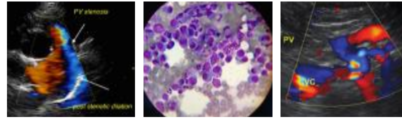


DATE
2/4/2022

PATIENT
Jim Phair

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
-20-2009

WEIGHT
7 Lbs.

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

HOSPITAL NAME
Timonium Animal Hospital

REFERRING VET
Dr. Kauder

INVOICE
10286

PRESENTING CLINICAL SIGNS

History: Recent weekly vomiting. Mild dental disease, heart murmur (prev sonogram 2019-out of state-normal per owner), stable mild renal disease. Exam normal otherwise.

Current Medications: Occasional albuterol 90mcg/puff mdi for rare cough (prev dvm started).
Lab Results: 12/4/21- sdma 23(0-14), Creat 2.5 (0.9-2.3), BUN 35 (16-37). USG 1.014.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

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 in size (3.33 cm in length); with a slightly irregular shape. The cortex is diffusely thickened. There is poor corticomedullary distinction. An ill-defined hyperechoic medullary band is observed adjacent to the corticomedullary junction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (3.47 cm in length); with a slightly irregular shape. The cortex is diffusely thickened. There is poor corticomedullary distinction. An ill-defined hyperechoic medullary band is observed adjacent to the corticomedullary junction. Trace pyelectasia is present (0.12 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands
The left adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen
The spleen is normal in size (0.78 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 normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 0.79 x 0.74 cm hypoechoic to slightly heterogenous nodule with a thin hyperechoic rim is observed on the left side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated partially dependent 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 some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The left limb is prominent to enlarged with slightly irregular peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and diffusely heterogenous in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.12 cm in diameter). There is no evidence of peripancreatic effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are most consistent with chronic pancreatitis with age-related remodeling +/- concurrent fibrosis.

- Bowel pattern suggestive of inflammatory bowel disease. Emerging lymphoma is possible but considered less likely in this patient.

- The left hepatic nodule could be consistent with a tumor, inflammatory focus, granuloma, focus of lymphoid hyperplasia, other.

- Bilateral degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for pancreatitis/inflammatory bowel disease is recommended. Other diagnostic considerations include the following:

    1. Three-view thoracic radiographs are to assess for occult esophageal disease

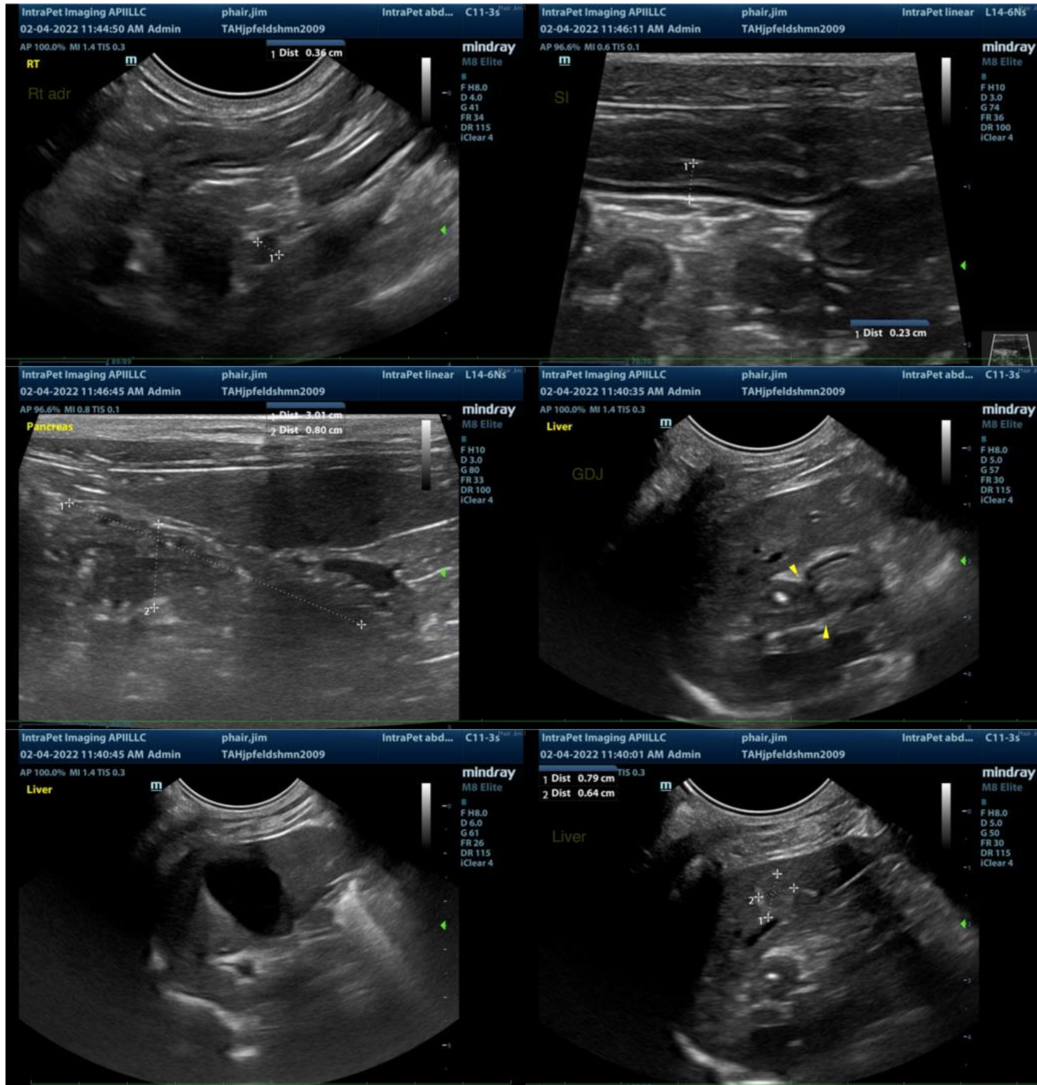
    2. Serum cobalamin and folate TLI and PLI (send to Texas A&M)

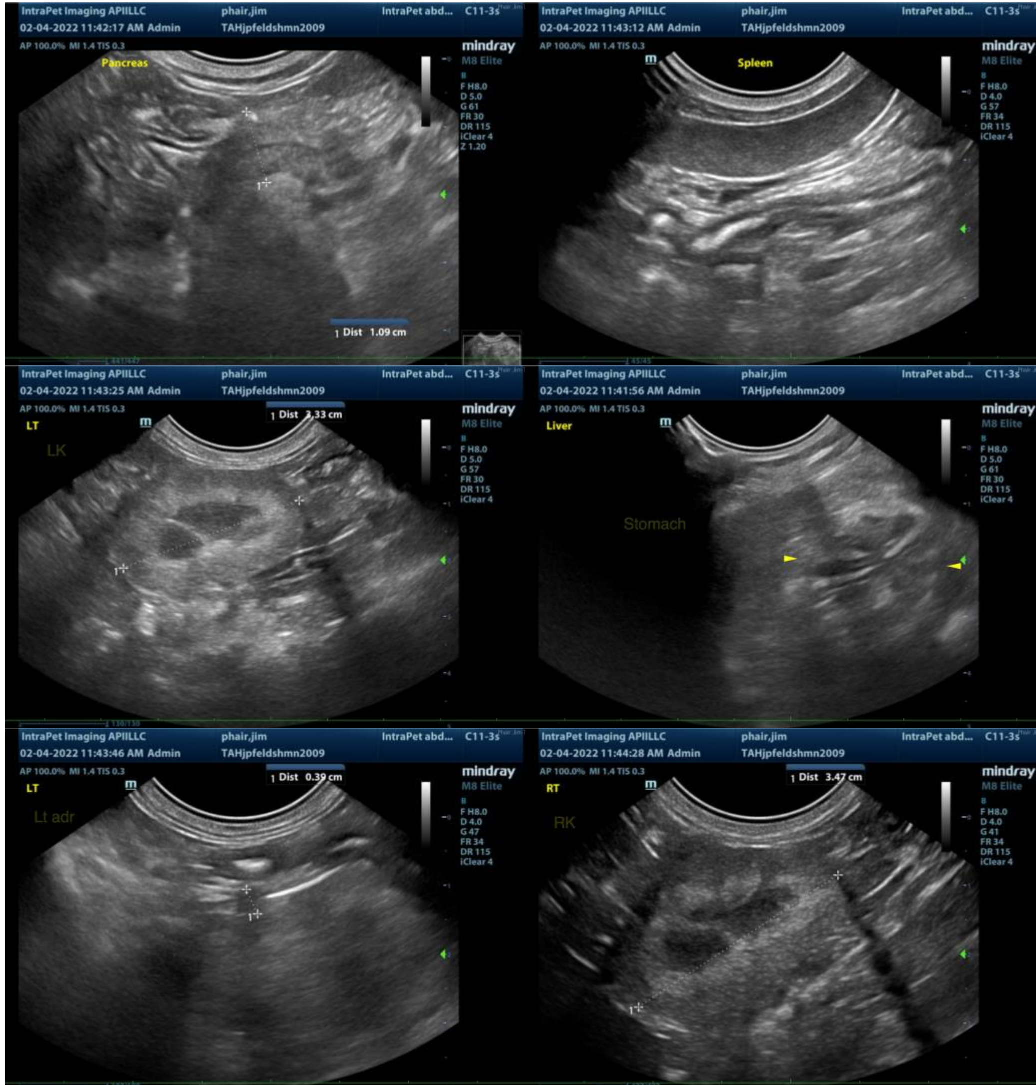
    3. Fecal evaluation for ova and Giardia

    4. Heartworm testing (i.e., antigen and antibody)

5. Depending on the results of the above diagnostics, GI biopsies (i.e., endoscopic or surgical) may be necessary to get a definitive diagnosis.

- Consider a fine-needle aspirate of the liver nodule if clotting status is appropriate.





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)
info@SonoPath.com