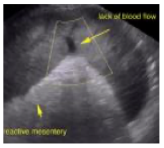
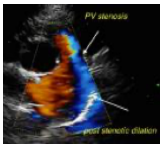
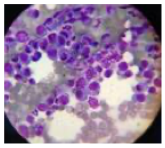
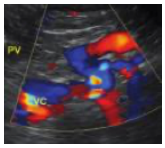
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

**PATIENT**
Leila Gura

**SPECIES**
Feline

**BREED**
DSH

**SEX**
Spayed Female

**AGE**
14 years

**WEIGHT**
9.3 lbs

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

**IMAGING PERFORMED BY**
Diane McFadden

**HOSPITAL NAME**
Rockaway AH

**REFERRING VET**
Dr Maniar

**INVOICE**
11417

**DATE**
8.15.22

## PRESENTING CLINICAL SIGNS

History: V/D, pancreatitis, lethargy, febrile

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** wall is 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 (3.74 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A few, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (2.90 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A few, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The region of the **left adrenal gland** is evaluated. No obvious pathology is seen.

The **right adrenal gland** is normal size (1.17 cm length; 0.28 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The **spleen** is normal in size (0.71 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 segmentally dilated with chyme. 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. There is no evidence of an obstructive pattern.

### *Pancreas*

The right limb of the **pancreas** is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

***Free Abdomen***
There is no evidence of free fluid.  A 1.46 irregular jejunal **lymph node** is visualized.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- The pancreatic changes are most consistent with age-related remodeling/fibrosis, +/- concurrent or a prior episode of inflammation. Correlation with the patient's clinical signs is recommended.

### Secondary Findings

- Bilateral, chronic, age-related renal changes with nonobstructive nephrolithiasis.
- The prominent jejunal lymph node is likely reactive.

*It is unclear whether the patient's clinical signs are associated with pancreatitis or another underlying issue.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

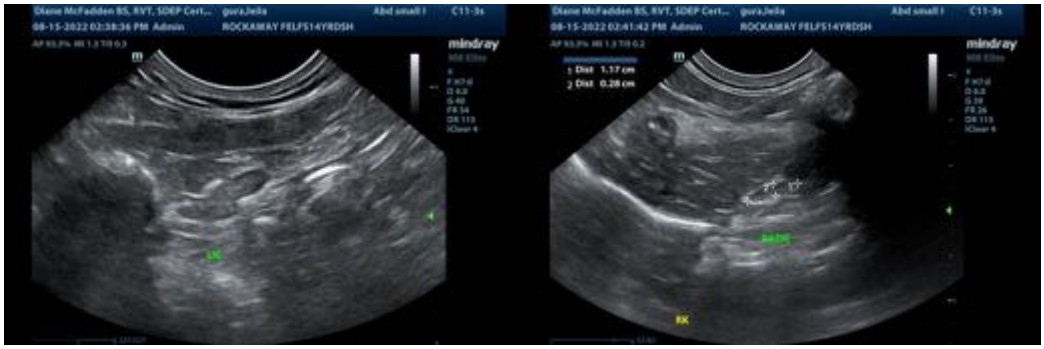
Three-view thoracic radiographs are recommended to assess for occult disease in the chest.

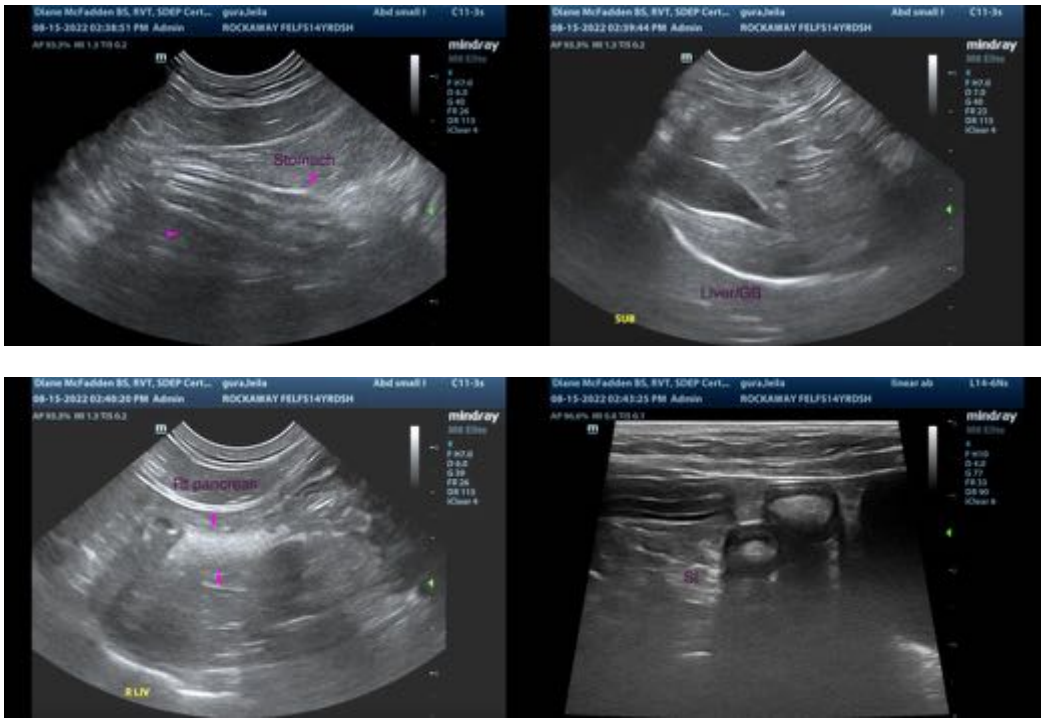
Consider feline leukemia/FIV testing, if not already performed.

Also consider a fecal evaluation for ova and Giardia.

An fPLI +/- a full malabsorption panel (including serum cobalamin and folate, TLI and PLI) to evaluate for pancreatitis and maldigestion/malabsorption may also be warranted.

Supportive care for gastroenteritis is recommended, including fluid therapy, antiemetics, gastric protectants, +/- probiotic.






**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