SonoPath
Clinical Sonography & Telecytology
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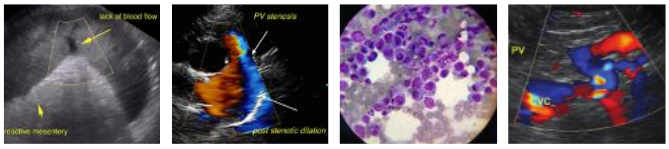


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Izzy Bates

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
3.5 years

WEIGHT
4.35 kg

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

IMAGING PERFORMED BY
Laura de Cordon, DVM

HOSPITAL NAME
Mason Dixon Animal EH

REFERRING VET
Dr. Laura de Cordon,

INVOICE
10711

DATE
4/8/22

PRESENTING CLINICAL SIGNS

History: Indoor female spayed healthy in general. Presented to us on 4/7/22 for acute onset of lethargy and decreased appetite. History of crystalluria

Abnormal PE/Chem/CBC/UA Results: Physical Exam revealed fluid filled abdomen. Normal vitals. Bloodwork Chem/lytes: WNL CBC: WBC: 63.9 NEU:62.56 PCV/TS: 19/4 (will repeat since HTC from CBC was 39% and patient is pink. FIV/FeLV: negative. TS of fluid: 4.0 Urinalysis Radiographs Thorax: WNL Abdomen: decreased serosal detail, free abdominal fluid. Ultrasound Large amount of free abdominal fluid. Abnormal hypoechoic region on spleen Other cytology of abdominal fluid: 5-6 WBC X HPF 4-5 RBC X HPF 2-3 Reactive lymphocytes No bacteria seen. Fluid analysis and cytology pending

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. 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 1 cm, are normal.

The left kidney is normal size (3.12 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.35 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands
The region of the left adrenal gland is evaluated. No obvious pathology is observed.

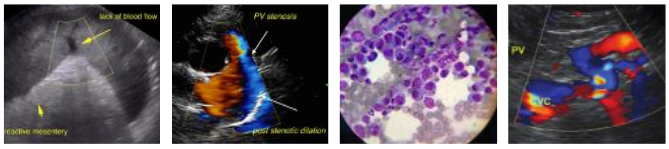
The right adrenal gland is normal size (; 0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen
The spleen is normal in size (0.63 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 moderately distended. The wall is thin and smooth. Luminal contents are anechoic. 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 not distended. The gastric wall and pylorus are normal in thickness with a normal layering



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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. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

In the region of the left limb, an approximately 3.50 cm area of irregular, ill-defined tissue, which is hypoechoic relative to surrounding omental fat, is observed. The mesentery surrounding this tissue is hyperechoic.

Free Abdomen

A small to moderate amount of echogenic free fluid is present. The mesentery in the left cranial- to midabdomen is hyperechoic and irregular, bordering on nodular in appearance. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The echogenic tissue in the region of the left limb of the pancreas may represent severe pancreatitis. However, neoplasia (i.e., pancreatic adenocarcinoma or carcinomatosis) cannot be excluded. Diffuse peritonitis is present but is more severe in the left cranial- to mid-abdominal region.

Secondary Findings

- The right trace pyelectasia may be secondary to fluid therapy or pyelonephritis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess cardiopulmonary status. If cytologic evaluation of the abdominal fluid is inconclusive, consider fine-needle aspiration of the abnormal tissue in the left cranial to mid-abdomen (if clotting status is appropriate). An fPLI may also be useful but if positive, will not exclude pancreatic neoplasia.
- While awaiting test results, aggressive supportive care for acute pancreatitis is recommended, including IV fluid therapy, gastric protectants, antiemetics, pain medication +/- fresh, frozen plasma.
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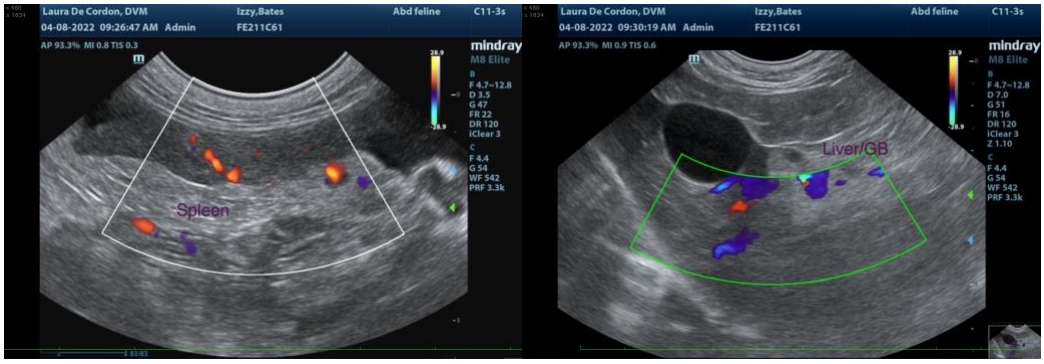

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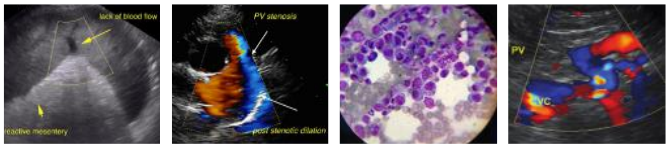

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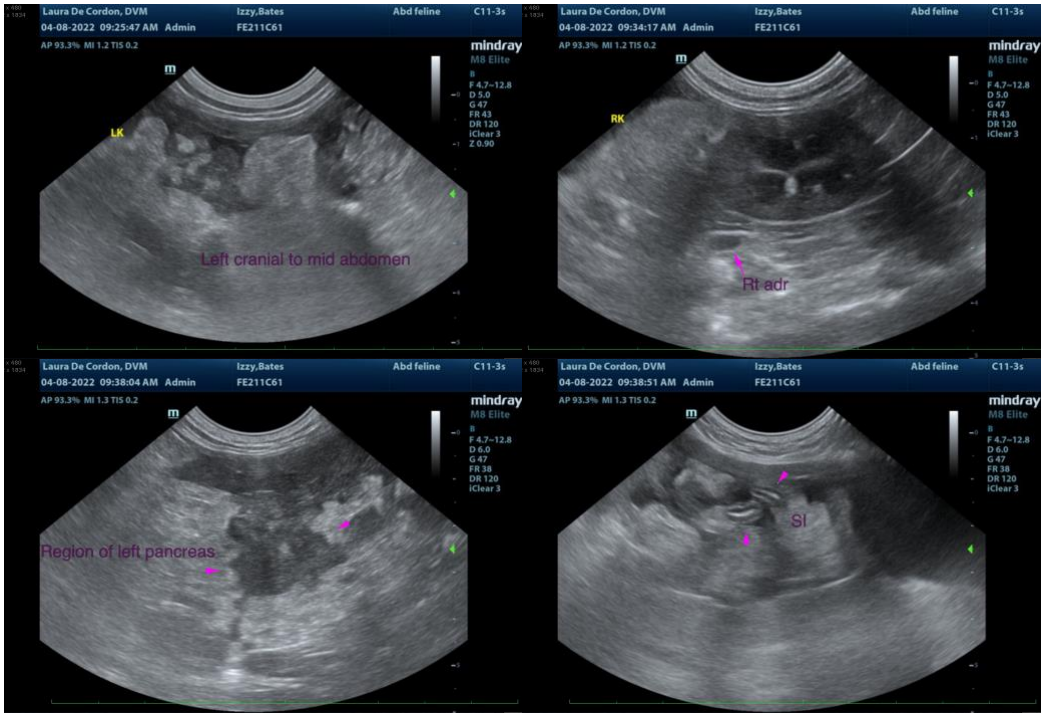

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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