

PATIENT PRESENTING CLINICAL SIGNS

Holly Kane History: Finicky appetite; intermittent vomiting. Spec fPL 18.3, very elevated.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline 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. The region of the trigone and the visible portion of the proximal urethra are normal.

BREED

Maine Coon

The left kidney is normal size (3.77 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

SEX

Spayed Female

The right kidney is normal size (4.11 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

15 years

Adrenal Glands

The left adrenal gland is normal size (0.31 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

WEIGHT

13 lbs

The right adrenal gland is normal size (0.38 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

Spleen

The spleen is normal in size (0.85 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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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.

HOSPITAL NAME

Norfolk County VS

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.

REFERRING VET

Christina Poor,
BVetMed

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 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 most segments. A line of mucosal fibrosis is observed in a few small intestine segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

INVOICE

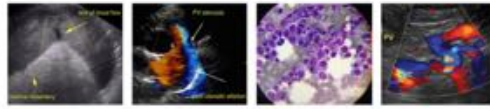
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Pancreas

The pancreas is diffusely visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. The pancreatic duct is

DATE

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PATIENT

borderline dilated (0.25 cm in diameter). The mesentery effacing the serosal surface of the body of the pancreas is hyperechoic.

Holly Kane

Free Abdomen

There is no obvious evidence of free fluid. Two prominent colic lymph nodes are visualized (the largest measuring 0.50 cm in length). Surrounding mesentery is mildly hyperechoic.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

Maine Coon

Primary Findings

- The pancreatic changes are most consistent with acute-on-chronic pancreatitis. Adjacent peritonitis is present.
- The bowel pattern is consistent with inflammatory bowel disease with potential for emerging lymphoma.

SEX

Spayed Female

Secondary Findings

- The prominent colic lymph nodes are most likely reactive.
- Bilateral chronic degenerative renal changes

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma.
- Regarding the bowel changes, consider the following:
 1. Fecal evaluation for ova and Giardia
 2. Initiation of a probiotic (when the patient is eating again)
 3. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
 4. +/- transitioning to a prescription hydrolyzed protein or limited antigen diet, in the event that the patient's GI signs are chronic

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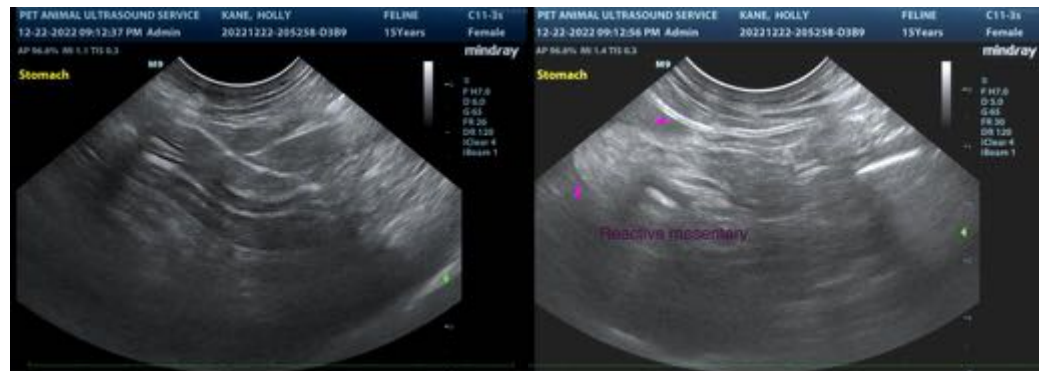
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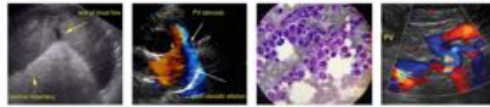
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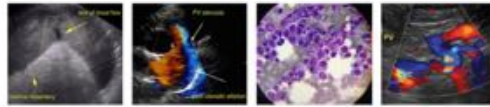
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Holly Kane

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

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