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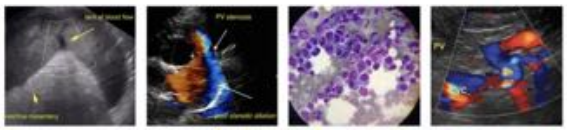


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Romeo Bradshaw

SPECIES

Feline

BREED

Siamese Mix

SEX

Neutered Male

AGE

8/19/10

WEIGHT

8.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Park West VA

REFERRING VET

Harasim

INVOICE

12279

DATE

2.24.23

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: QAR, MM pink tacky CRT=2 sec
Abdomen soft/comfortable on exam, no masses/organomegaly noted
CV/Resp WNL. Temp 102.3F

Abnormal lab-work values: Glucose 268, ALT 835, GGT 13, tBili 2.9, Cl 109
Retic 1.9 L

Current Medications: c/d food

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 is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. 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 in size (4.09 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.81 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

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 size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.95 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.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is distended. The wall is normal in thickness. A moderate amount of gravity dependent, echogenic debris/sludge is observed within the lumen. The cystic and common bile ducts are tortuous and dilated. The common bile duct measures up to 0.75 cm in diameter at the distal aspect. The cystic and common bile duct walls are mildly thickened. The wall of the distal common bile duct at the level of the duodenal papilla is severely thickened (up to 0.75 cm) and irregular. There is at least one focus of mineralization (0.22 cm) in this region, which is either within the lumen or within the wall of the common bile duct.

Gastrointestinal
The gastric lumen is moderately fluid-distended and hypomotile. 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 1.29 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas
The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is diffusely dilated (up to 0.42 cm in diameter). Surrounding mesentery is hyperechoic.

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

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The thickened distal common bile duct wall, with an area of mineralization, may represent a mineralized tumor (i.e., biliary carcinoma) or a choledocolith with secondary severe cholangitis. There is at least partial obstruction of the common bile duct Mild diffuse cholangitis is also present.
- The pancreatic changes are consistent with moderate to severe acute pancreatitis.
- The mild hepatomegaly may be secondary to inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), emerging hepatic lipidosis, infiltrative neoplasia (less likely), other hepatopathy.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.
- Gastric ileus, likely secondary to pancreatic and hepatobiliary pathology

Secondary Findings

- Mild bilateral age-related renal changes with nonobstructive nephrocalcinosis

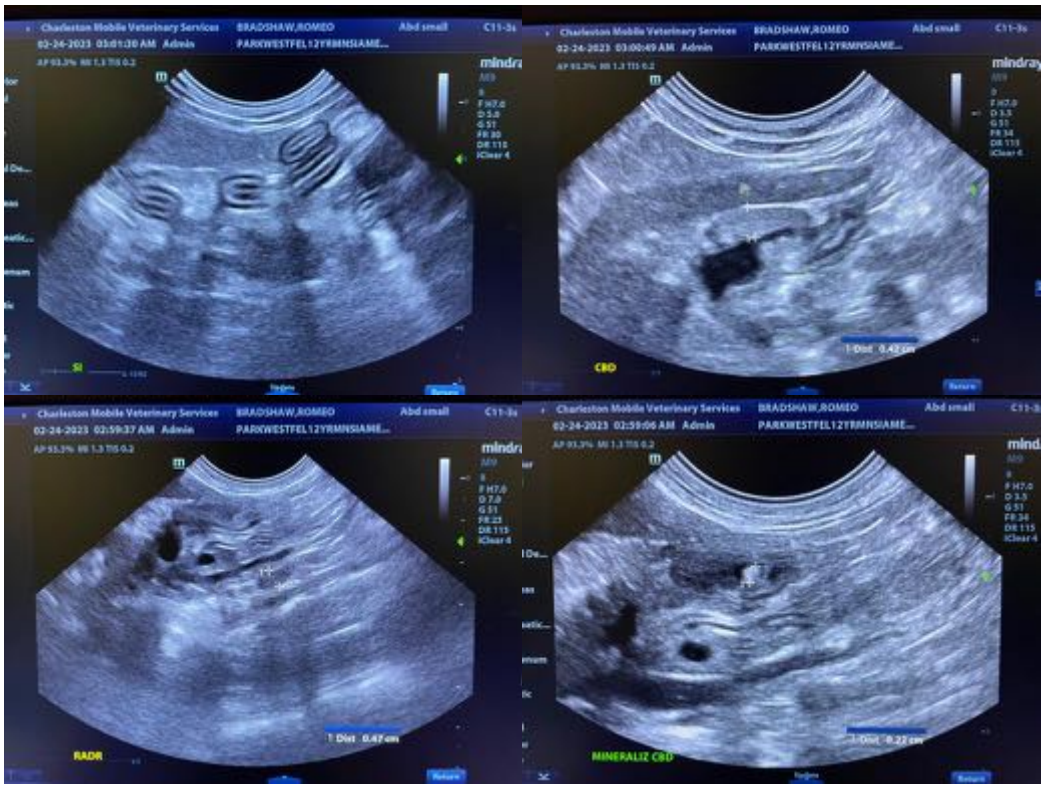
  *Given the sonographic changes, “triaditis” is a consideration in this patient.

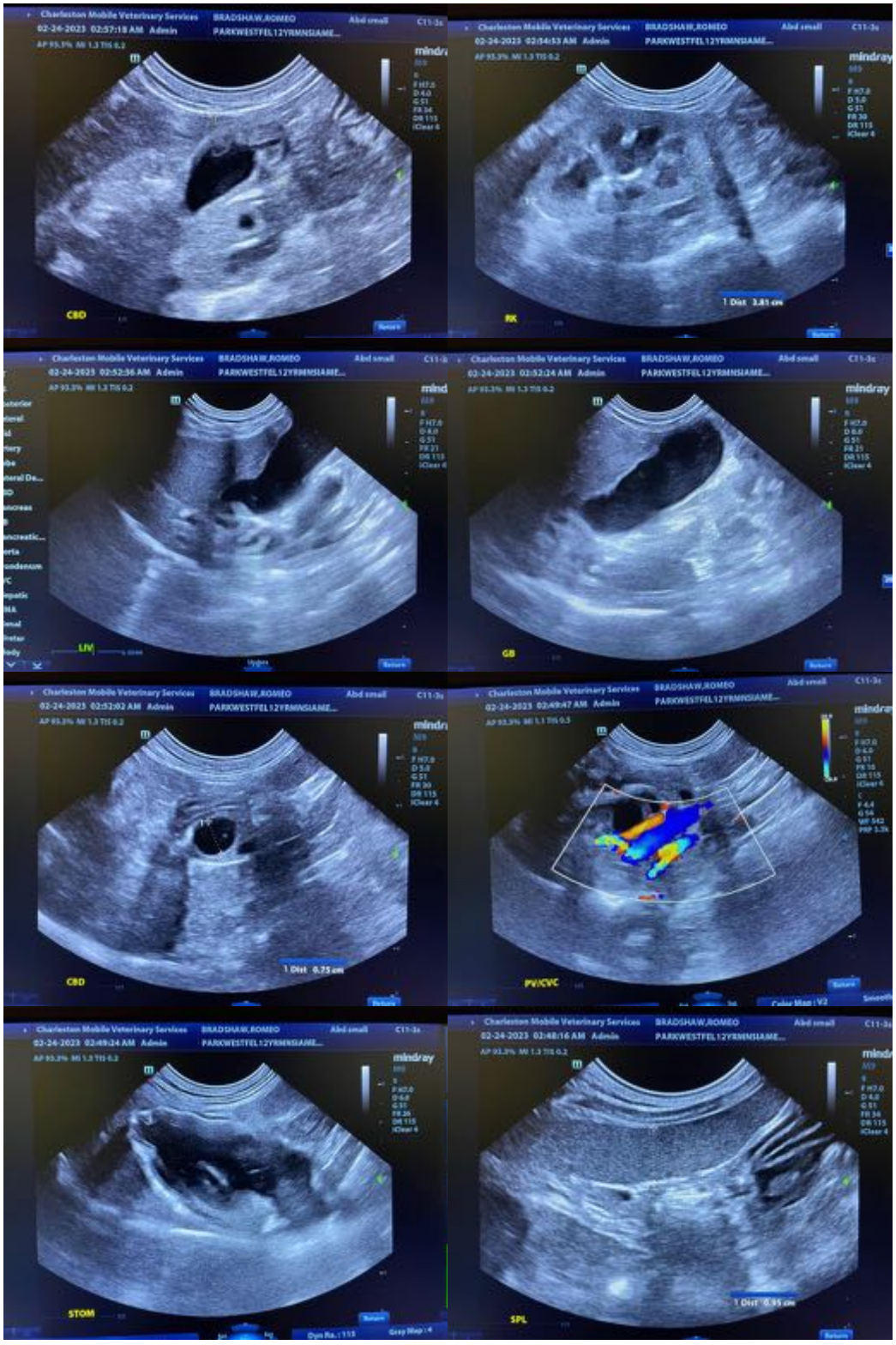
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider referral to a board-certified surgeon for an abdominal exploratory with assessment of bile duct patency, +/- biopsies of the distal common bile duct, and biopsies of the liver and GI tract. Supportive care for acute pancreatic/bacterial cholangiohepatitis/cholantitis and inflammatory bowel disease is also recommended. If surgery is not pursued at this time, aggressive medical management for the above differentials is recommended, including IV fluid therapy, pain medication, broad-spectrum antibiotics, nutritional support +/- fresh frozen plasma and other

symptomatic measures, with daily monitoring of the total bilirubin. If the total bilirubin continues to increase, an abdominal exploratory to assess bile duct patency would be warranted.

- Three-view thoracic radiographs and clotting times should be performed prior to surgery.
- A GI panel including serum cobalamin, folate, TLI and PLI is also recommended.




Charleston Mobile Veterinary Services
BRADSHAW,ROMEO
02-24-2023 02:57:18 AM Admin
PARKWESTFEL12YRMNSIAME...
CBD
02-24-2023 02:54:53 AM Admin
1 Dist 3.85 cm
RK
02-24-2023 02:52:36 AM Admin
LIV
02-24-2023 02:52:24 AM Admin
GB
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1 Dist 0.75 cm
CBD
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PV/CVC
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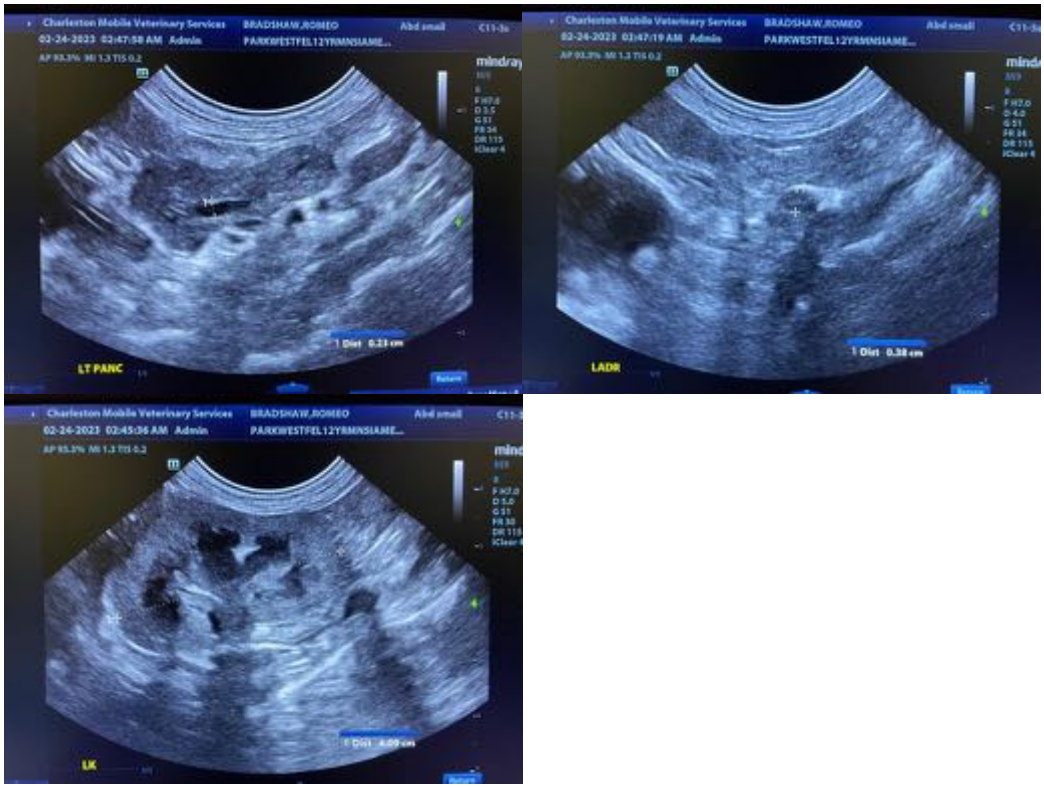
STOM
02-24-2023 02:48:16 AM Admin
1 Dist 0.95 cm
SPL



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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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