



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Takoda Pasqualelto	History: vomiting Abnormal PE/Chem/CBC/UA Results: BUN 40.8, glu 204, ALT 359, ALKP 142. abnormal FL
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	
<b>BREED</b>	<b>Urinary System</b>
DSH	The <b>urinary bladder</b> wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small to moderate 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 1-2 cm, are normal.
<b>SEX</b>	The <b>left kidney</b> is enlarged (4.89 cm in length); irregular shape and architecture with smooth peripheral margins. The cortex is diffusely thickened. There is moderate loss of corticomedullary distinction. A cortical infarct is present at the cranio-lateral aspect. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Renal vasculature is normal.
Spayed Female	
<b>AGE</b>	The <b>right kidney</b> is small in size (2.72 cm in length); with an irregular shape. The cortex is variably thickened. There is moderate loss of corticomedullary distinction. At least one cortical infarct is suspected at the lateral aspect. Moderate pyelectasia is present (0.44 cm in the longitudinal plane). The right ureter is dilated (up to 0.49 cm) for at least 2 cm distal to the renal pelvis, after which it tapers and can no longer be visualized. There is no evidence of nephroliths.
13 years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
8.9 lbs	The <b>left adrenal gland</b> is normal size (1.02 cm length; 0.34 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
<b>INTERPRETED BY</b>	The <b>right adrenal gland</b> is normal size (1.10 cm length; 0.27 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.
Andrea Nicastro, DVM, Diplomate ACVIM ( <i>Small Animal Internal Medicine</i> )	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	The <b>spleen</b> is normal in size (0.89 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.
Diane McFadden	<b>Liver</b>
<b>HOSPITAL NAME</b>	The <b>liver</b> 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.
Newton VH	
<b>REFERRING VET</b>	The <b>gall bladder</b> 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 0.23 cm in diameter. The duodenal papilla is normal in size (0.37 cm in width).
N/A	
<b>INVOICE</b>	<b>Gastrointestinal</b>
11388	The <b>stomach and intestine</b> 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 ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.
<b>DATE</b>	
8.11.22	

### ***Pancreas***

The **pancreas** is diffusely prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is mildly dilated (0.26 cm in diameter). Surrounding mesentery is hyperechoic.

### ***Free Abdomen***

There is no evidence of free fluid. A few mesenteric **lymph nodes** are visible (the largest measuring 0.37 cm in length).

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- The pancreatic changes are consistent with moderate to severe, acute or chronic active pancreatitis.

### **Secondary Findings**

- Bilateral degenerative renal changes. The right hydroureter may be secondary to stricture or less likely, a small stone or tumor in the ureter. The enlarged left kidney may be secondary to compensatory hypertrophy or interstitial nephrosis/nephritis.
- The urinary bladder debris could be consistent with cells, crystals, lipid droplets and/or exfoliated material.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

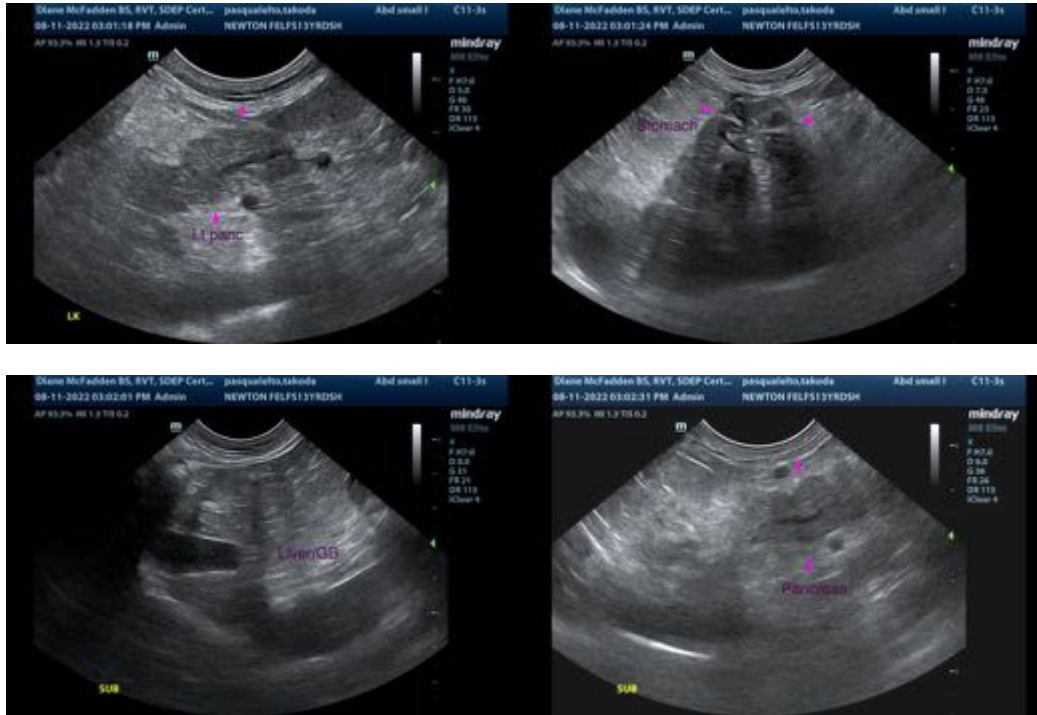
Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Consider initiation of nutritional support (i.e., via a temporary feeding tube) to help prevent/treat hepatic lipidosis.

Three-view thoracic radiographs are recommended to assess cardiopulmonary status, as pancreatitis can sometimes result in pleural and/or pericardial effusion, due to the systemic effect of the pancreatic enzymes.

Serial monitoring of the patient's metabolic functions is recommended to assess for progression of the liver and renal values.

Given the clinical history and the renal changes, a urinalysis and urine culture and sensitivity are recommended.





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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)