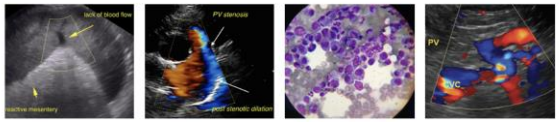


PATIENT

Tuxedo Pence

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

5/5/2008

WEIGHT

5.8 kg.

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

Blue Pearl

REFERRING VET

Dr. Schow

INVOICE

13971

DATE

9/14/22

PRESENTING CLINICAL SIGNS

Crying out. Palpable abdominal mass

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 (4.00 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 small, non-obstructive nephroliths are visualized. Pinpoint hyperechoic to mineralized foci are observed within the cortex. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.87 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 small, non-obstructive nephroliths are visualized. Pinpoint hyperechoic to mineralized foci are observed within the cortex. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

The right adrenal gland is normal in size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

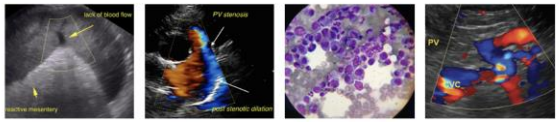
Spleen

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 portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and proximal common bile ducts are dilated. The proximal common bile duct measures 0.43 cm in diameter. More distally, the common bile duct measures 0.26 cm in diameter. The duodenal papilla is mildly thickened (up to 0.50 cm in width). There is no obvious evidence of an intraluminal obstruction.

Gastrointestinal



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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. In one segment of jejunum, the wall is thickened (up to 0.32 cm) and slightly corrugated. The mesentery effacing the serosal surface in this region is hyperechoic. A small amount of soft shadowing material is observed within the lumen adjacent to this region. In the remaining small intestinal wall segments, there is slight disruption in the normal 1:3 muscularis: mucosal ratio in a few segments. The ileocecocolic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and homogeneous in appearance. The pancreatic duct is dilated (up to 0.49 cm in diameter). Surrounding mesentery is hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid. A few colic lymph nodes are visible. Surrounding mesentery is hyperechoic.

Other

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

A 3.42 cm hyperechoic to attenuating mass is observed in the left mid-abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

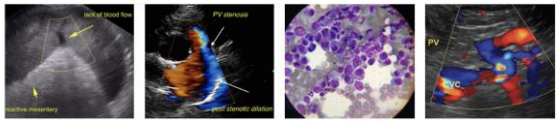
- Moderate to severe acute pancreatitis. The dilation of the proximal common bile duct suggests possible extraluminal obstruction, likely secondary to pancreatitis.
- The small intestinal changes, particularly the focally thickened jejunal segment, are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with some potential for emerging lymphoma. The soft shadowing luminal contents are most consistent with foreign material (i.e., hair). The material appears non-obstructive at this time.
- The hyperechoic mass in the left mid-abdomen likely represents an intraabdominal lipoma or less likely, a liposarcoma.

Secondary Findings:

- Bilateral, degenerative renal changes with non-obstructive nephrolithiasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline labwork including a CBC chemistry panel and urinalysis is recommended along with three-view thoracic radiographs to assess cardiopulmonary status.
- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Initiation of trickle feeding is recommended as soon as the patient will tolerate it to help maintain enterocyte health.



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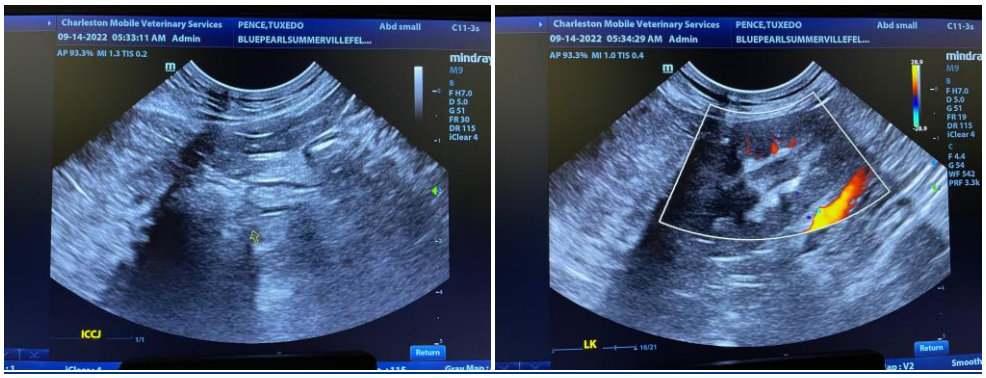
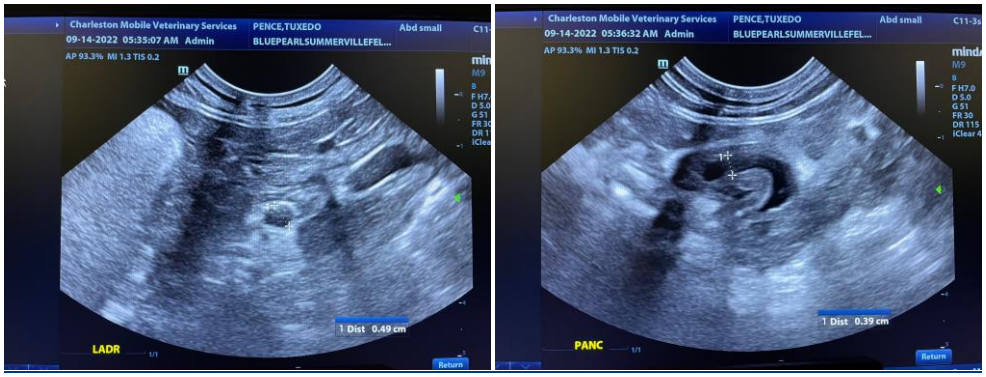
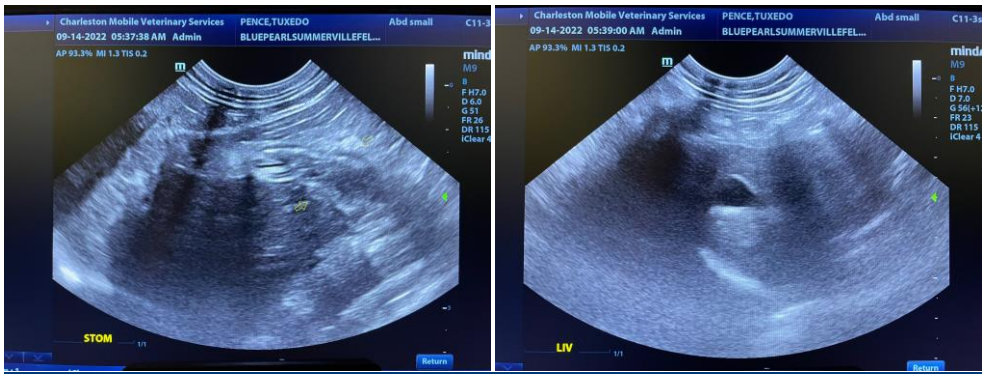
Consider placement of a temporary feeding tube (i.e., esophagostomy tube) to help prevent hepatic lipidosis during the recovery period.

- Other considerations include the following:

1. GI panel including serum cobalamin, folate, TLI and PLI.
2. Removal of the fatty intraabdominal tumor when the patient has recovered from the pancreatitis.







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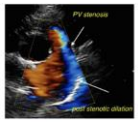
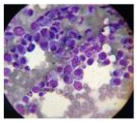
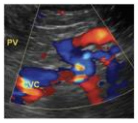

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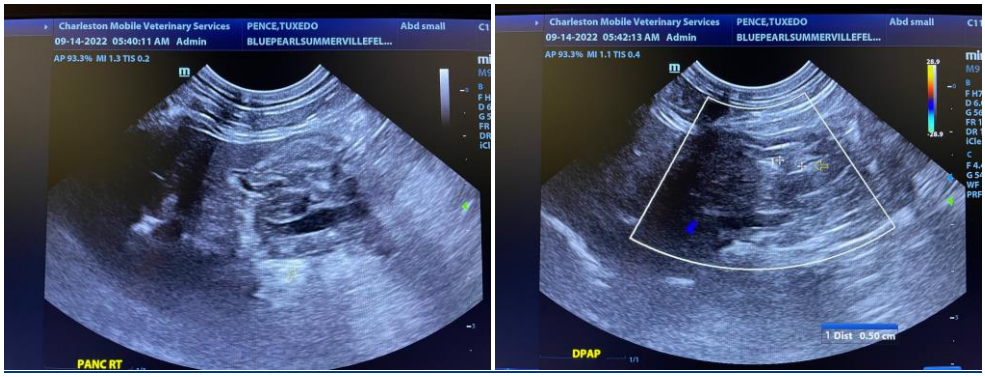

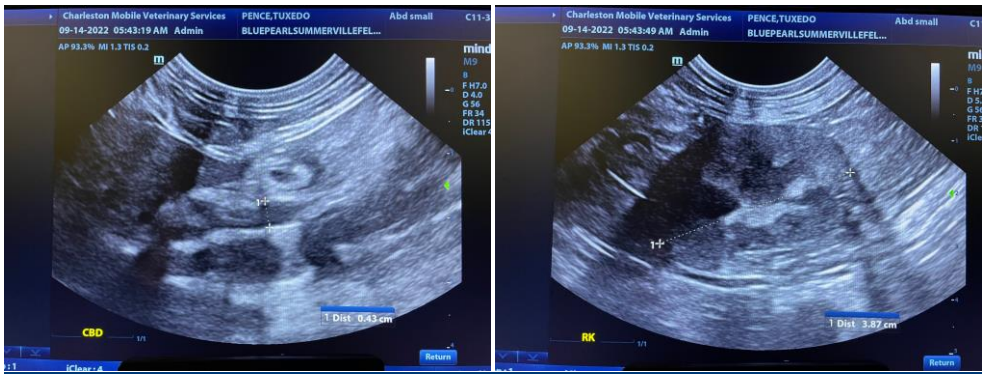

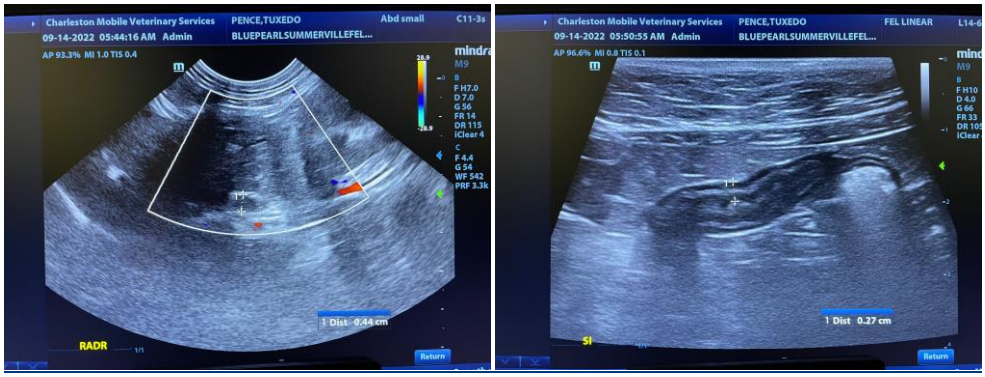

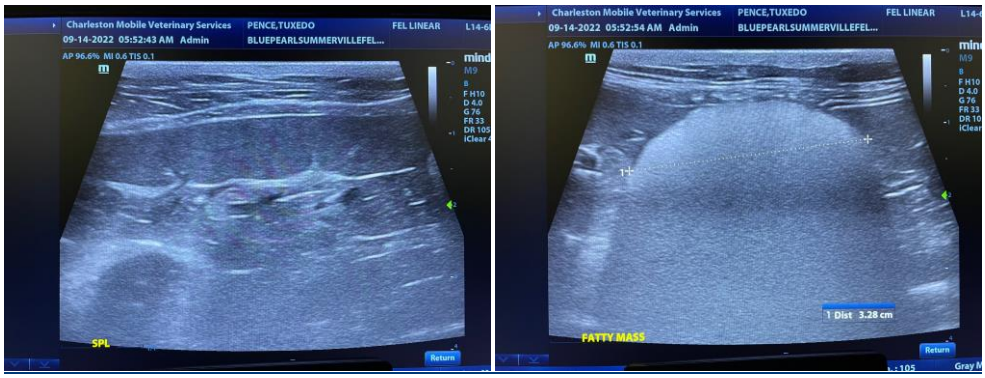

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible

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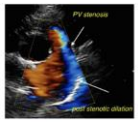
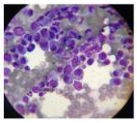
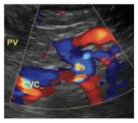

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in the image/video clips provided.

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