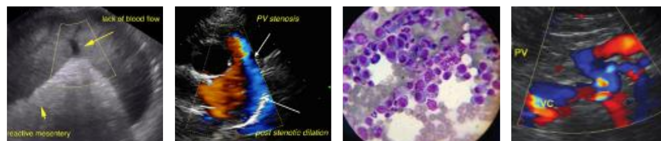
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Sally Barnes

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 years

WEIGHT

5.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Mobile Vet Ultrasound

REFERRING VET

Dr. D'Ambrose

INVOICE

11103

DATE

6/17/22

PRESENTING CLINICAL SIGNS

History: Pet presented for constipation issues, weight loss and dehydration. Pet has got enemas recently and sq fluids. Pet received Panacur in June due to possible Capillarid eggs in bladder.
Abnormal PE/Chem/CBC/UA Results: Monocytes: 1.183 SDMA: 15 Calcium: 11.6 Sodium: 145

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 mildly distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone is normal.

The left kidney is normal size (3.22 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 loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (3.30 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.

Adrenal Glands

The left adrenal gland is normal size (0.32 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.23 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.65 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.

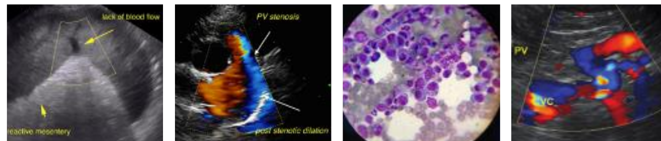
Liver

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/not seen.

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. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.



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Pancreas

The pancreas is diffusely prominent to enlarged with slightly swollen peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is 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

Primary Findings

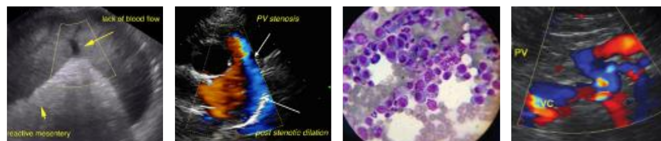
- The pancreatic changes are consistent with chronic pancreatitis.
- The small intestinal wall changes are suggestive of inflammatory bowel disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the sonographic changes and the history of weight loss, consider the following:

1. GI panel including serum cobalamin and folate, TLI and PLI (Send to Texas A&M)
2. A 6-week limited antigen diet trial to assess for food allergies
3. Thoracic radiographs to rule out occult disease in the chest
4. Ultimately, gastrointestinal +/- pancreatic biopsies may be necessary to get a definitive diagnosis

Given the mild hypercalcemia, consider an ionized calcium +/- PTH/PTHrP.



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BARNES,SALLY Abd small C11-3s
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AP 93.3% MI 1.3 TIS 0.2
mindray M8 Elite
B F H7.0 D 6.0 G 71 FR 26 DR 115 iClear 3
Stomach

BARNES,SALLY Abd small C11-3s
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mindray M8 Elite
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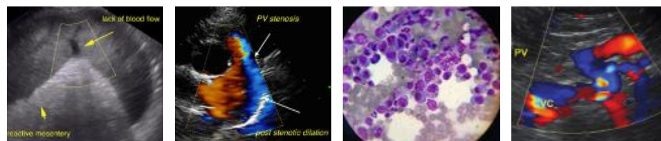
Liver/GB



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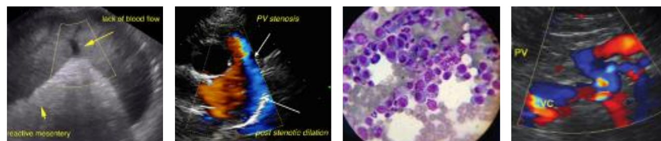

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mindray M8 Elite
B F H7.0 D 5.0 G 73 FR 30 DR 115 iClear 3
Rt adr

BARNES,SALLY Abd small C11-3s
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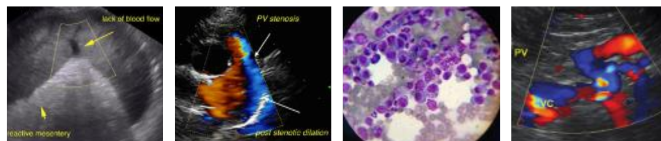

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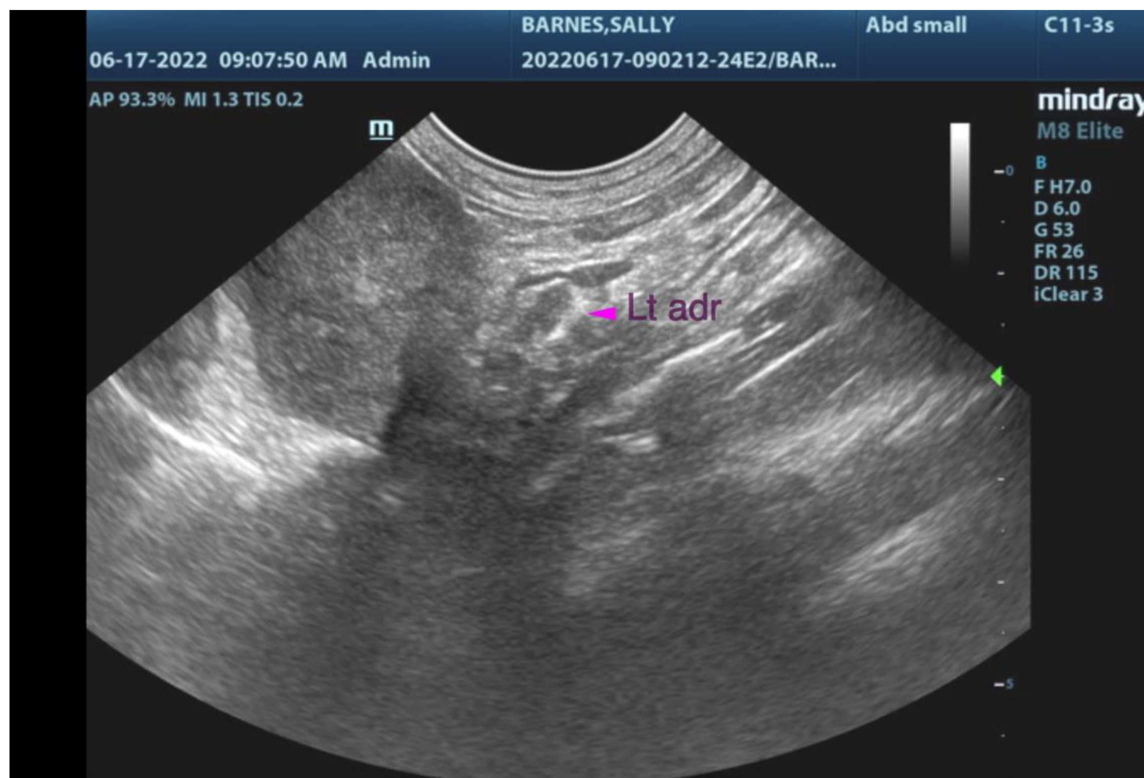

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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