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Clinical Sonography & Telecytology
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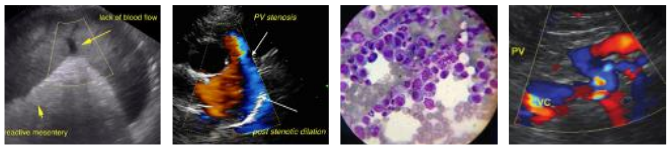

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Luna Hallihan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

10 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

14207

DATE

3/7/22

PRESENTING CLINICAL SIGNS

History: Distended abdomen.
Abnormal PE/Chem/CBC/UA Results: AST 437, ALT 1035, USG 1.056, Blood +3 (cysto).

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 mildly 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 size (3.50 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 (3.45 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 normal in size (0.70 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 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 normal in thickness. A small amount of gravity dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. 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 segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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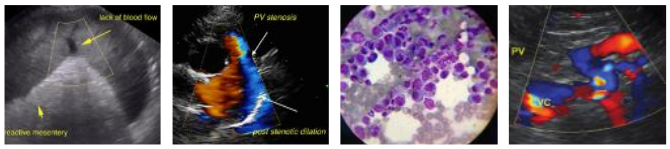

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Pancreas
At the tip of the left limb of the pancreas, a 1.19 cm x 0.80 cm, hypoechoic to slightly heterogeneous nodule/mass is visualized. In the remainder of the pancreas, the peripheral margins are largely curvilinear. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.10 cm in diameter).

Free Abdomen
A large amount of echogenic free fluid is present. The mesentery throughout the abdomen is hyperechoic and irregular/nodular in appearance. The abdominal lymph nodes are normal/not visible.

Other
A brief visualization of the thorax reveals pleural effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bicavitary effusion (pleural, peritoneal)
- The omental changes could be consistent with carcinomatosis, feline infectious peritonitis or reactive mesentery
- The left pancreatic nodule/mass could be consistent with a neoplastic process (i.e., adenocarcinoma). Alternatively, a large benign nodular hyperplastic lesion may be present. The diffuse pancreatic changes are suggestive of chronic pancreatitis.
- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, hepatic lipidosis, infiltrative neoplasia (less likely)) should be considered.

Secondary Findings

- Bilateral, minor degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs +/- a full echocardiogram are recommended to further evaluate the patient's cardiopulmonary status.
- If cytology results from the abdominal fluid are inconclusive, consider fine needle aspirates of the pancreatic lesion, mesentery and liver or an abdominal exploratory with surgical biopsies of the mesentery, liver and pancreatic lesion.
- Also consider an fPLI +/- full GI panel

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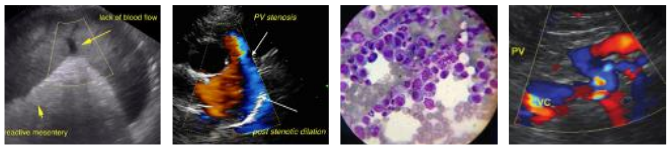

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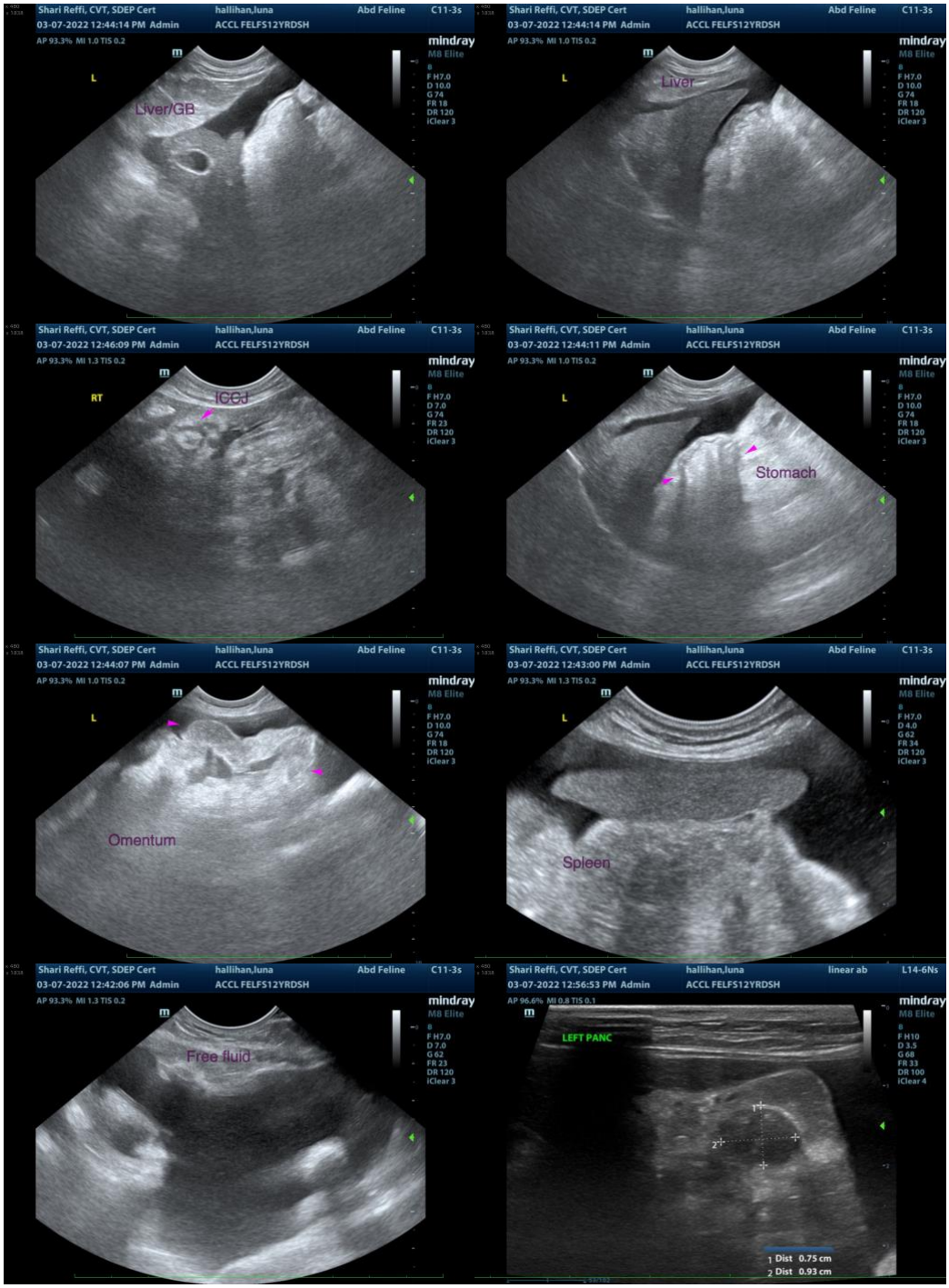

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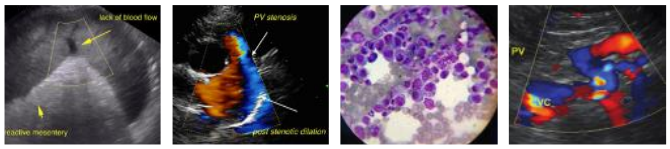

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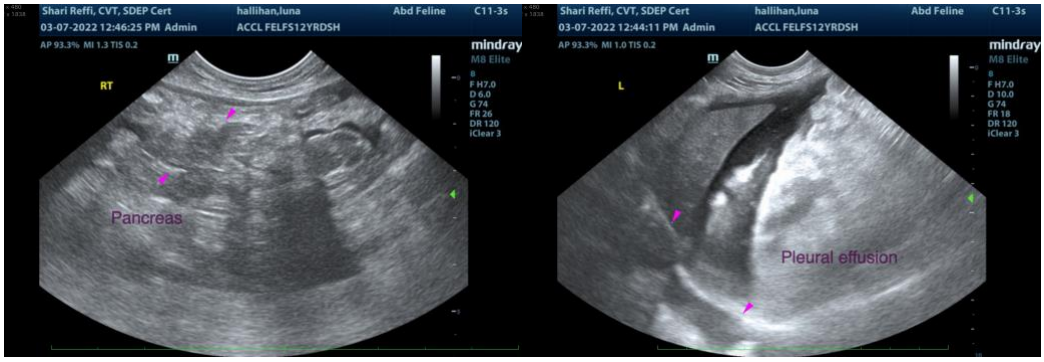

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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