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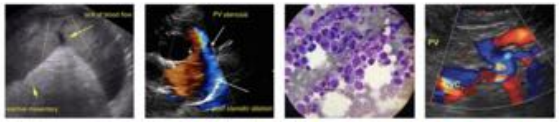

Charleston Mobile Veterinary Services
IMAGING PERFORMED BY
CharlestonMobile.Net 800.403.5408

PATIENT

Obi Wan Snyder

SPECIES

Feline

BREED

Persian

SEX

Neutered Male

AGE

8.1.2018

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Park West VA

REFERRING VET

Dr. Mercedes Carota

INVOICE

11359

DATE

8.8.22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Initially, depressed, dumpy. Mild discomfort on abdominal palpation. improved over last week with IV fluids, metoclopramide, unasyn, buprenex, cerenia, dex once on Monday. BW revealed 3.2 total bilirubin and mildly elevated neutrophils.
Trickle fed last week, improved with appetite stimulant. But, still seemed nauseous.
Went home this past weekend and did not eat by himself. Seems perkier today, but not normal and not eating. TPR normal the entire time

Abnormal lab-work values: T bili 3.2, glucose 196, bands suspected on 8/1 (kidneys, other liver values WNL, protein levels WNL). BW 27,000 neutrophils on 8/5
Current Medications: none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly 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 (3.55 cm in length); normal shape and architecture with 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 hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (4.08 cm in length); normal shape and architecture with 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The **spleen** is normal in size (0.80 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The **gall bladder** is mildly distended. The wall is borderline thickened (up to 0.19 cm). A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal. The common bile duct measures 0.20 cm in diameter. At the distal aspect, the duodenal papilla is normal in size (0.30 cm in width).

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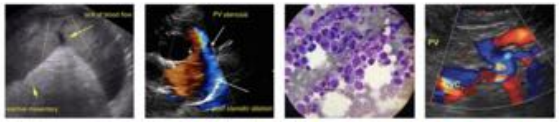

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Gastrointestinal
The **gastric lumen** is mildly distended with liquid ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas
The left limb of the **pancreas** is 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. Surrounding mesentery is hyperechoic.

Free Abdomen
Trace free fluid is observed. The abdominal **lymph nodes** are normal/not visible.

Other
A brief evaluation of the thorax/heart reveals pleural effusion and trace pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are consistent with moderate to severe pancreatitis with adjacent peritonitis.
- The trace ascites, pleural and pericardial effusion are likely secondary to the systemic effects of pancreatitis with a lower possibility of increased hydrostatic pressure or low oncotic pressure.

Secondary Findings

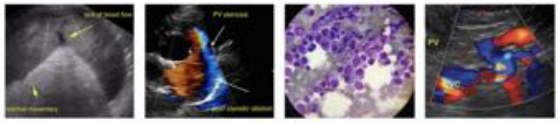
- The mild gall bladder wall thickening may be artifactual due lack of full repletion. Alternatively, mild cholecystitis may be present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess the degree of pleural effusion.

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) may be beneficial in helping to prevent/treat hepatic lipidosis.

Serial monitoring of the patient's bloodwork is recommended to monitor the progression of metabolic functions.



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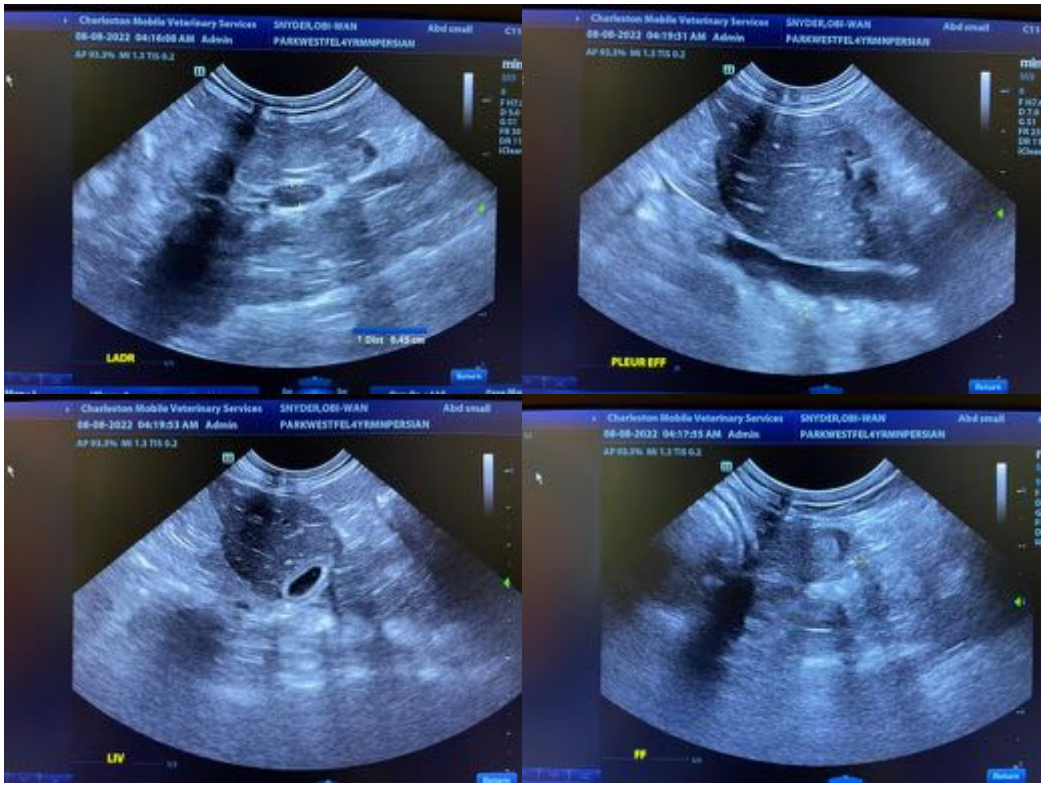

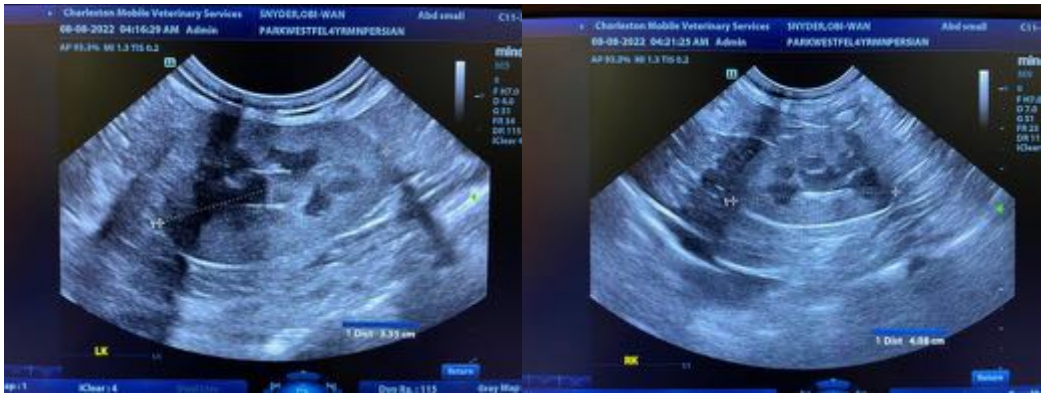

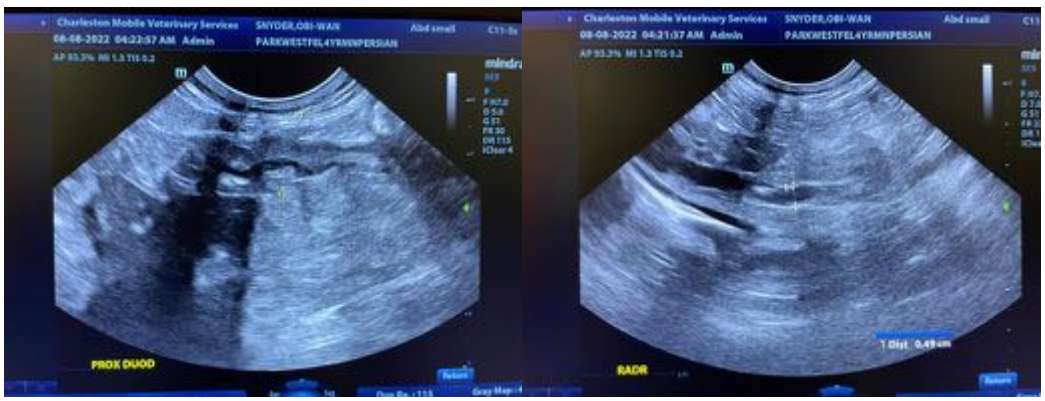

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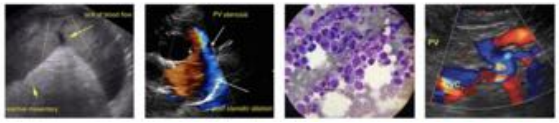

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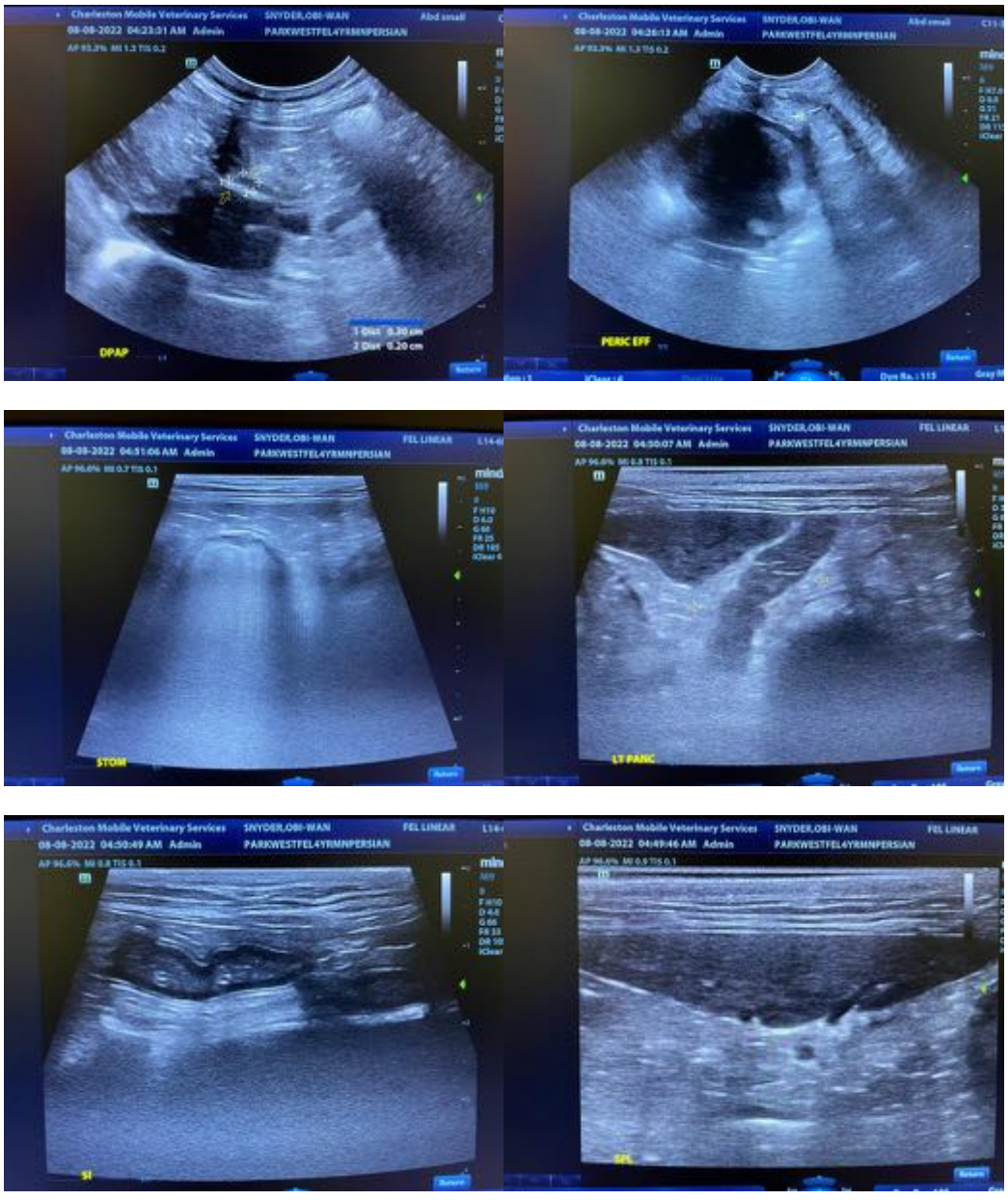

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com