

**DATE PRESENTING CLINICAL SIGNS**

5/26/2022

AN-5-26-22-Crystal-Wilke-10973dc-abd-IILLC-EAH

PATIENT

5/13/22 Anorexia, no defecation. Concern for pancreatitis >> abd rads Abnormal, concern for neoplastic process. Carcinomatosis

Crystal Wilke

Current Medications: Convenia, Elura, Prednisilone 10 mg po sid x 5 days then 5 mg po sid until further notice. Started 5/13/22, Miralax 1/8 teaspoon sid prn. Gabapentin 100mg 2 hours prior to scan. Patient is doing well at home eating and passing formed stool.

SPECIES

Feline

Lab Results: Abnormal FPL, mild hyperkalemia, remainder of blood tests normal.

Radiographs: Abnormal central mass effect,, nodules on inguinal fat pads, loss of detail in abdomen.

concern for carcinomatosis

Date of Previous IntraPet Ultrasound: No previous.

BREED

DSH

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

5/12/2017

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. The region of the trigone and the visible portion of the proximal urethra are normal.

WEIGHT

14.4 lbs

The left kidney is normal size (4.06 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.

INTERPRETED BYAndrea Nicastro,
DMV, Diplomate
DACVIM (Small
Animal
Internal Medicine)

The right kidney is normal size (4.54 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**HOSPITAL NAME**Eastern Animal
Hospital

The left adrenal gland is normal size (0.37 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

REFERRING VET

Dr. Warner-Jones

Spleen

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

INVOICE

10973

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 0.89 x 0.42 cm multiseptated cystic area is observed in the left lateral lobe. In addition, a 0.46 cm cyst is observed deeper on the left side. The remaining parenchyma is

homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. 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 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

The pancreas is diffusely prominent to enlarged, with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance, with several ill-defined hypoechoic nodules. One to two small, cystic areas are also seen. The pancreatic duct is borderline dilated (0.24 cm in diameter). The mesentery effacing the serosal surface is hyperechoic.

Free Abdomen

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 0.57 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

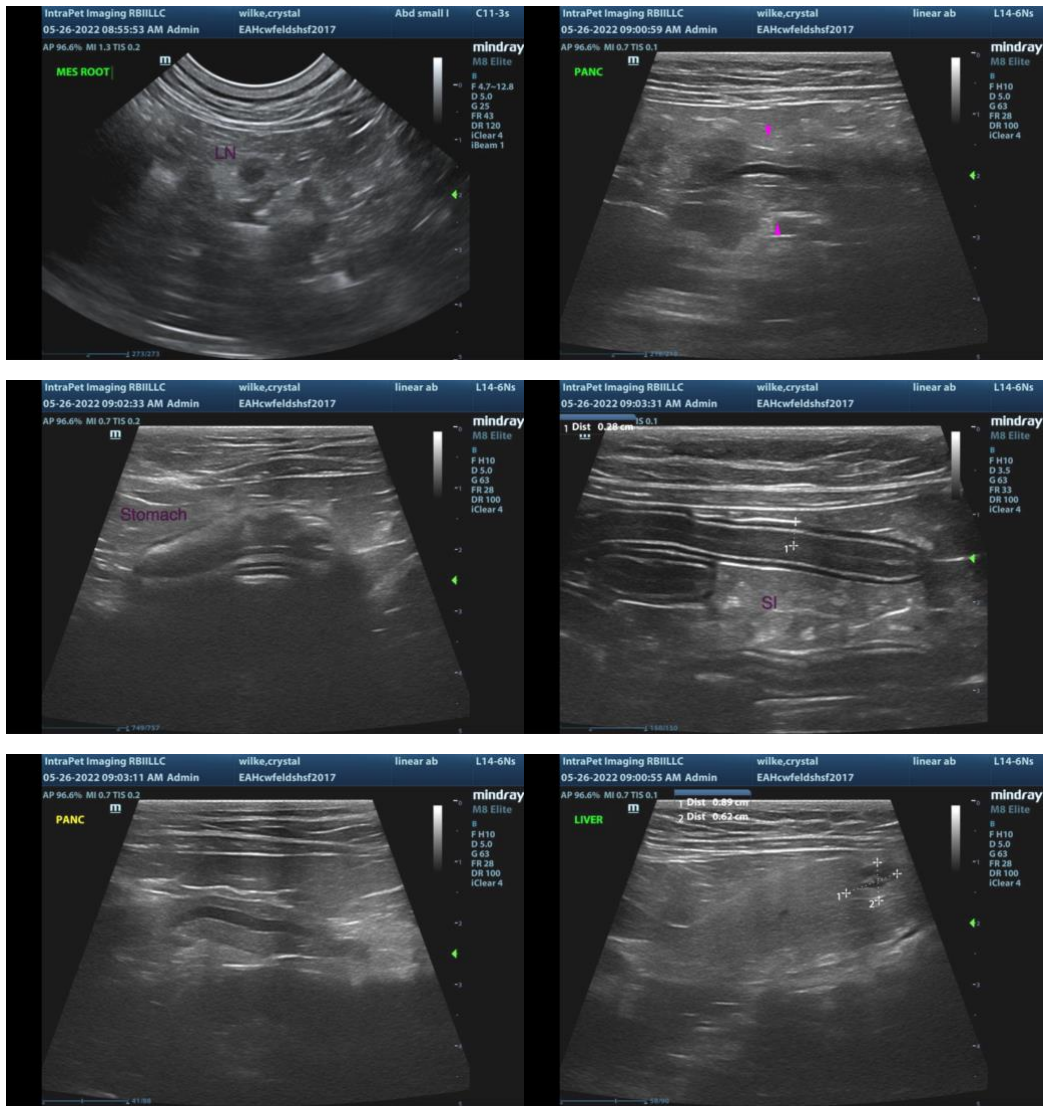
- The pancreatic changes are consistent with mild to moderate acute or chronic active pancreatitis, with parenchyma cysts, +/- benign nodular hyperplasia.

Secondary Findings

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The cystic areas within the left hepatic parenchyma could be consistent with benign cysts, emerging cystadenomas/cystadenocarcinomas.
- Bilateral, chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Supportive care for pancreatitis is recommended if symptoms recur.
- Consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI, to confirm pancreatitis and to assess for concurrent maldigestion/malabsorption.



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.

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