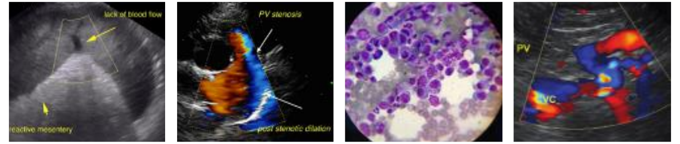
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Sneezy Thompson

SPECIES

Feline

BREED

Siamese Mix

SEX

Spayed Female

AGE

12 years, 10 mos

WEIGHT

10.06 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Lucas Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

Lucas Budden

INVOICE

10798

DATE

4/21/22

PRESENTING CLINICAL SIGNS

History: Seen at ER clinic 4/16/2022 for vomiting and diarrhea that started 4/15. Not wanting to eat since 4/14 PM. Diagnosed hyperthyroid August 2021 and controlled on methimazole. Given SC fluids, administered Cerenia, and started on Metronidazole. Presented to FVH 4/18, still not eating, having diarrhea, having difficulties giving metronidazole. Started on Mirataz transdermal, given SC fluids/Cerenia/Famotidine injections. Presented again on 4/20 for not eating well still. Given oral Mirtazipine, Cerenia/Famotidine, started on oral buprenorphine. Ate about 50% of normal last night. On presentation today patient seems mildly tense on abdominal palpation. A grade 1/6 parasternal murmur was auscultated.

Abnormal PE/Chem/CBC/UA Results: 4/16/2022 CBC: hct 46, wbc 6.49, neut 4.86, plt 132 (L, RI 151-600), pct 0.26 Chem 17/Lytes: crea 2.4, bun 27, tp 9 (H, RI 5.7 - 8.9), glob 6.2 (H, RI 2.8 - 5.1), ggt 5 (H, RI 0-4) UA via cysto: usg 1.030, pH 6, urine protein trace, wbc/rbc <1hpf, no bacteria/crystals.

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 1 cm, are normal.

The left kidney is normal size (3.20 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.95 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The adrenal glands are not definitively visualized in the available images.

Spleen

The spleen is normal in size (0.89 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.

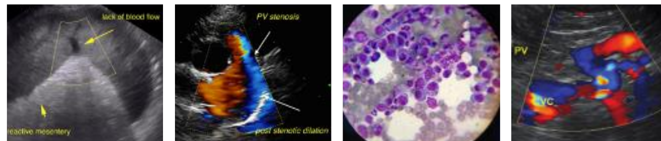
Liver

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 lumen is not definitively visualized in the available images.

Gastrointestinal

The gastric lumen is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. In the remaining visible bowel loops, the wall is normal in thickness with a normal



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layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely visible/prominent with minimal deviation from the normal peripheral contours in size with normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface of the left limb is hyperechoic.

Free Abdomen

There is no evidence of free fluid. A few prominent, slightly rounded, mesenteric lymph nodes are visualized, the largest measuring 1.35 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

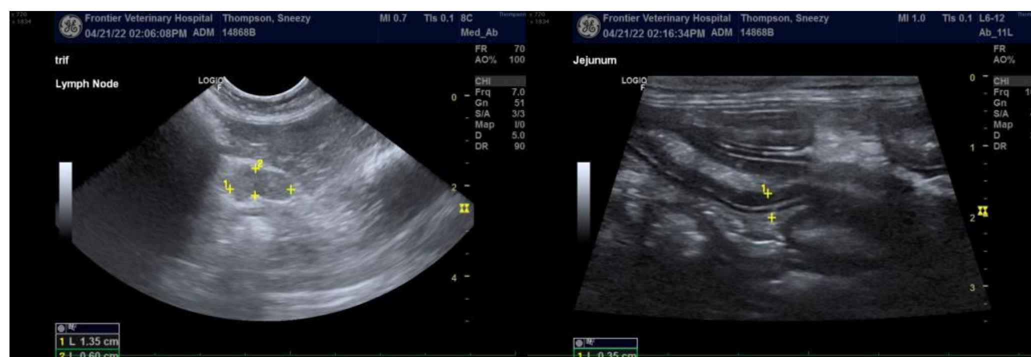
- The pancreatic changes are consistent with mild acute, or chronic active pancreatitis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings

- Bilateral nonspecific age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Additional sonographic images of the small intestine would be useful in ruling out underlying pathology. In the meantime, supportive care for pancreatitis is recommended, including fluid therapy, gastric protectants, antiemetics, pain medications (as needed), +/- fresh frozen plasma. Nutritional support (i.e., via temporary feeding tube) is also recommended to help prevent/treat hepatic lipidosis.
- Consider a fine-needle aspirate of one of the prominent mesentery lymph nodes, if accessible and if clotting status is appropriate. Alternatively, a repeat ultrasound can be considered in 2-3 weeks to assess for progression of the nodes.
- Other considerations include a fecal evaluation for ova and Giardia as well as a GI panel including serum cobalamin and folate, TLI and PLI.



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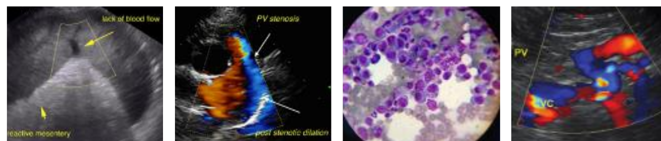

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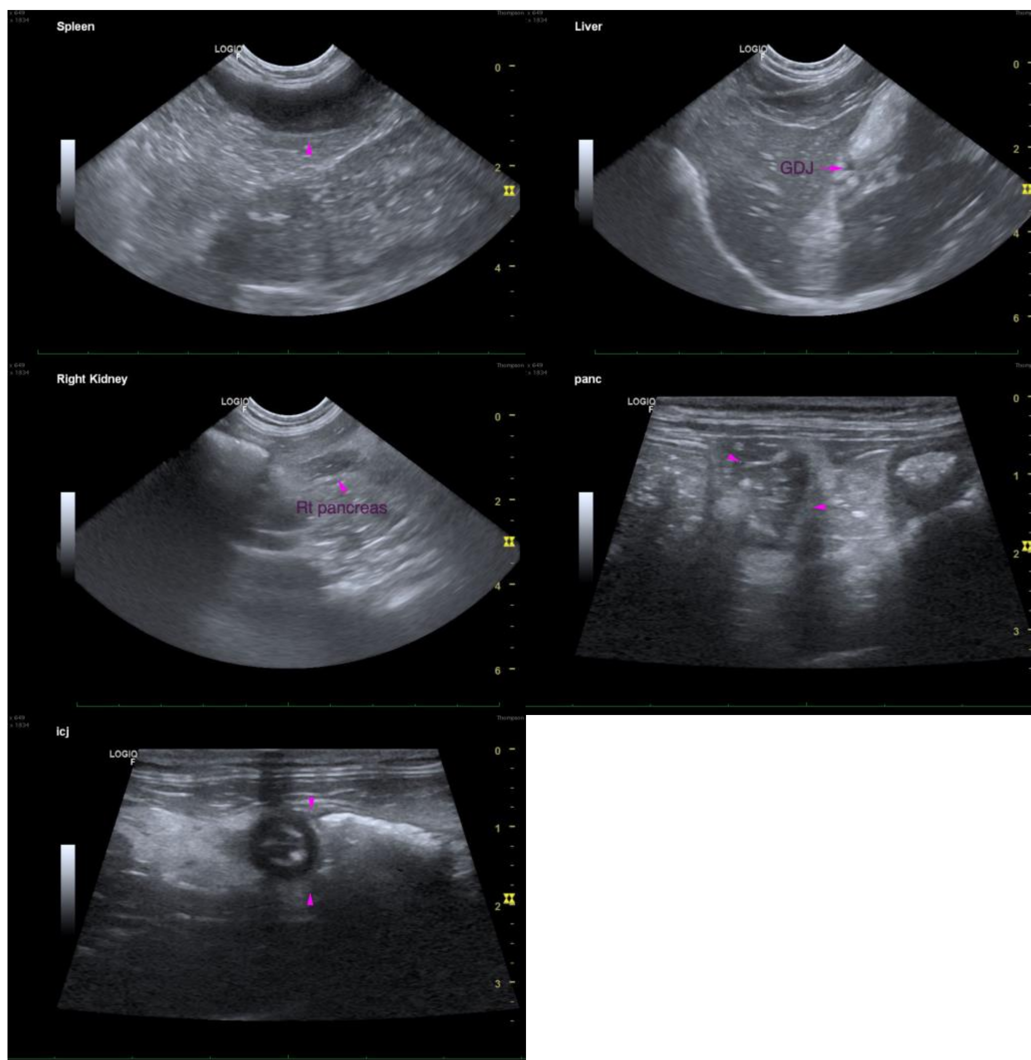

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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