



## PATIENT

Rhaine Scharrer

## SPECIES

Feline

## BREED

DMH

## SEX

Spayed Female

## AGE

7/1/2010

## WEIGHT

5.2 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 Mt Pleasant

## REFERRING VET

Dr. Michelle Wall

## INVOICE

11006

## DATE

6/2/22

## PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Presents for recheck AUS. Originally presented 5/5/22 to oncology after labored breathing episodes. Rads showed pleural effusion, rDVM did thoracocentesis, did not submit fluid. Ultrasound at visit 5/5/22 appeared to be consistent with resolving pancreatitis. Cat is doing very well at this time.

## 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 (3.93 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 hydronephrosis. Renal vasculature is normal.

The right 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 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 (0.42 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.46 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

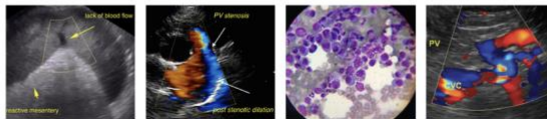
### Spleen

The spleen is prominent in size with normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity and echotexture. 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.



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**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly 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 not dilated. The small intestinal wall is normal to borderline thickened (up to 0.25 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 prominent to enlarged (particularly the left limb) with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.18 cm in diameter). The mesentery effacing the serosal surface is hyperechoic.

**Free Abdomen**

The mesentery throughout the abdomen is hyperechoic. There is no obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

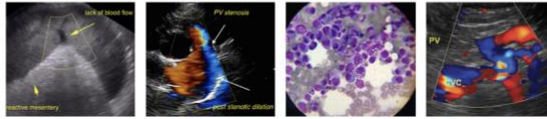
**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The pancreatic changes could be consistent with chronic active pancreatitis. Secondary peritonitis is present.
- The prominent spleen may be a normal variant for this large cat, or may be secondary to antigenic stimulation, splenitis, lymphoid hyperplasia, extramedullary hematopoiesis or less likely, infiltrative neoplasia.
- Bowel pattern consistent with inflammatory bowel disease with some potential for emerging lymphoma.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider a malabsorption panel, including serum cobalamin and folate, TLI and PLI, particularly if the patient's clinical signs recur, or if she develops gastrointestinal signs.
- A hypoallergenic diet trial can also be considered if clinical signs become chronic and/or intermittent. GI biopsies may also be warranted in that scenario.



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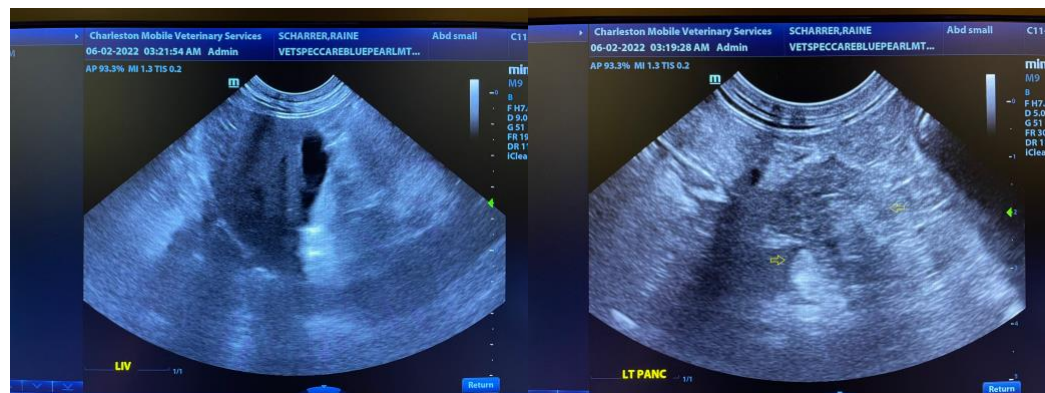
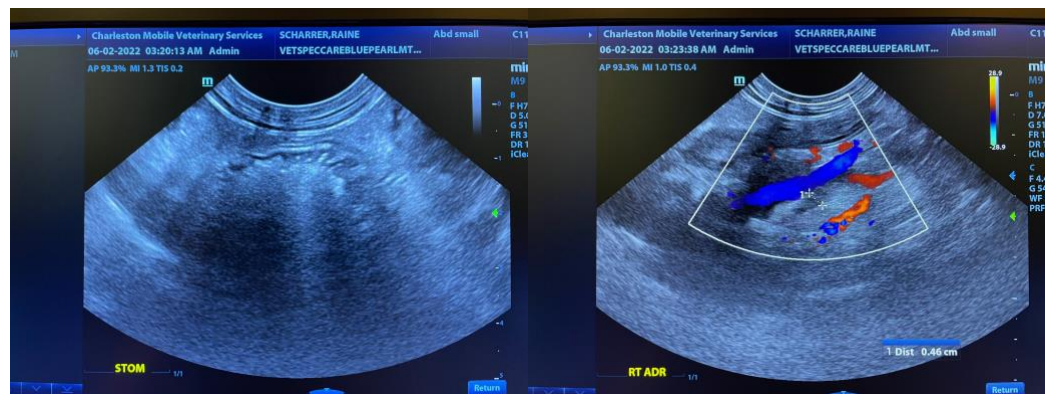
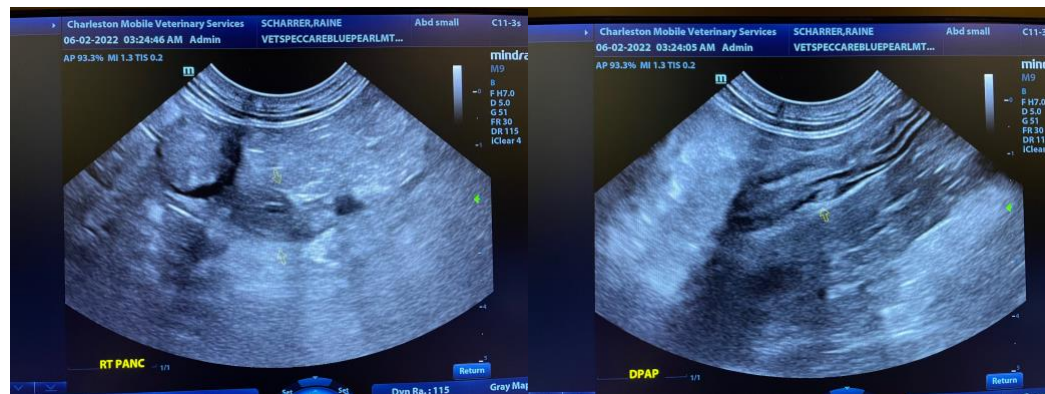
Dr. Michelle Wall

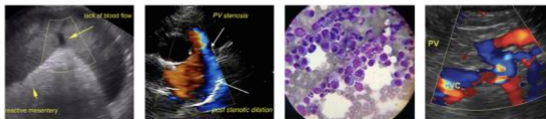
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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