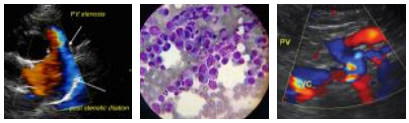
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

8.6.23

PATIENT

Stevie Seebode

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2013

WEIGHT

12.7 lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Animal EH

REFERRING VET

Dr. Willer

INVOICE

13983

PRESENTING CLINICAL SIGNS

Presenting Complaint: Yellow Skin, Gums, Eyes Etc. (Jaundice). Not Eating. Not drinking. Lethargic. Vomiting. Constipation. Weight Loss.

History/08-04-2023 Notes: seen at PHAH on 7/26- vomiting, anorexia, weight loss; icterus coloration noted ALP 336 ALT-685 T.bil- 26.5 fPLI- normal T4- normal AFAST- caudoventral to the liver- area of mixed hypoechogenicity (brighter than fluid with no color flow); suspecting seeing enlarged LN CBC is normal owner declined referral and elected to take home and discussed with son about how they wanted to proceed took to Eastern on 8/3- was not examine- but it has been recommend for them to be at a 24 hour ER hospitalization history from owner starting about 1 month- decreasing appetite to now not eating saw PHAH on 7/27- diagnosis with liver disease- given SQ fluids and Denamarin- owner was able to get about 2 doses in went to Eastern- 8/3- recommended to be seen at an ER/specialty not aware of him getting into anything no changes to the house at the time when this started- no new pets, people, no construction etc Assessment: elevated LE, elevated T.bil, anorexia, constipation, vomiting, weight loss.

Current Medications: Amoxicillin Tablets 100mg 1 Gabapentin Tablets 25mg 1 Denamarin Advanced 61 mg (Cats & Small Dogs) 1 Lactulose Suspension (per mL) 2 Ondansetron Tablets 4mg 0.5 Ampicillin 125mg/vial Injection (Per mL) 1 Lactulose Suspension (per mL) 2 Gabapentin Tablets 50mg 1 Vitamin B Complex Injection (Per mL) 1 Ampicillin 125mg/vial Injection (Per mL) 1 Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL) 0.5 Ondansetron 2mg/mL Injection (Per mL)

Lab Results: Attached.
Date of Previous IntraPet Ultrasound: 3/2/2023 Attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (4.40 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

The right kidney is normal in size (4.37 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

Adrenal Glands

The left adrenal gland is enlarged (0.60 cm width) with rounded peripheral contours. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

The region of the right adrenal gland is evaluated. The gland is not visualized, as it obscured by the large pancreatic mass.

Spleen
The spleen is normal in size (0.81 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 appears normal.

Liver
The liver is subjectively normal to slightly prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and homogenous in appearance. There is a subtle increases in portal markings. Hepatic vasculature is of normal volume with no evidence of congestion.

The gall bladder is moderately distended. The wall is normal in thickness. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are tortuous and dilated (up to 0.57 cm in diameter).

Gastrointestinal
The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. The proximal duodenal wall is thickened (up to 0.31 cm) with loss of the normal layering pattern. A large pancreatic mass appears to be infiltrating the wall in this region. In the remaining small intestinal segments, the wall is normal in thickness. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. There is segmental dilation of the small intestinal lumen with chyme. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The pancreas is diffusely enlarged (3.90 x 3.10 cm) irregular, and hypoechoic with a mass effect. The mass appears to be adjacent to +/- invading into the proximal duodenal wall. Surrounding mesentery is mildly hyperechoic.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A <3.00 cm irregular hypoechoic mass effect is observed in the mesenteric root lymph nodes.

Other
Trace free fluid is observed. A 1.29 x 0.86 cm irregular, hyperechoic-to-heterogenous subcutaneous mass is visualized on the left side.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large pancreatic mass effect with suspected invasion into the duodenal wall. The mass appears to be causing obstruction of the distal common bile duct at the level of the duodenal papilla. Neoplasia (i.e., adenocarcinoma) is considered highly likely with a lower possibility of a severe inflammatory process. Adjacent peritonitis is present.

- The mesenteric lymphadenopathy is also concerning for infiltrative neoplasia (i.e., metastatic disease) with a lower possibility of severe lymphadenitis or other non-neoplastic process.

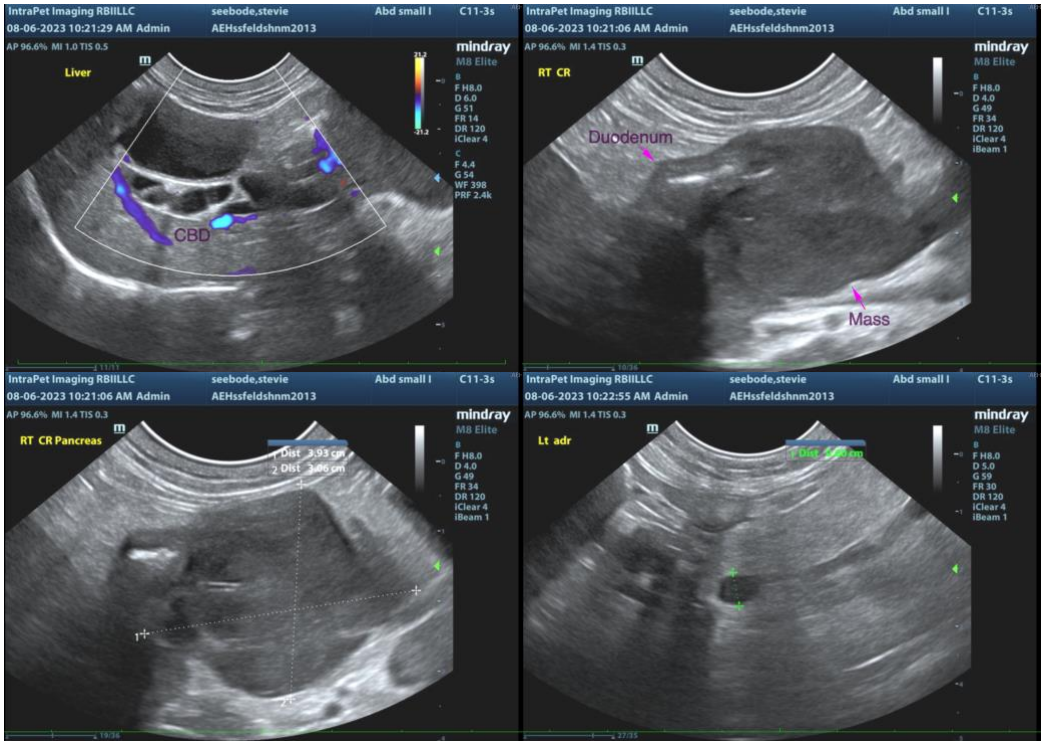
- Hepatic changes are nonspecific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

Secondary Findings

- Bilateral chronic age-related renal changes
- The left adrenomegaly may be secondary to stress, hyperplasia or an emerging tumor.
- The small intestinal wall changes could be consistent with inflammatory bowel disease or emerging lymphoma.
- Subcutaneous mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine-needle aspirate of the pancreatic mass and enlarged mesenteric lymph nodes (if clotting status is appropriate). A 25-gauge needle should be used. However, given the high likelihood of multi-organ neoplasia, palliative care should be considered in lieu of aggressive diagnostics/treatments.



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