

PATIENT

Jackie Rittle

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

7 Years

WEIGHT

2.13 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Law

INVOICE

20616

DATE

1/17/23

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for AUS. Seen at rdvm aprox 4 weeks ago for limping, lethargy, NE. Losing weight per owner. Took rads and bloodwork, treated outpatient with food trials and Mirtaz, still limping, slower but more alert now, doing food trials and then ultimately went back to original diet and eating well. Has lost around 2lbs, rec AUS. Previous Health Concerns: no Current Medications: no Appetite/When did they eat last: late last night

Abnormal PE/Chem/CBC/UA Results: Rdvm Bloodwork 12/14/22: WBC 36.61; NEU 33.74; BUN 13; TP 9.1; GLOB 6.3; TT4 0.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.49 cm. The right kidney measures 3.71 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.37 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.51 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

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There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

AGE

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Primary Findings

- Acute pancreatitis suspected to be acute on top of low-grade smoldering chronic pancreatitis

Secondary Findings

- Age-related kidney changes

WEIGHT

2.13 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Given this patient's suspected pancreatitis, part of the gastrointestinal signs may be secondary to that, however, the reported marked hyperglobulinemia is not typically expected with pancreatitis alone. Further evaluation of the hyperglobulinemia could be considered in the form of serum electrophoresis. Other differentials include infectious disease, neoplasia, such as lymphoma or even FIP.

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Erin Wicks

Recommendations include:

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- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
- Further work up of the reported limp is recommended, in case one of the above listed differentials (infectious disease, neoplasia, FIP, etc.) is present outside of the abdomen and can be discovered by working up the limp.

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In the meantime, supportive/symptomatic medical management of the clinical signs and pancreatitis is recommended.

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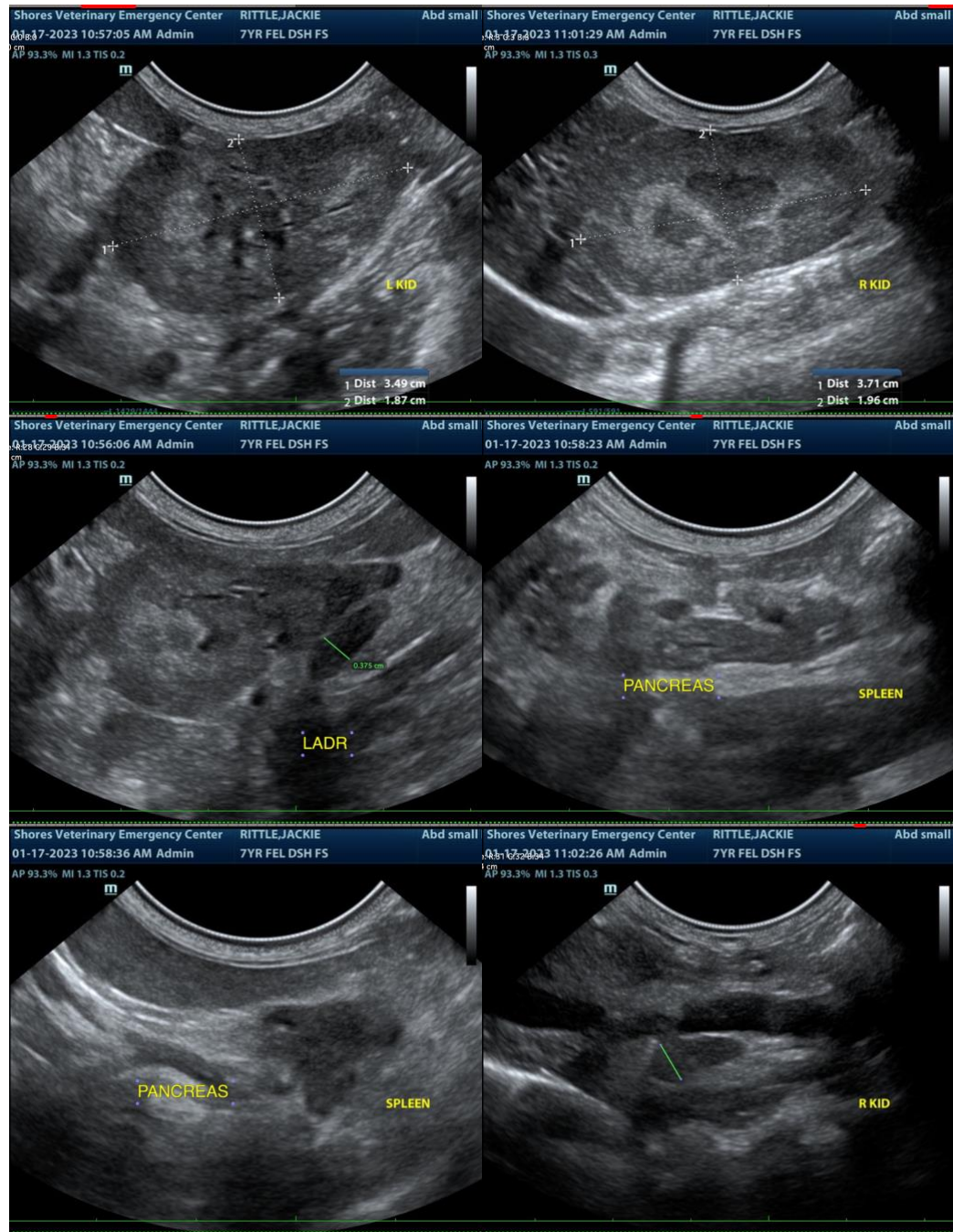
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM



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Beth.Johnson@SonoPath.com

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