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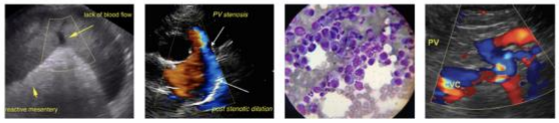


Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Rhaine Scharrer

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

7/1/2010

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl Vet MC

REFERRING VET

Dr. Michelle Wall

INVOICE

10860

DATE

5/5/22

PRESENTING CLINICAL SIGNS

History: CBC (4/19/22): Lymphs 590
Chemistry (4/19/22): WNL

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 2 cm, are normal.

The left kidney is normal size (3.86 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.04 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent to enlarged with a swollen, slightly undulating medial contour. The parenchyma is homogenous. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

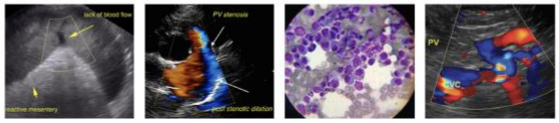
Liver

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. The common bile duct measures 0.22 cm in diameter at the level of the duodenal papilla. The duodenal papilla is also normal to slightly thickened (0.35 cm in width).

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 is normal to moderately thickened (up to 0.35 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely enlarged, particularly the left limb. The peripheral contours are irregular. The parenchyma is hypoechoic and mottled in appearance. The pancreatic duct is visible, but not overtly dilated (0.14 cm in diameter). Surrounding mesentery is hyperechoic.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. Trace free fluid is observed. Trace ascites is present. A few prominent mesentery lymph nodes are visualized, the largest measuring 1.04 cm in length. Surrounding mesentery is hyperechoic.

Other

A brief echocardiogram reveals no evidence of pericardial effusion, obvious chamber enlargement or right atrial/auricular mass. Trace pleural effusion is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with moderate to severe acute pancreatitis with regional peritonitis.
- The pleural effusion may be secondary to systemic inflammation (i.e., secondary to pancreatitis). However, other differentials cannot be excluded.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The mild splenomegaly could be consistent with antigenic stimulation, lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, or infiltrative neoplasia (i.e., lymphoma)

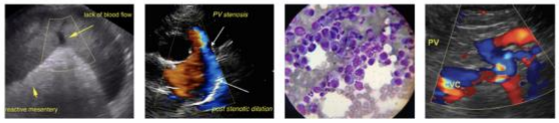
Secondary Findings

- Minor, chronic age-related renal changes
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a fine-needle aspirate of the spleen, if clotting status is appropriate.

Supportive care for acute pancreatitis is recommended, including gastric protectants, antiemetics, pain medication and fluid therapy, as needed.



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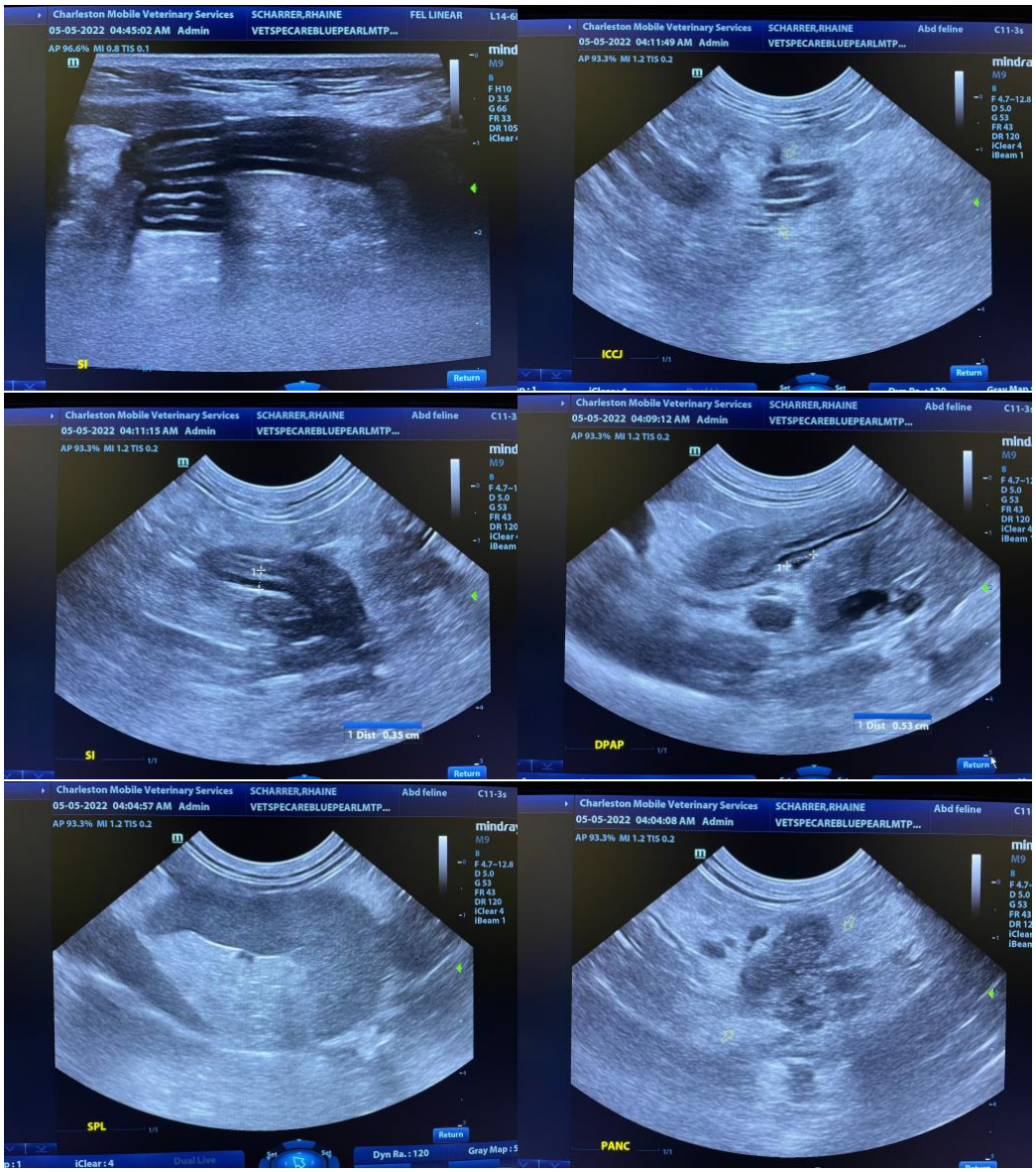
Consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI.

A repeat ultrasound is recommended in 3-4 weeks to reassess the pancreas, peritoneal, splenic and bowel changes.



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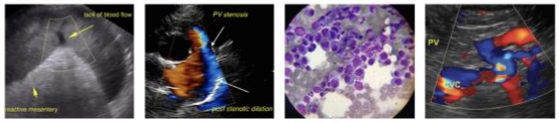

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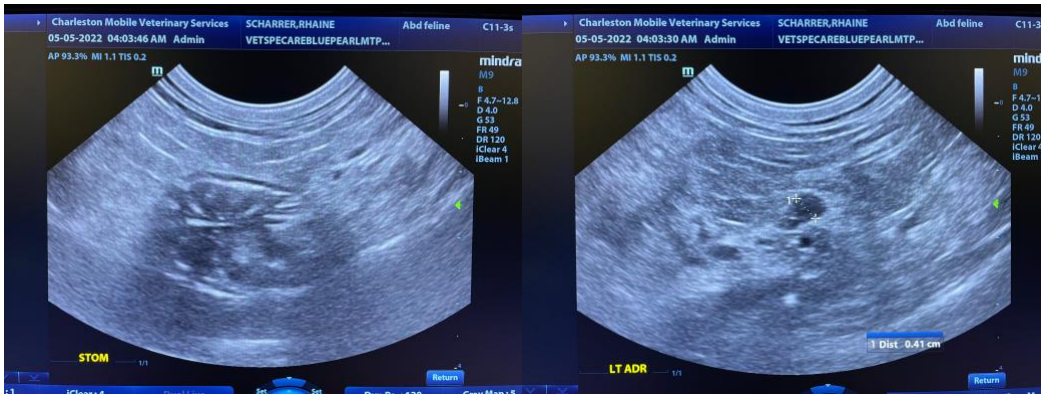

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com