

**DATE PRESENTING CLINICAL SIGNS**

9/9/21

History: Anorexia, vomiting, loss ~2lbs in last week or 2. BW WNL. Radiographs show round mass like density in left cranial quadrant. Enlarged splenic silhouette

Lab Results: 9/7/21- ALT 119, T4 normal, CBC normal.

**PATIENT**

Radiographs: mass like structure rostral to left kidney on v/d view.

Purrseus Nutter

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not needed.

Stat Report: Not requested.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Domestic shorthair

**Urinary System**

The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small to moderate amount of suspended echogenic debris is observed within the lumen along with a small amount of gravity-dependent mineralized sand +/- tiny calculi. The region of the trigone and the visible portion of the proximal urethra are normal.

**SEX**

Male, neutered

The left kidney is normal size (4.55 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 hydronephrosis. Renal vasculature is normal.

**AGE**

2010

The right kidney is normal size (4.74 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 hydronephrosis. Renal vasculature is normal.

**WEIGHT**

13.8 lbs.

**Adrenal Glands**

The left adrenal gland is normal in size (0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

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

**Spleen**

The spleen is subjectively normal in width (0.81 cm at the level of the hilus) with an elongated contour. The peripheral margins are curvilinear. The parenchyma is homogeneous. No focal lesions are observed. Splenic vasculature is normal with no evidence of thrombosis.

**HOSPITAL NAME**

Bayside Animal  
Medical Center

**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. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Dr. Buchanan

**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.

**INVOICE**

12058

### *Pancreas*

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and edematous in appearance. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic, bordering on saponified.

### *Free Abdomen*

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

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- Moderate to severe acute pancreatitis with regional peritonitis and suspected saponification of fat.
- Urinary bladder sand +/- tiny cystic calculi.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

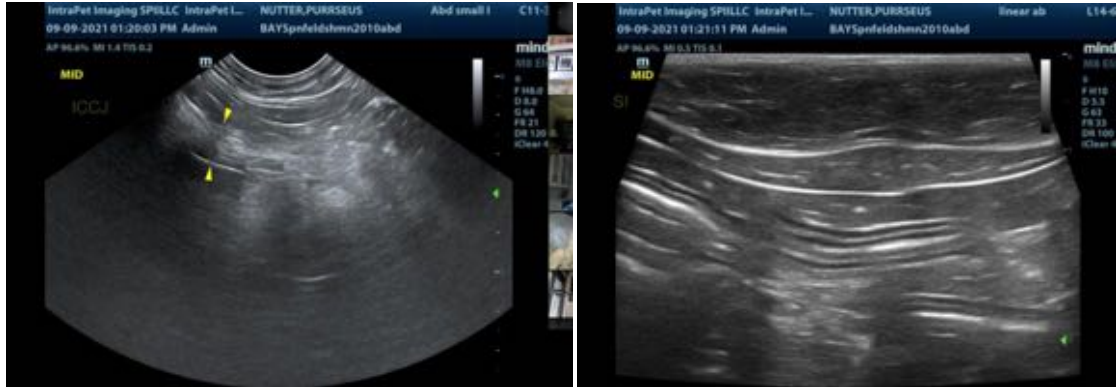
### **Secondary Findings:**

- 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).

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Nutritional support is strongly recommended to help prevent/treat hepatic lipidosis and maintain enterocyte health.
- Also consider a malabsorption panel +/- fecal evaluation for ova and giardia.
- Three-view thoracic radiographs are recommended to assess cardiopulmonary status.
- Consider abdominal radiographs to determine if discrete cystic calculi are present. If so, a cystotomy with stone removal, analysis and culture is recommended (when patient's pancreatitis has resolved). Alternatively, medical dissolution of the stones can be considered with a prescription urinary diet (which should be low-fat, given the pancreatitis) and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.





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