

**DATE PRESENTING CLINICAL SIGNS**

2/21/23

Treating for pancreatitis.

PATIENT

Sparky Cummings

Current Medications: None listed.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Feline

BREED

Domestic longhair

SEX

Male, neutered

AGE

2/21/2013

WEIGHT

11.6 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Animal Medical Center
 of Bel Air

REFERRING VET

Dr. Chaudhry

INVOICE

14613

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

The left kidney is normal size (4.40 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic.

The right kidney is normal size (4.24 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. The mesentery surrounding the kidney is hyperechoic.

Adrenal Glands

The left adrenal gland is normal in size (0.38 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 subjectively normal in size 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 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 lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated echogenic debris/sludge 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 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 ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely visible with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is mildly dilated (0.26 cm in diameter).

Free Abdomen

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

Other

A brief visualization of the thorax reveals a small amount of pleural and trace pericardial effusion. The mediastinal fat appears hyperechoic.

There are questionable ring down lesions within the thorax.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

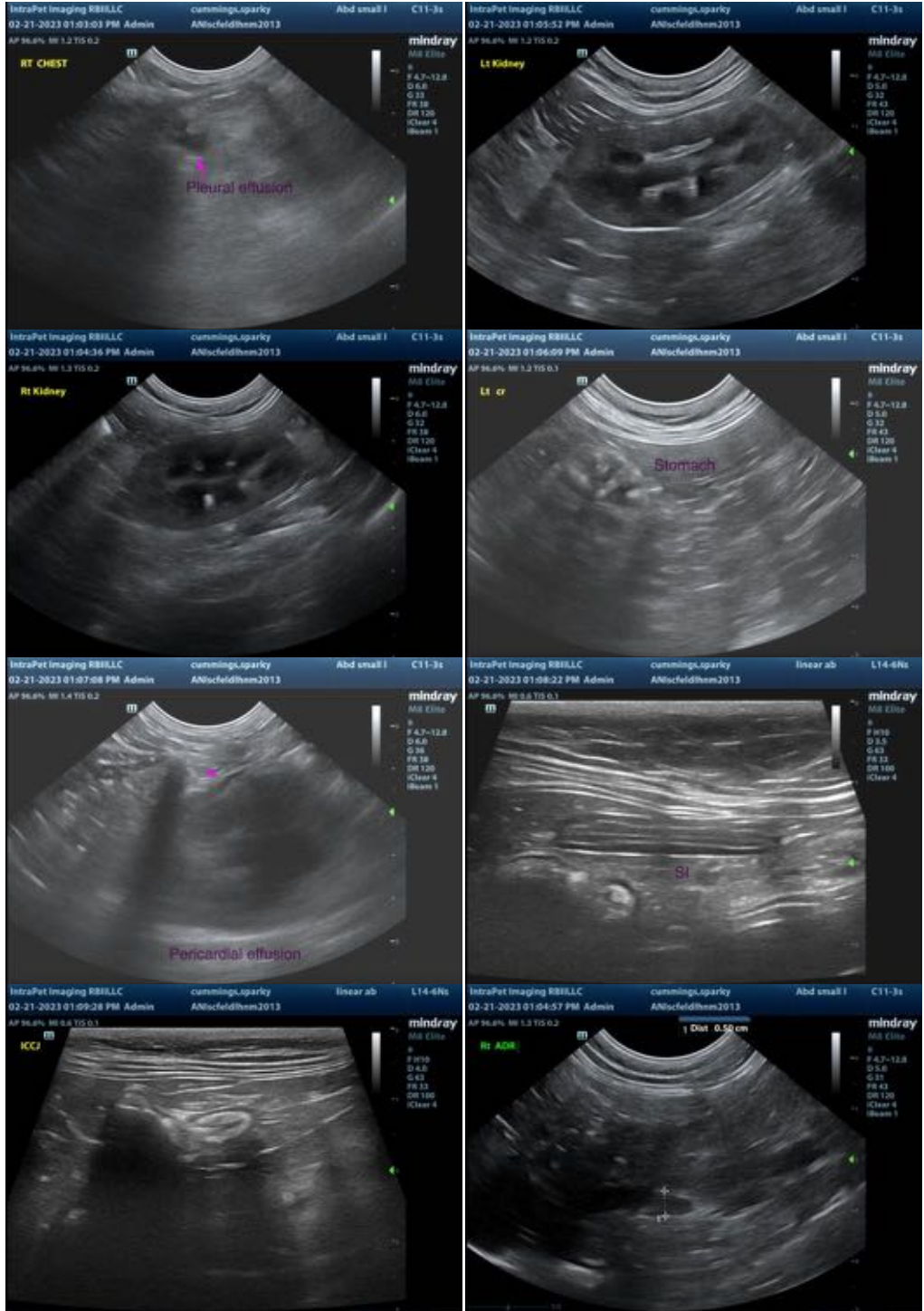
- Pleural and pericardial effusion. Differentials include effusion secondary to congestive heart failure, neoplastic effusion, hemorrhage, pyothorax, other.

Secondary Findings:

- The bowel pattern is suggestive of inflammatory bowel disease. There is some potential for emerging lymphoma. However, neoplasia is considered less likely at this time.
- The pancreatic changes are most consistent with chronic pancreatitis.
- Bilateral, chronic age-related renal changes. Concurrent retroperitonitis is present, the etiology of which is unclear. It may be secondary to renal infection, sterile interstitial nephritis, emerging neoplasia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Depending on the thoracic radiograph results, consider a full echocardiogram, ECG, and baseline blood pressure measurement. Thoracocentesis with submission of the pleural fluid for fluid analysis and cytology should also be considered.
- Given the retroperitonitis, a urine culture and sensitivity is recommended.
- Regarding the bowel and pancreatic changes, consider a malabsorption panel including serum cobalamin, folate, TLI and PLI +/- GI biopsies (if warranted).





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.

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