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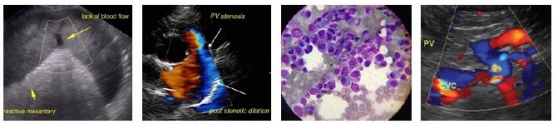

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Crackerjack Holman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

6 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Hamilton Regional Veterinary Emergency

REFERRING VET

Dr. Nadeau

INVOICE

35638

DATE

2/14/22

PRESENTING CLINICAL SIGNS

Presented to rDVM last week for hyporexia progressing to anorexia, icterus, outpatient therapy transitioned to hosp over this time (zeniquin, prednisolone, cerenia, fluids, mirtazipine), increasing liver values, prelim ultrasound at rDVM suspected pancreatitis with cholangitis/cholestasis with hepatic lipidosis meds: NE tube feeding @ 1/2 RER, ondansetron, cerenia, metoclop CRI, ampicillin, marbofloxacin, buprenorphine, ursodiol, denosyl, vitamin K PO, KPO4 IV
Abnormal PE/Chem/CBC/UA Results: Most recent labwork as of Feb 14th noonish shows mildly improving liver values ALT 304 (was 490), ALKP 390 (was 498), GGT 6 (down from 10), TBIL 114, TP now low at 55 (was 60), glucose 8.9, BUN low, creat low, cholesterol low normal, phosp 0.81 (was 0.39, then 0.7 overnight), PCV has decreased from 29 to 25 to 22 and is now 20 Ec8- K 3.9, Na 148, Cl 113, TCO2 27, urea 2.1, glucose(labs attached)

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.

Left kidney is normal is size (4.19 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.

Right kidney is normal is size (4.26 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

Left adrenal gland is normal in size (0.37 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.48 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogenously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged. Margins are smooth but round. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen. 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.

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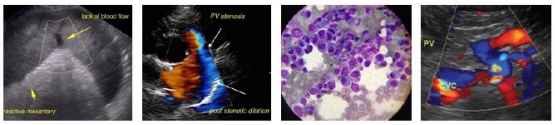

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Gastrointestinal

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.

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 left limb of the pancreas is prominent in size with a coarse, mottled appearance, characterized by an overall hypoechoic mass-like pancreas medial to the spleen with. Hyperechoic foci speckled throughout. There is no visible pancreatic duct dilation. There is evidence of hyperreactive peripancreatic mesentery. No free fluid is appreciated.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Coarse splenomegaly - can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

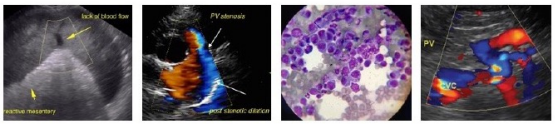
- Hyperechoic hepatomegaly - consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.

- Enlarged, heterogeneous, coarse pancreas with some suggestion of peripancreatic inflammation – Consistent with potentially acute on chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of post-hepatic cholestasis, as would be seen with a distended gallbladder or dilated biliary system. Therefore, the top concern for this patient is intrahepatic cholestasis, unless there is a concurrent anemia, which would support a pre-hepatic cause potentially as well.

Therefore, recommendations for this patient include a fine needle aspirate of the liver and spleen if patient's coagulation status is appropriate, as well as a PLI to further assess the pancreas, all while continuing the medical management already in place for hepatic lipidosis, pancreatitis, etc. with fluids,



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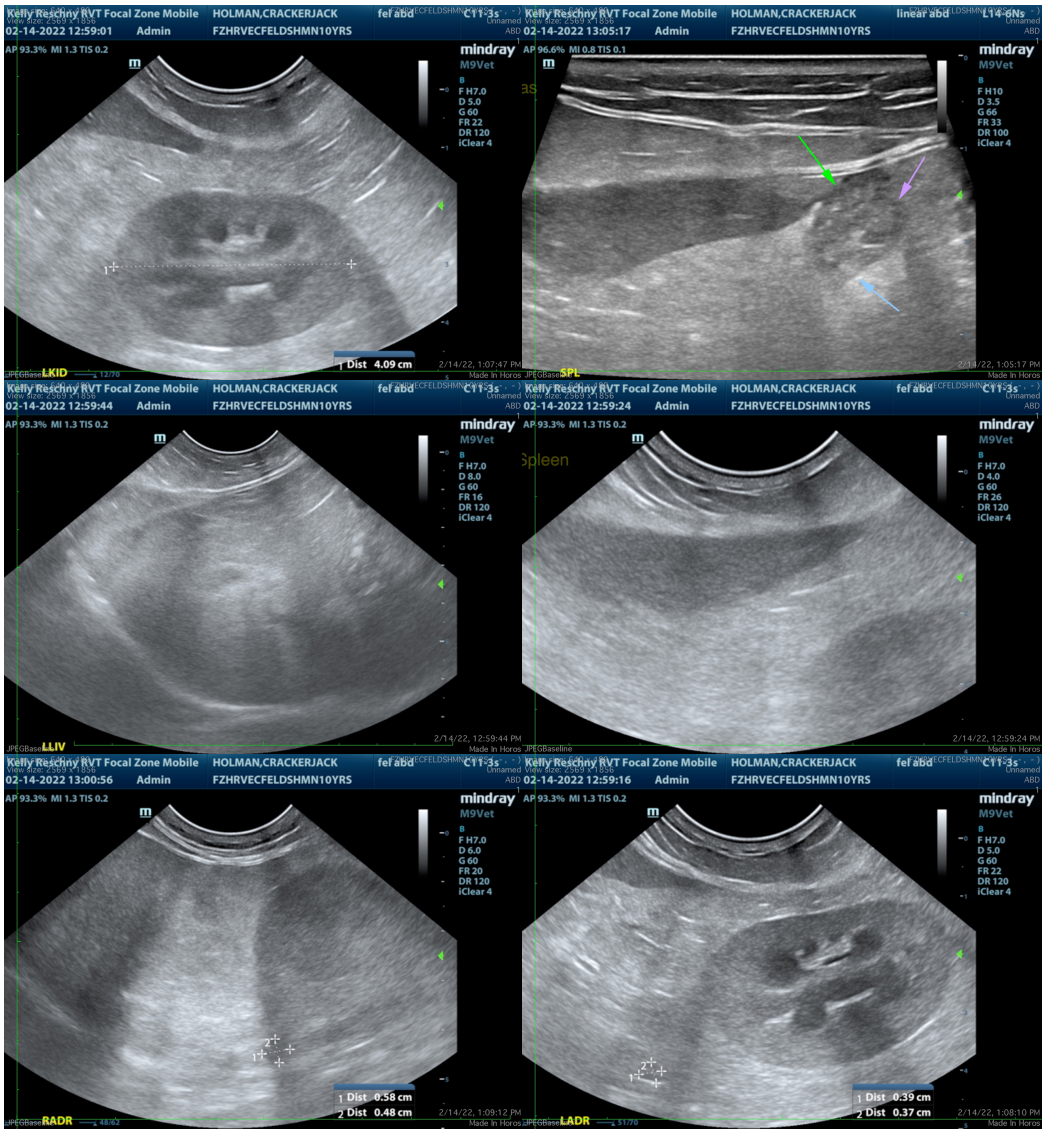
broad-spectrum antibiotics, gastrointestinal support, antiemetics, nutritional support, pain management, etc.

If the liver enzymes continue to improve as they are reportedly doing, and clinical signs improve, further assessment of the pancreas may not be indicated. However, if the liver enzymes do not continue to improve, a fine needle aspirate of the pancreas could be considered as well to definitively rule out infiltrative neoplasia, unless infiltrative neoplasia is previously diagnosed via spleen and/or liver aspirates. A fine needle aspirate of the pancreas could be performed sooner. However, pancreatitis versus pancreatic neoplasia is difficult to differentiate with ultrasound alone, and given the peripancreatic inflammatory changes suspected in this cat, pancreatitis is considered a more likely differential at this time.



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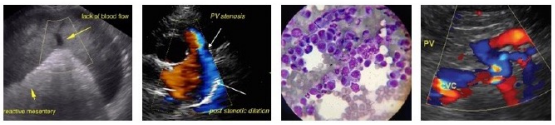

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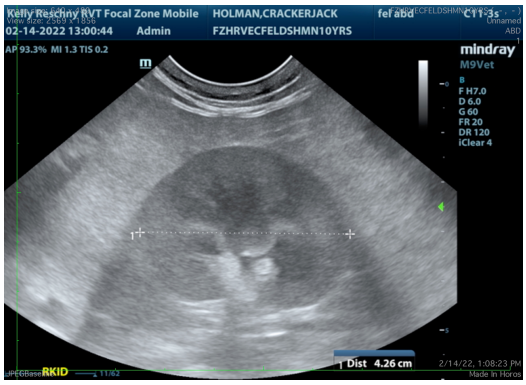

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth.Johnson@SonoPath.com