculature is normal.

Adrenal Glands

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

Spleen

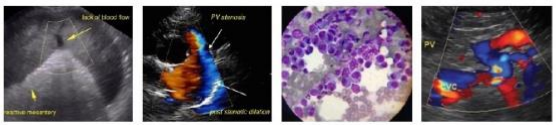
The spleen is subjectively normal in size (0.87 cm in width at the level of the hilus) with an undulating medial contour and slight capsular swelling in the region of the hilus. Using the high frequency probe, a light micronodular pattern is visible. 1-2 small hyperechoic nodules/areas are observed. 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 mildly distended. The wall is slightly thickened (up to 0.19 cm) and hyperechoic. Luminal contents are mostly anechoic. The cystic and common bile ducts are visible/tortuous but not overtly dilated. There is no evidence of an intraluminal obstruction. The duodenal papilla is visible and is normal in size (0.49 cm in width).

Gastrointestinal



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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 is normal to mildly thickened (up to 0.30 cm) 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.

Pancreas

The pancreas is diffusely visible with slightly irregular peripheral contours. The parenchyma is subtly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is dilated (0.25 cm in diameter).

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are most consistent with chronic pancreatitis
- The small intestinal pattern is most consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The gallbladder wall changes could be consistent with cholecystitis and/or benign age-related hyperplasia.

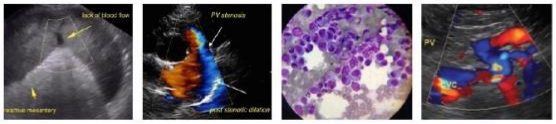
Secondary Findings

- The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Minor age-related renal changes

*Given the history of elevated liver values and the sonographic changes," triaditis" is a consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A T4/free T4 by equilibrium dialysis is recommended, if not already performed.
- Given the patient's age, three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Consider a fine needle aspirate of the liver if clotting status is appropriate. A 25-gauge needle should be used.



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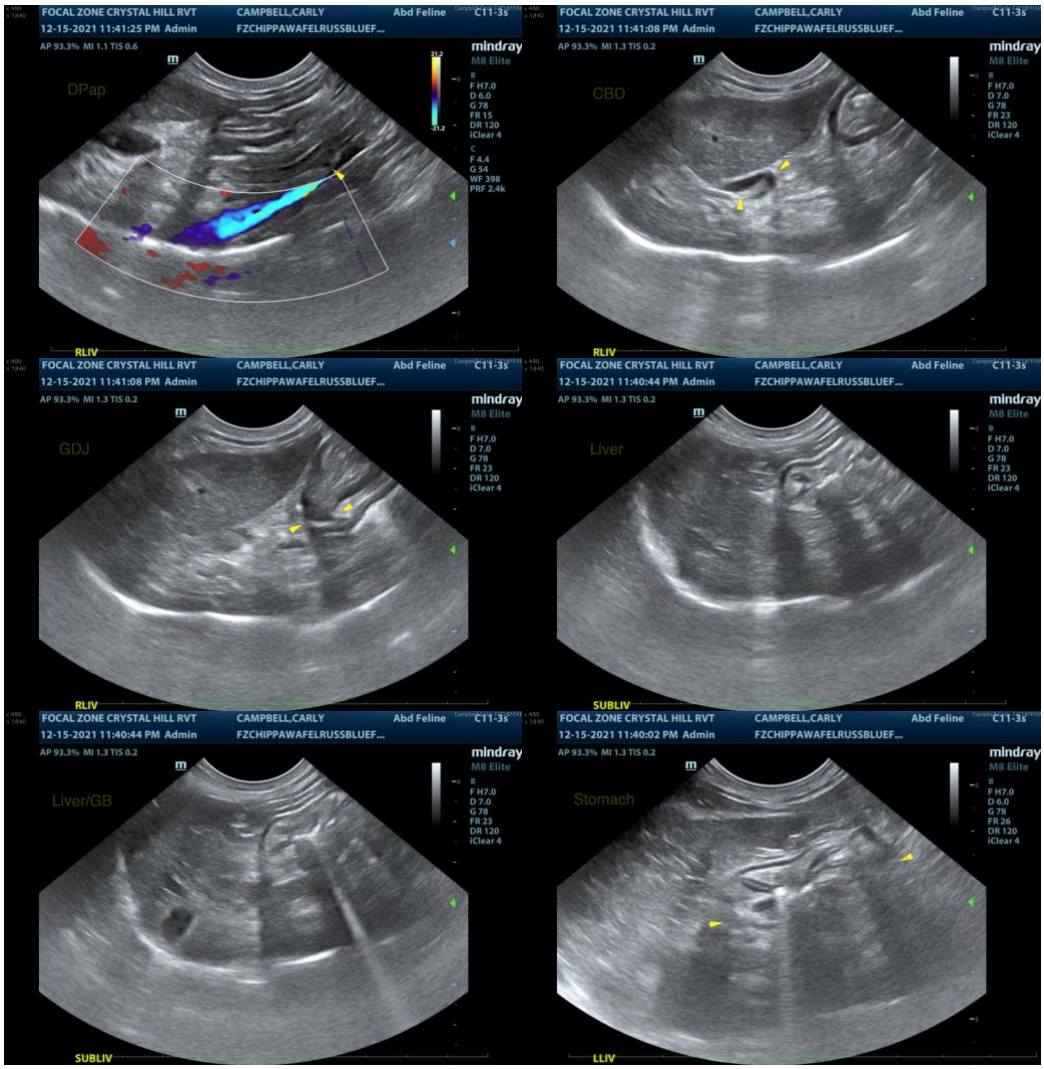
- A GI panel, including serum cobalamin, folate, TLI and PLI is also recommended.
- Ultimately, surgical gastrointestinal and hepatic biopsies may be necessary to get a definitive diagnosis.



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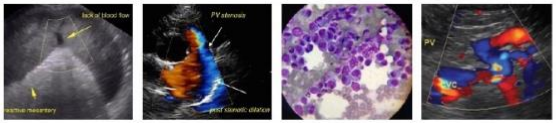

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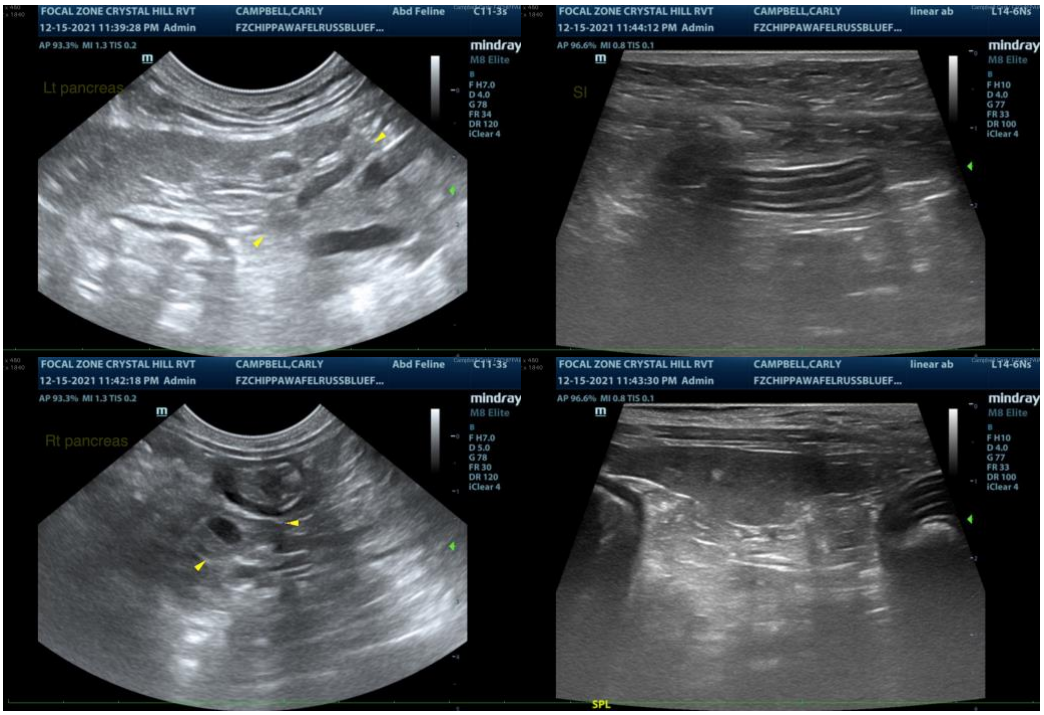

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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_nicastro2@hotmail.com