



PATIENT

Crystal Leth

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

15 years

WEIGHT

10.10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Salem AH

REFERRING VET

Dr. Crane

DATE

5/18/22

INVOICE

10925

PRESENTING CLINICAL SIGNS

History: Crystal presented for soft stool and decreased appetite for 6 days. Vomited x 1 Hx of triaditis in 11/2020. Intermittent decrease in appetite +/- vomiting/diarrhea about every 2-3 months.

Abnormal PE/Chem/CBC/UA Results: Chem - Decreased TP (4.9), Calcium (8.2), Albumin (2.1) CBC - mild lymphopenia (0.8), Decreased HCT 24.1% U/A - Proteinuria 1+, occult blood 2+, bacteriuria coccobacilli 51-100 Urine C/S - alpha hemolytic strep, sensitive to Clavamox Antech Renal tech: positive Current Medications Prednisolone, Entyce, Clavamox

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 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 (4.21 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (4.37 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.72 cm length; 0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.63 cm length; 0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.73 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



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Crystal Leth regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

SPECIES

The gall bladder is mildly distended. The wall is mildly thickened (up to 0.25 cm) and hyperechoic. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

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Gastrointestinal

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The gastric lumen is 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 colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

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Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion (left limb and base), the pancreas is prominent in size with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is dilated (up to 0.42 cm).

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Free Abdomen

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Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- The pancreatic changes are consistent with chronic pancreatitis.
- The trace ascites may be secondary to low oncotic pressure, increased vascular impermeability or increased hydrostatic pressure. Correlation with the patient's clinical history is recommended.

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Secondary Findings

- Bilateral, nonspecific, chronic renal changes
- The gall bladder wall changes are suggestive of cholecystitis +/- concurrent benign age-related hyperplasia.

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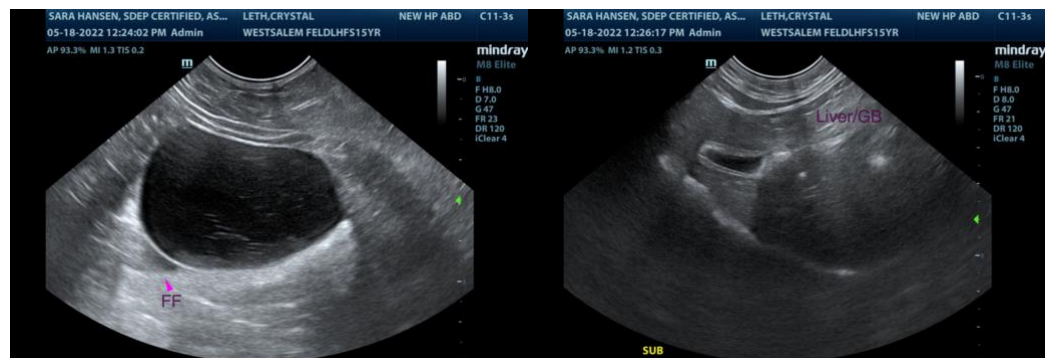
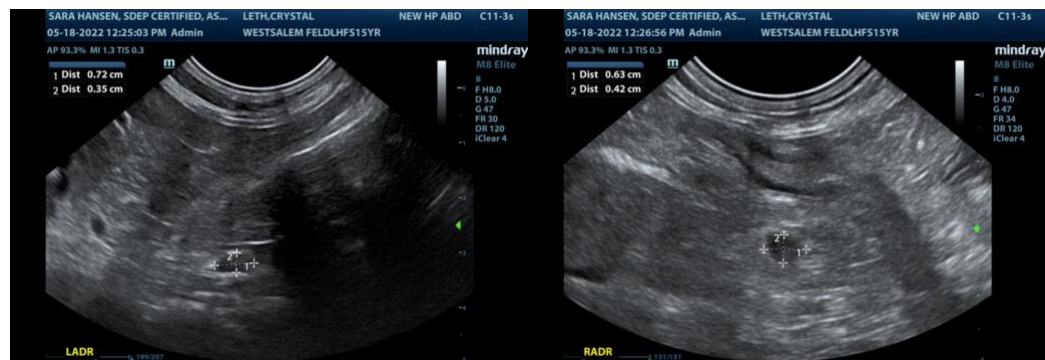
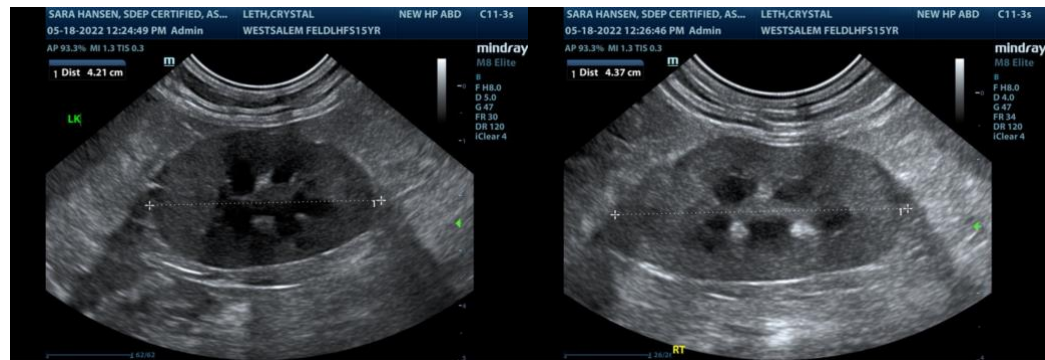
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's history, the following diagnostic/therapeutics can be considered:
 - Fecal evaluation for ova and Giardia
 - GI Panel (Send to Texas A&M).
 - 6-week limited antigen diet trial
 - +/- GI biopsies (i.e., endoscopic or surgical). Given the patient's age thoracic radiographs should be performed prior to any anesthetic event in order to assess cardiopulmonary status.
 - Given the hypoalbuminemia, also consider a UPC and pre-and postprandial serum bile acids to assess for non-GI etiologies.





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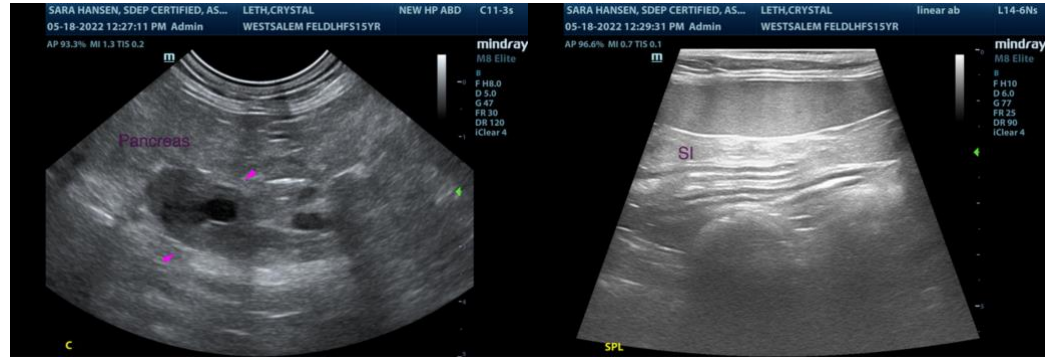
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com