

**DATE PRESENTING CLINICAL SIGNS**

5/2/22

PATIENT

Scout Hughes

SPECIES

Feline

BREED

Bengal

SEX

Female, spayed

AGE

4/4/2012

WEIGHT

7.7 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Nexus VS

REFERRING VET

Dr. Steele

INVOICE

13294

Scout has a history of primary GI disease (IBD vs small cell lymphoma, never biopsied). She was initially managed with prednisolone, Chlorambucil was added Nov 2020 at 2mg on M, W, F. The dosage was lowered to 1.75mg approximately 1mo later due to suspected GI toxicity. She was well after that and gained weight, though she has never really returned to robust body condition (we did not push as all else was well and weight was stable). She additionally has a history of cholangitis, but has not had an episode since 2018 or 2019 I believe. I last saw Scout Sept 2021, and at her most recent visit with me 4/21 she had lost nearly 1 pound. The owner reports she is active, eating well, and does not have vomiting or diarrhea, but there have been no changes to medication or diet since September. CBC/Chem/T4 performed 4/21 was unremarkable.

Current Medications: Prednisolone 5mg q24h, Chlorambucil 1.75mg M, W, F, Fluoxetine 1/4 of a 10mg tablet once daily
 Lab Results: WNL.
 Date of Previous IntraPet Ultrasound: No previous.
 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 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 (xxx 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 (xxx 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 left adrenal gland is normal in size (0.25 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.29 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.40 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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 ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated.

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

- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The hepatic parenchymal changes could be consistent with a previous history of cholangitis. Other differentials include hepatic lipidosis, infiltrative neoplasia (less likely), lymphoplasmacytic hepatitis, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostics and treatment should be based on Dr. Steele's recommendations.





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 ACVIM (*Small Animal Internal Medicine*)
 Andrea.nicastro@sonopath.com