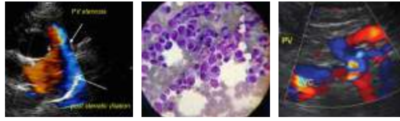


DATE

9/2/21

PATIENT

Baby Dignan

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female Spayed

AGE

2/10/12

WEIGHT

6.38 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Healing Paws Veterinary Wellness Center

REFERRING VET

Dr. Levitsky

INVOICE

11753kk

PRESENTING CLINICAL SIGNS

History: Seen at another vet in 6/21 for weight loss and elevated liver values. Had U/S done which was unremarkable according to owner. but vet was worried about lymphosarcoma. Had repeat BW done. Currently on Pred 5 mg SID and doing better. Eating better and not vomiting. Owner tried to decrease the Pred. and appetite decreased.

Current Medications: Pred 5 mg SID

Lab Results: 7-2021: ALT 762, ALK 770, Tbili 15. 5-2021: ALT 582, Tbili 9.4.

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 lumen is mildly 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 (3.94 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 (4.34 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.

Adrenal Glands

The left adrenal gland is normal size (0.36 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is subjectively prominent in size with an undulating medial contour and rounding at the poles. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. There is an increase in portal markings. No distinct focal lesions are observed. Hepatic vasculature is of normal volume with no evidence of congestion. The gall bladder is mildly distended. The wall is diffusely thickened (up to 0.16 cm). Hyperechoic debris/sludge is observed within the lumen. The cystic duct wall is subjectively thickened. The cystic and common bile duct lumens are not overtly dilated. There is no evidence of an intraluminal obstruction. The duodenal papilla is mildly thickened (0.64 cm in width).

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. There is disruption in the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is enlarged with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is dilated (0.32 cm in diameter).

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few prominent mesenteric lymph nodes are visulzied with the largest measuring 0.93 cm in length.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Diffuse hepatopathy. Top differentials include inflammatory/immune-mediated disease, hepatic lipidosis, infiltrative neoplasia (less likely), or some combination thereof.

- The gall bladder and cystic duct changes are most consistent with cholangiohepatitis/cholangitis +/- age-related hyperplasia.

- The pancreatic changes are consistent with chronic pancreatitis

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

**Given the sonographic changes, “triaditis” is a consideration in this patient.

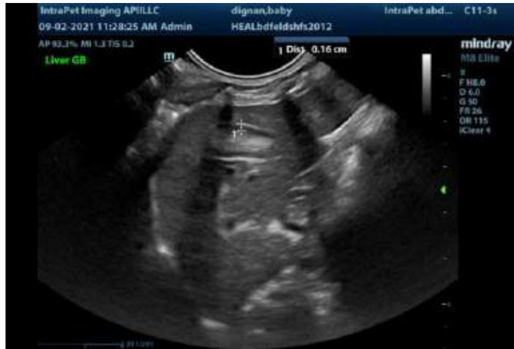
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Fine needle aspirates of the liver and spleen can be considered (if clotting status is appropriate). A 25-guage needle should be used. If cytologic evaluations are inconclusive and an aggressive approach is desired, a surgical liver biopsy with aerobic and anaerobic bile cultures can be considered. Supportive care for bacterial cholangiohepatitis/cholecystitis/cholangitis/pancreatitis is recommended while awaiting test results. Nutritional support is strongly recommended to help prevent/treat hepatic lipidosis.

2. Other diagnostic considerations include:

    a. A malabsorption panel including serum cobalamin, folate, PLI and TLI.

    b. Three-view thoracic radiographs.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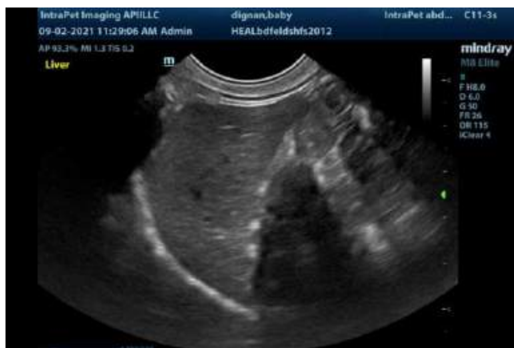
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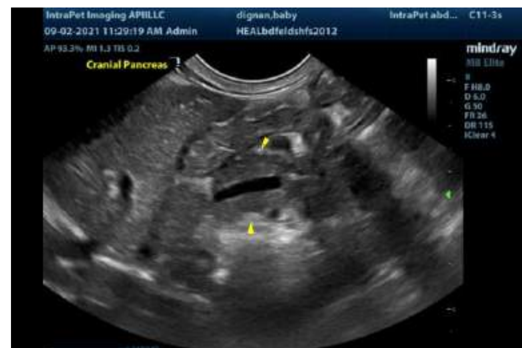
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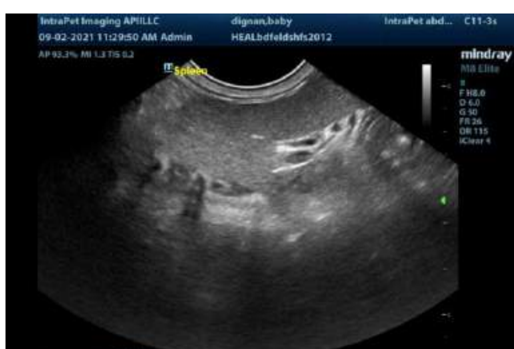
Cranial Pancreas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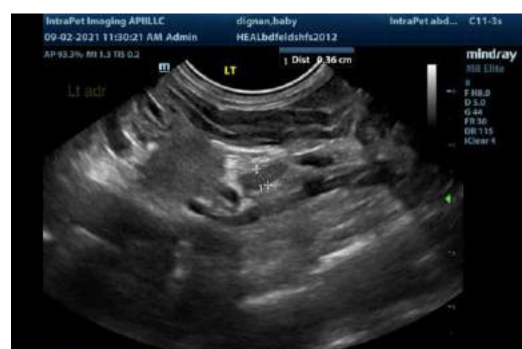
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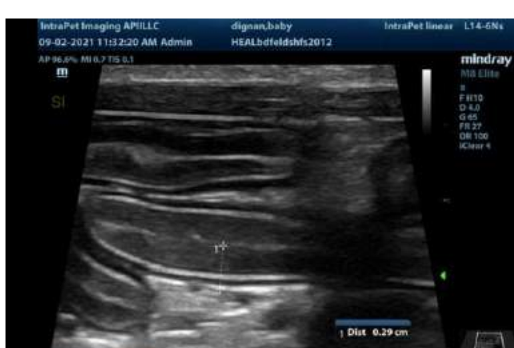
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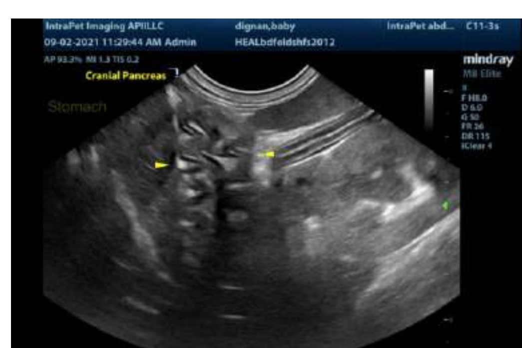
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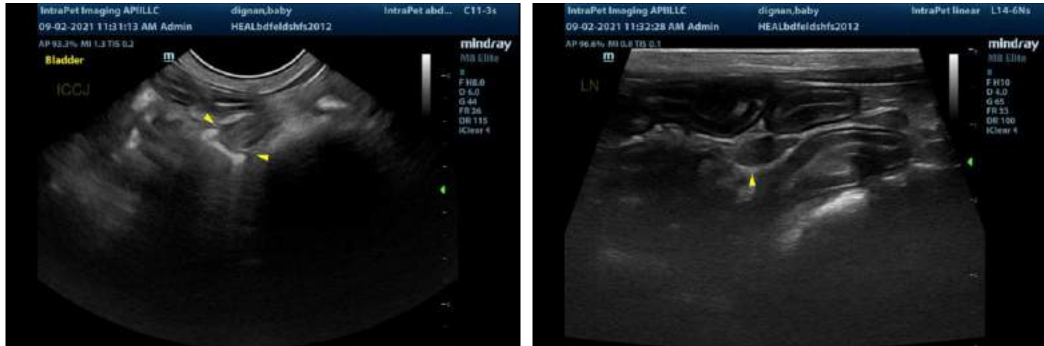
Cranial Pancreas
Stomach



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.

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Andrea.nicastro@sonopath.com