

**DATE PRESENTING CLINICAL SIGNS**

8.21.2023 Last 2-3 days vomiting bile. Decreased appetite. Recent move in the last 2 months. Strictly indoors.

PATIENT

Charlie Phelps

Current Medications: Cerenia, Omeprazole, Unasyn, Buprenorphine, Elura, Vitamin B, Protonix.

Lab Results: ALT - 247, ALKP - 1443, tBili - 5.5. Hematocrit 29.2 %.

Radiographs: Thickened intestines, bright omentum.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DSH

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A moderate amount of suspended echogenic debris is observed within the lumen.

No cystic calculi are observed. The region of the trigone is normal.

SEX

Female Spayed

The left kidney is normal in size (3.89 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

1/1/2020

The right kidney is normal in size (4.16 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction.

There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

8.4lbs

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

INTERPRETED BY

Andrea Nicastro,
DMV, Diplomate
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Animal
Internal Medicine)

Spleen

The spleen is normal in size (0.64 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 enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

HOSPITAL NAME

Animal EH

The gall bladder lumen is mildly-to-moderately distended. The wall is normal in thickness. A small amount of echogenic debris is observed within the lumen, along with a 0.15 cm hyperechoic-to-mineralized focus. The cystic and common bile ducts are normal/not seen.

REFERRING VET

Dr. Ruby

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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 colonic wall is normal. There is no evidence of an obstructive pattern.

INVOICE

14190

Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly

dilated.

Free Abdomen

The mesentery throughout the abdomen is hyperechoic and aggregated/clumped. A moderate amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The pancreatic changes are most consistent with moderate-to-severe acute pancreatitis.
- Diffuse peritonitis is present, likely secondary to pancreatic and/or hepatic pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider performing cytologic evaluation of the liver and abdominal fluid (if clotting status is appropriate). Twenty-five gauge-needles should be used for collection of samples.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status, as moderate-to-severe pancreatitis can have pulmonary sequelae.
- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Nutritional support (i.e., temporary feeding tube) is recommended to prevent/treat hepatic lipidosis.
- Consider a Texas GI panel including serum cobalamin and folate, TLI and PLI to further assess for maldigestion/malabsorption which can occur concurrently with pancreatic and hepatic disease in cats (i.e., "triaditis").





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.

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