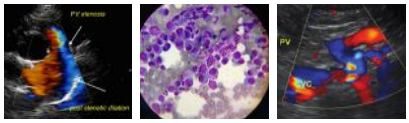
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

9.23.2022

PATIENT

Grim Glenn Campbell

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8/5/2008

WEIGHT

15.1lbs

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Timonium Animal Hospital

REFERRING VET

Dr. Kauder

INVOICE

11703

PRESENTING CLINICAL SIGNS

Recheck of liver, gall bladder, pancreas & stones noted in liver, pancreas, and common bile duct. Since the last scan-Grim has been very comfortable much of the time, but has had a few episodes of a few days of inappetence and vomiting

Current Medications: Prednisolone 5mg daily since 8/26/22, Veraflox 2ml PO SID 8/26-9/9. Recently added buprenex 0.015mg/kg PO & Cerenia 8mg PO- both not used yet but prescribed for future use when needed for abd discomfort
Lab Results: no new labs since last u/s 8/26/22-ALT 449, TBil 1.3, Glucose 319; fructosamine 350
Date of Previous IntraPet Ultrasound: 8/26/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

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 anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The **left kidney** is normal size (3.85 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The **right kidney** is normal size (3.87 cm in length); with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

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

Spleen

The **spleen** is normal in size (0.74 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. Occasional, small intrahepatic biliary stones are visualized. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The **gall bladder** is mildly to moderately distended. The wall is normal in thickness. A scant amount of aggregated, echogenic, gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are thickened. The lumen is dilated (up to 0.59 cm) without evidence of an intraluminal obstruction.

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 colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The **pancreas** is prominent in size with slightly irregular peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is dilated (up to 0.33 cm in diameter) and is filled with mineralized sand +/- tiny calculi. The surrounding mesentery is hyperechoic.

Free Abdomen

There is no evidence of free fluid. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

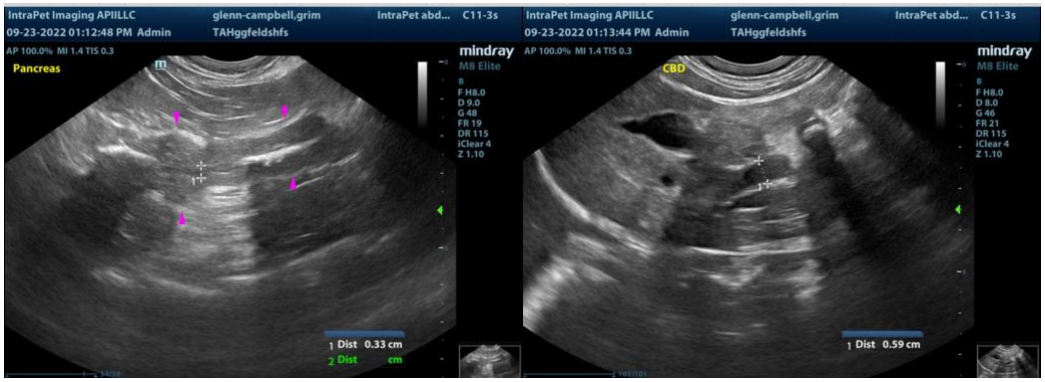
- The cystic and common bile duct wall changes are most consistent with cholangitis. The previously observed stone in the distal common bile duct is no longer visible.
- Intrahepatic biliary stones – incidental
- The pancreatic changes are most consistent with chronic active pancreatitis with ductile sand/+/- tiny stones. Changes are similar to the previous sonogram.

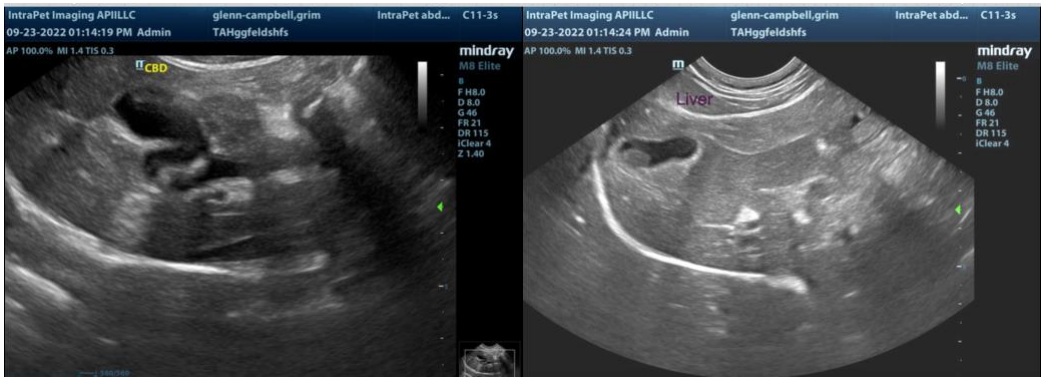
Secondary Findings

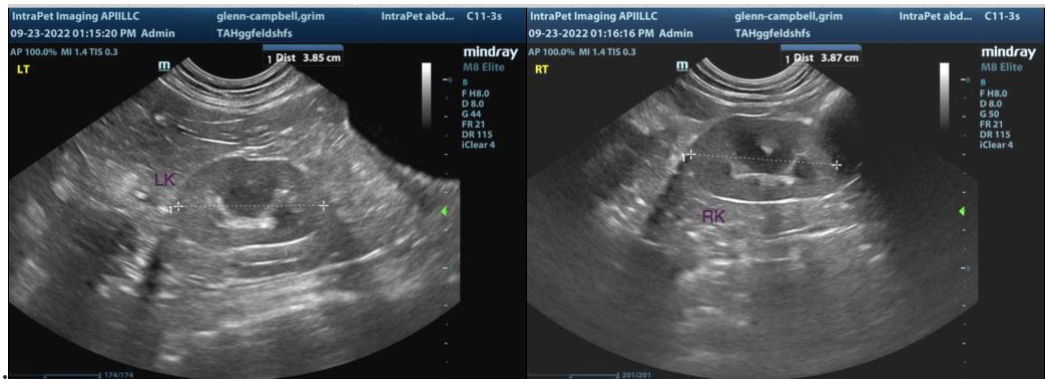
- Bilateral degenerative renal changes. Changes are similar to the previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial monitoring (i.e., every 3 months) of the patient's bloodwork is recommended to assess for changes in hepatic values, which may warrant repeat abdominal imaging. Symptomatic care for pancreatitis flareups is also recommended, as needed







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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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