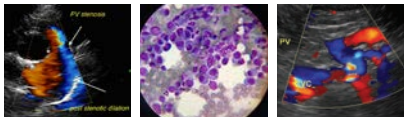
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

1/19/23

PATIENT

Kenny Screven

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8/8/16

WEIGHT

9.5 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Everhart Vet Hospital

REFERRING VET

Dr. Menefee

INVOICE

44385

PRESENTING CLINICAL SIGNS

Pt presented on 1/14 for anorexia and weight loss. Started on Clavamox and Mirtazapine with minimal to no improvement.

Current Medications: Clavamox 62.5mg, Mirtazapine.
Lab Results: HCT 26, TP 10.2, ALP 113, Tbili 1.2.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately 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.

The right kidney is normal in size (3.6 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia of mineral observed. Several chronic infracts are noted in the right kidney.

The left kidney is normal in size (4.12 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.46 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.41 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The 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 enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The 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 stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas is markedly enlarged in size, hypoechoic to surrounding tissues, and markedly irregular in shape with a swollen undulating contour. Parenchyma is markedly heterogeneous and coarse. Pancreatic duct dilation is noted. Multiple anechoic cysts are noted throughout the parenchyma. Enhanced hyperechoic ill-defined surrounding fat is noted, as is a large amount of free abdominal fluid as well as a scant amount of pleural effusion.

Other

Large amount of anechoic free abdominal fluid present, as is a scant amount of pleural effusion that appears to be non-cardiogenic based on a visibly normal left atrial size.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- **Hypoechoic hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- Severe acute pancreatitis suspected, with infiltrative infectious or neoplastic disease affecting the pancreas being considered possible, especially given this patient's reported hyperglobulinemia.
- **Free fluid** – likely secondary to marked inflammatory change/vasculitis. However, paraneoplastic effusion can't be ruled out.

SECONDARY FINDINGS

- **Chronic infarcts in the right kidney**

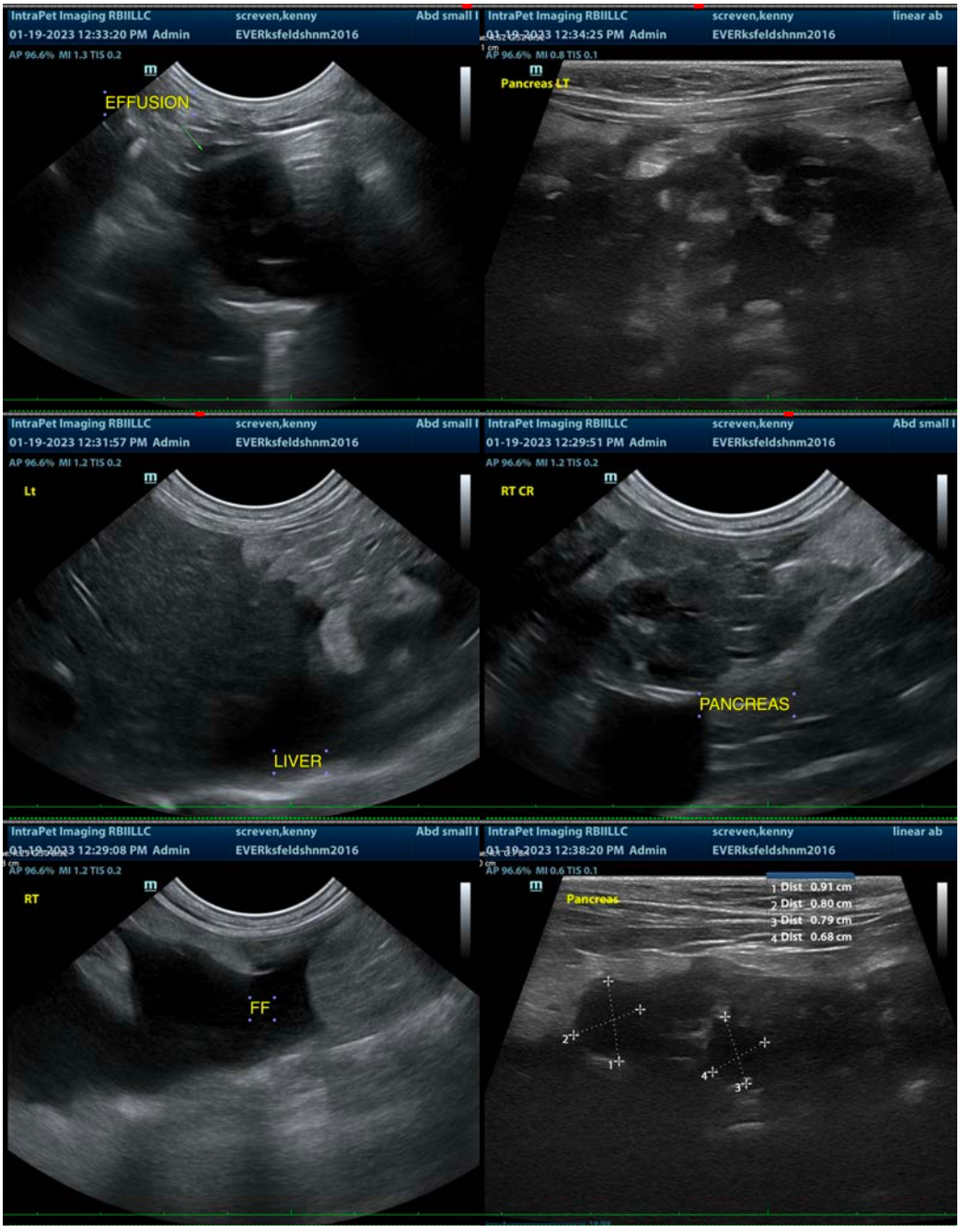
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A quantitative PLI is recommended if not recently evaluated.

Serum electrophoresis could be considered for further evaluation of the reported hyperglobulinemia, with differentials for that being infectious disease, including potentially FIP or infiltrative neoplasia such as lymphoma.

Sampling of the free abdominal fluid could be considered for cytologic evaluation, as could a fine needle aspirate of the pancreas if patient's coagulation status is appropriate, to help further identify inflammatory cell type or look for evidence of infiltrative neoplasia.

In the meantime, medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support (including a feeding tube) as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc.


IntraPet Imaging RBIILLC
screven,kenny
Abd small I
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AP 96.6% MI 1.3 TIS 0.2
EFFUSION
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linear ab
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EVERksfeldshnm2016
AP 96.6% MI 0.8 TIS 0.1
Pancreas LT
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AP 96.6% MI 1.2 TIS 0.2
Lt
LIVER
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RT CR
PANCREAS
IntraPet Imaging RBIILLC
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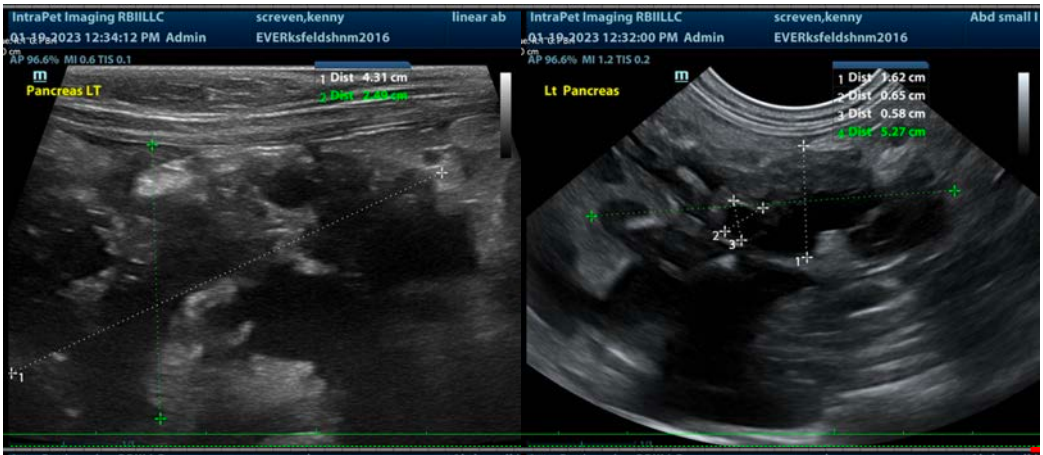
AP 96.6% MI 1.2 TIS 0.2
RT
FF
IntraPet Imaging RBIILLC
screven,kenny
linear ab
01-19-2023 12:38:20 PM Admin
EVERksfeldshnm2016
AP 96.6% MI 0.6 TIS 0.1
Pancreas
1 Dist 0.91 cm
2 Dist 0.80 cm
3 Dist 0.79 cm
4 Dist 0.68 cm


IntraPet Imaging RBIILLC
screven,kenny
linear ab
Q1 19s2023 12:34:12 PM Admin
EVERksfeldshnm2016
AP 96.6% MI 0.6 TIS 0.1
Pancreas LT
1 Dist 4.31 cm
IntraPet Imaging RBIILLC
screven,kenny
Abd small I
Q1 19s2023 12:32:00 PM Admin
EVERksfeldshnm2016
AP 96.6% MI 1.2 TIS 0.2
Lt Pancreas
1 Dist 1.62 cm
2 Dist 0.65 cm
3 Dist 0.58 cm
4 Dist 5.27 cm
IntraPet Imaging RBIILLC
screven,kenny
Abd small I
Q1 19s2023 12:31:27 PM Admin
EVERksfeldshnm2016
AP 96.6% MI 1.2 TIS 0.2
Lt adr
IntraPet Imaging RBIILLC
screven,kenny
Abd small I
Q1 19s2023 12:31:10 PM Admin
EVERksfeldshnm2016
AP 96.6% MI 1.3 TIS 0.2
Lt Kidney
IntraPet Imaging RBIILLC
screven,kenny
Abd small I
Q1 19s2023 12:29:41 PM Admin
EVERksfeldshnm2016
AP 96.6% MI 1.2 TIS 0.2
RT CR Pancreas
1 Dist 2.13 cm
2 Dist 3.45 cm
3 Dist 1.00 cm
4 Dist 0.93 cm
IntraPet Imaging RBIILLC
screven,kenny
Abd small I
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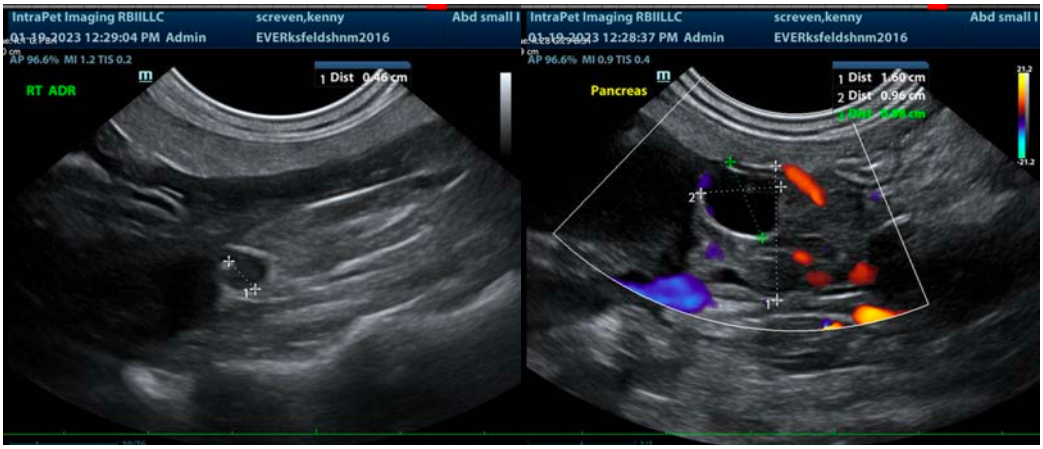
AP 96.6% MI 1.2 TIS 0.2
RT



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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com