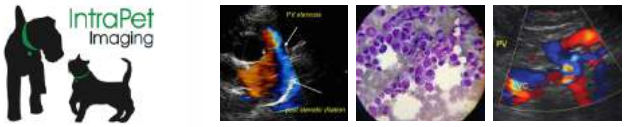
IMAGING PERFORMED BY

IntraPet.com



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DATE

8/20/21

PATIENT

Poppy Handley

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male Neutered

AGE

8/1/07

WEIGHT

11.3 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Timonium Animal Hospital

REFERRING VET

Dr. McIntyre

INVOICE

11686kk

PRESENTING CLINICAL SIGNS

History: Vomiting, inappetence, lethargy.

Current Medications: Cerenia SQ, SQF, Buprenex PO.

Lab Results: CBC/Chem NSF.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

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 is moderately distended. A small 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 2 cm, are normal.

The left kidney is normal size (3.54 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.

The right kidney is normal size (4.02 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

Adrenal Glands

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

The right adrenal gland is normal size (0.3 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.75 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 mostly 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. Discreet masses are not identified. The ileocolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

A 2.92 x 2.60 cm thick walled (up to 0.24 cm) fluid-filled structure is observed approximately mid-pancreas. Within the fluid, suspended, echogenic debris is present. The remainder of the pancreas is prominent in size with parenchyma that is hypoechoic relative to surrounding omental fat. The pancreatic duct is dilated (up to 0.38 cm in diameter). The mesentery surrounding the pancreas is hyperechoic.

Free Abdomen

No free fluid is observed. One to two prominent lymph nodes are suspected adjacent to the pancreas.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected pancreatic abscess with regional peritonitis +/- regional lymphadenopathy. Pancreatic neoplasia with abscessation is also possible but considered less likely.

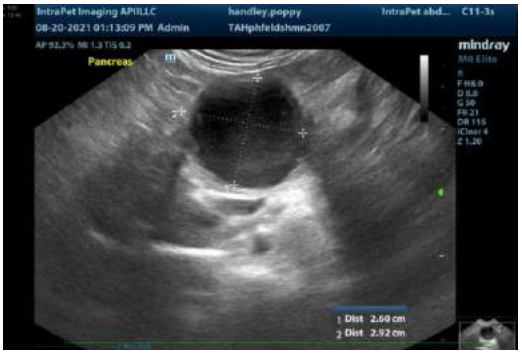
Secondary Findings:

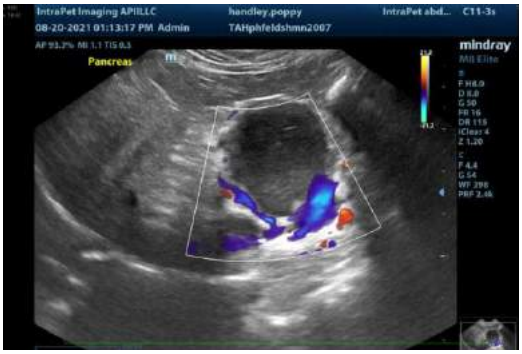
- Bilateral, age-related renal pathology.

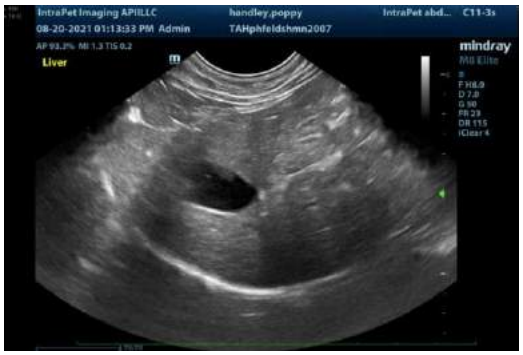
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

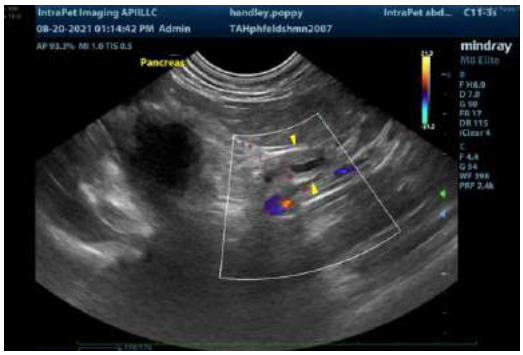
1. Three-view thoracic radiographs are recommended to assess cardiopulmonary status.

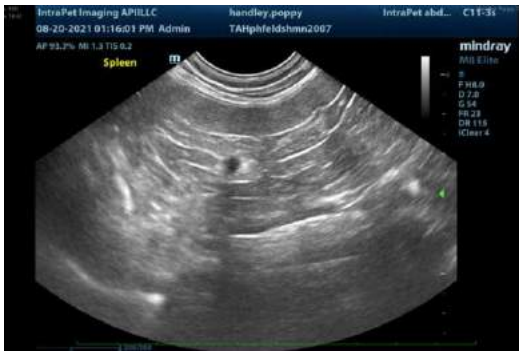
2. Ideally referral to a board-certified veterinary surgeon for surgical removal/debridement/omentalization of the pancreatic abscess with submission of the pancreatic tissue for histopathology and aerobic and anaerobic cultures should be considered. Alternatively, medical management with broad-spectrum antibiotic therapy and supportive care can be considered but may be inadequate to successfully manage the patient. Percutaneous ultrasound-guided drainage of the abscess (along with antibiotic therapy) is also an option. However, there is a risk of iatrogenic abscess rupture with subsequent septic peritonitis.

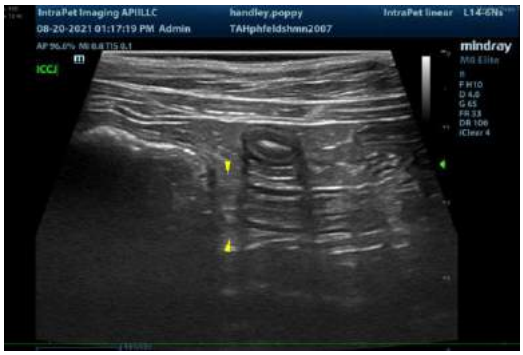


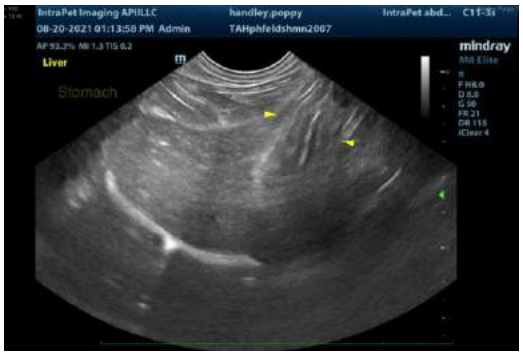


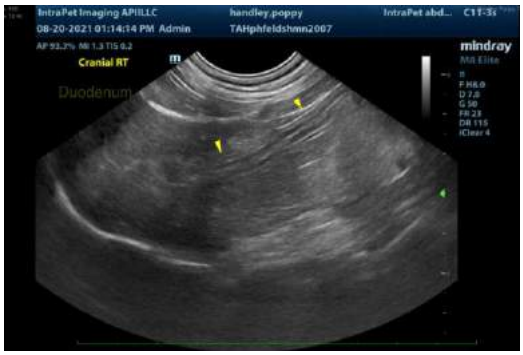


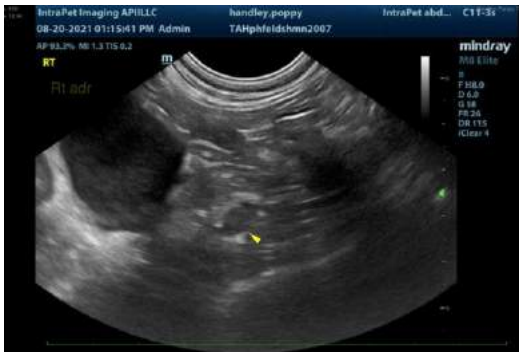


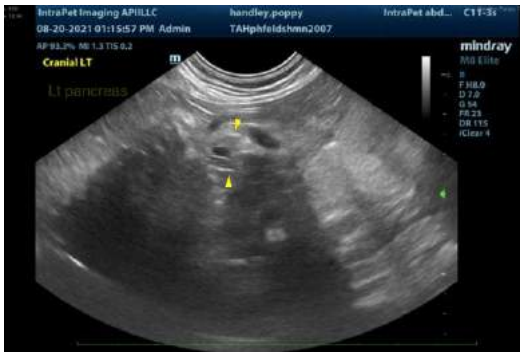












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 ACVIM (*Small Animal Internal Medicine*)
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