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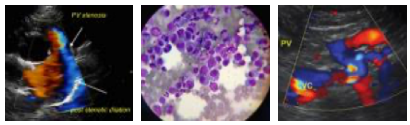

SonoPath
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DATE

9/22/21

PATIENT

Baxter Scott

SPECIES

Feline

BREED

Domestic shorthair

SEX

Male, neutered

AGE

5/26/2012

WEIGHT

15 lbs.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Paradise Animal Hospital

REFERRING VET

Dr. Twardzik

INVOICE

12241

PRESENTING CLINICAL SIGNS

History: Patient presented on 7/23/21 for annual exam. The owner reports Baxter has been clingier, possibly isn't feeling well. Has large bowel movements, sometimes anus bleeds. On exam, he had a focal area of over grooming on his ventral abdomen, 4.5/5 BCS, dental tartar, decreased ROM in hips, and markedly impacted anal glands, which were expressed during the appointment. Patient was diagnosed with pancreatitis based on bloodwork and started on Buprenex and Cerenia. He initially improved, then was seen again on 9/16/21 for being not quite himself/somewhat more reclusive. The owner remarked he had just started over grooming his abdomen again but improved when Buprenex was restarted. On exam, he had lost 1 lb since the previous exam and had a distended left anal gland, which was expressed. The fur around previous over grooming was growing back.

Current Medications: Not provided by the veterinarian.
Lab Results: CBC: NSF, Chem: NSF, T4: 2.7 mg/dL, Spec fPL: Elevated at 3.8 ug/dL.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound:
Sedation: Gabapentin administered prior to the 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 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 (4.40 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.98 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

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

Spleen

The spleen is subjectively prominent in size (1.25 cm in width at the level of the hilus) with slightly swollen peripheral contours. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature is normal. Splenic vasculature appears normal with no evidence of thrombosis.

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 gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The portal vein: caudal vena cava ratio is approximately 1:1.

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. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. The lumen of the descending colon contains soft shadowing fecal material. No obstructive disease is noted.

Pancreas

The right limb of the pancreas is visible and is normal in size with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

There is no evidence of free fluid. A few lymph nodes are visible (the largest measuring 0.75 cm in length) adjacent to the ileocecal colic junction. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The splenic parenchymal changes could be consistent with benign pathology (i.e., lymphoid hyperplasia or extramedullary hematopoiesis). Alternatively an emerging neoplastic process (i.e., round cell tumor) may be present.
- The pancreatic changes are suggestive of mild chronic active pancreatitis.

Secondary Findings:

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- Bilateral age-related renal changes.

*An obvious cause for the patient's over grooming is not identified in this study. Considerations include low-grade abdominal pain secondary to mild pancreatitis or gastrointestinal disease, orthopedic or neurologic pain, anal gland discomfort, behavioral, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the splenic changes, a fine needle aspirate can be considered to further assess for infiltrative neoplasia (if clotting status is appropriate). A 25 gauge needle should be used.
- Also consider a malabsorption panel to assess for occult gastrointestinal disease.
- Orthopedic and neurologic examinations are recommended to assess for non-metabolic causes of pain/discomfort that may be resulting in over grooming.
- Three-view thoracic radiographs should also be considered to assess for occult disease in the chest.


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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*)
Andrea.nicastro@sonopath.com