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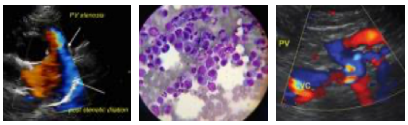

SonoPath
Clinical Sonography & Telecytology
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DATE

9/21/2021

PATIENT

Grey Heart Cockrell

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

10/22/2013

WEIGHT

21.5 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

12219

PRESENTING CLINICAL SIGNS

Feline / Domestic Shorthair / Male Neutered / 10-22-2013 / 21.5 Lbs.
History: Grey Heart initially presented at the emergency clinic on 9/11/2021 for vomiting and not eating. His x-rays there showed some mineralized densities, a BB density, and some variable-sized intestinal loops. He was treated for a probable pancreatitis flare and placed on Cerenia, Mirtazapine and Buprenex. He responded for a few days then stopped eating once the medicine was finished. He presented here (Cat Sense) on 9/18 for not eating for a few days. Bloodwork was normal. A repeat x-ray was taken, and it looks like he has the same small, mineralized densities and they are all in a line. I am concerned that they are stones in the pancreatic duct?? Or are they insignificant? He was given fluids, started back on the Cerenia and Miratz and his appetite is still variable.

Current Medications: Cerenia 12mg and Miratz ointment once daily.
Lab Results: SDMA mildly elevated at 17, ALKP at 66, normal CBC, T4 and fPL on 9/18.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Sedation not required for scan.
Stat Report: STAT report requested.

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 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 (4.38 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 (4.37 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 enlarged (0.64 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (0.77 cm width) with a slightly rounded shape and smooth peripheral contours. The parenchyma is homogeneous. No focal lesions are observed. Surrounding vasculature appears normal.

Spleen

The spleen is normal in size (0.69 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.48 cm hyperechoic nodule is observed within the parenchyma, approximately mid-spleen. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to the spleen and slightly mottled in appearance. A 3.06 x 1.31 cm ill-defined hypoechoic nodule/area is observed approximately mid-liver. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is mildly distended. The wall is normal in thickness. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

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. Within a segment of jejunum, a 4.09 cm hard shadowing foreign body is observed. The wall in this region is thickened (up to 0.40 cm). The mesentery effacing the serosal surface in this area is hyperechoic. The small intestinal lumen proximal to the foreign body is mildly distended with stasis. Distal to the foreign body, there is no small intestinal distention. The remaining small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in most segments. The ileocecal colic junction and colonic wall are normal.

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated (0.22 cm in diameter). There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

Trace fluid is observed. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Jejunal foreign body with regional peritonitis. The remaining bowel pattern is consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- The hypoechoic nodule/area could be consistent with a tumor, inflammatory focus or granuloma.

Secondary Findings:

- The hyperechoic lesions adjacent to the splenic vessels are most consistent with myelolipomas. Although a neoplastic process within the spleen cannot be excluded, it is considered unlikely in this patient.
- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- An abdominal exploratory with foreign body removal is recommended along with gastrointestinal biopsies and/or removal of the hypoechoic hepatic lesion is also recommended. Consider placement of a temporary feeding tube at the time of surgery to help prevent/treat hepatic lipidosis.
- Given the bowel and pancreatic changes, a malabsorption panel should also be considered.


IntraPet Imaging RBIILLC
cockrell,grey heart
Abd small I
C11-3s
09-21-2021 08:34:34 AM Admin
SENghcfeldshnm2003
mindray
MB Elite
ICCJ


IntraPet Imaging RBIILLC
cockrell,grey heart
Abd small I
C11-3s
09-21-2021 08:36:12 AM Admin
SENghcfeldshnm2003
mindray
MB Elite
Liver
Dist 2.34 cm
Dist 2.13 cm


IntraPet Imaging RBIILLC
cockrell,grey heart
Abd small I
C11-3s
09-21-2021 08:37:41 AM Admin
SENghcfeldshnm2003
mindray
MB Elite
Rt adr
Dist 0.77 cm


IntraPet Imaging RBIILLC
cockrell,grey heart
Abd small I
C11-3s
09-21-2021 08:39:09 AM Admin
SENghcfeldshnm2003
mindray
MB Elite
Lt adr
Dist 0.64 cm


IntraPet Imaging RBIILLC
cockrell,grey heart
Abd small I
C11-3s
09-21-2021 08:39:29 AM Admin
SENghcfeldshnm2003
mindray
MB Elite
Spleen
Dist 0.48 cm


IntraPet Imaging RBIILLC
cockrell,grey heart
Abd small I
C11-3s
09-21-2021 08:40:08 AM Admin
SENghcfeldshnm2003
mindray
MB Elite
LEFT PANC
Dist 0.99 cm
Dist 0.22 cm

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.

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