



PATIENT PRESENTING CLINICAL SIGNS

Winnie Cole

History: 2-3 day history of anorexia, did have appetite but would vomit post prandial - Lethargic / dehydrated - Icteric MM Cerenia, Metronidazole, Cefazolin, Buprenorphine, Mirtazapine

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: CBC: mild leukocytosis characterized by mild neutrophilia, mild monocytosis Biochem: ALT unreadable, mild ALK P and GGT elevation, marked TBIL elevation UA: Bilirubin crystalluria T4: fPLI: Abnormal

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

SEX

Spayed Female

Left kidney is normal is size (3.31 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.

AGE

10 Years

Right kidney is normal is size (3.42 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.

WEIGHT

3.2 kg

Adrenal Glands

Left adrenal gland is normal in size (0.33 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Right adrenal gland is normal in size (0.42 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING

PERFORMED BY

Crystal Hill

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.

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Creek

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.

REFERRING VET

Dr. Mellish

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. The common bile duct is markedly distended, measuring 0.8 cm distended.

INVOICE

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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.

DATE

10/3/22



PATIENT	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.
Winnie Cole	
SPECIES	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Feline	
BREED	Pancreas 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.
DSH	
SEX	Free Abdomen There is no evidence of free fluid. There is no apparent lymphadenopathy.
Spayed Female	
AGE	Caudal to the stomach in the area of the pancreas, there is a 3.0 cm x 4.0 cm walled off, fluid filled structure that appears to be closely associated with the pancreas, as well as the biliary system/common bile duct.
10 Years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
3.2 kg	<ul style="list-style-type: none"> Acute pancreatitis The fluid filled cyst-like structure in the cranial abdomen appears closely associated with the pancreas, as well as the biliary system/common bile duct. Differentials include a pancreatic cyst or abscess, as well as less likely a markedly overdistended bile duct, secondary to an obstruction not visible in these images at this time. Organ differentiation other than the pancreas or the biliary system cannot be definitively ruled out but is considered less likely. A distended common bile duct, consistent with posthepatic obstruction, likely caused by pancreatitis +/- the pancreatic cyst. A stone, mass, sludge, other, can't be ruled out but isn't visible in these images at this time.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Beth Johnson, DVM DACVIM	Recommendations for this patient depend on the level of aggressiveness elected.
IMAGING PERFORMED BY	The least invasive option would be an abdominal CT scan for potentially more definitive identification of the origin of the cystic structure. Alternatively, the cystic structure could be aspirated, if patients coagulation status is appropriate, with plans to evaluate the fluid cytologically, as well as obtain a culture and sensitivity of the fluid.
Crystal Hill	
HOSPITAL NAME	The most aggressive option is an exploratory laparotomy with plans to biopsy/remove the cyst and further evaluate the biliary system for patency. The surgical option may ultimately be what is necessary, depending on patient response, however, draining the cystic lesion and proceeding with medical management of acute pancreatitis/cholangitis, etc. is a reasonable starting point, and in that case, recommendations include fluid therapy, antiemetics, gastroprotectants, broad spectrum antibiotics and pain management if indicated, as well as nutritional support is critical to prevent/manage any concurrent hepatic lipidosis, so appetite stimulants and/or if indicated feeding tube placement are recommended.
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PATIENT

Winnie Cole

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

3.2 kg

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IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney
Creek

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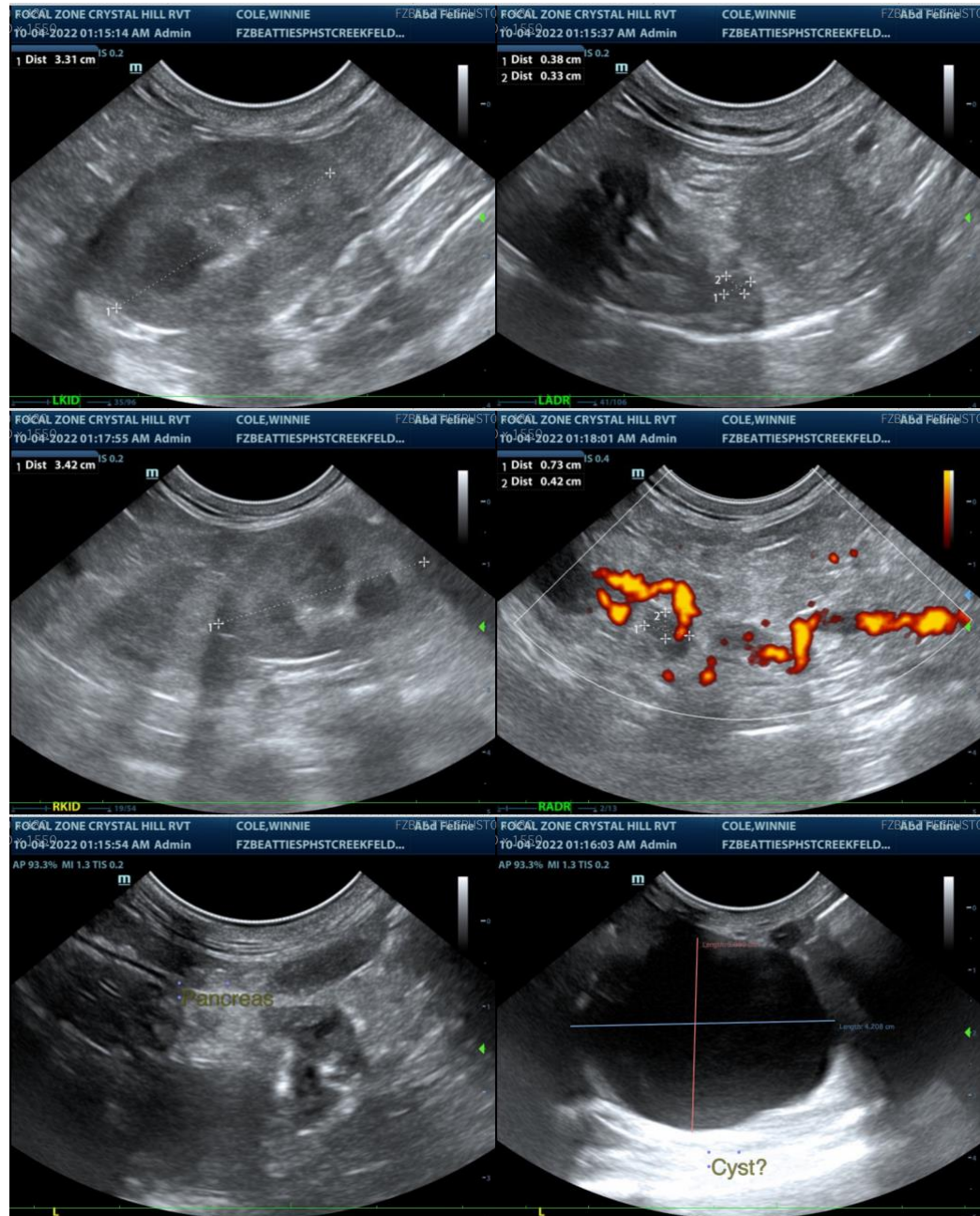
Dr. Mellish

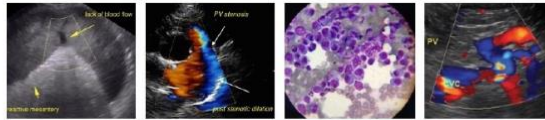
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PATIENT

Winnie Cole

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

3.2 kg

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**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney
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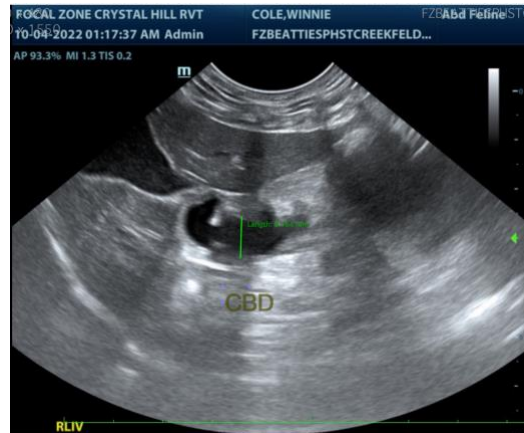
Dr. Mellish

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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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