

**DATE PRESENTING CLINICAL SIGNS**

2/27/23

**PATIENT**

Camden Lavoie

History: P was diagnosed with IBD at previous hospital and was on prednisolone 5mg SID for several years. O discontinued pred in early January and did not observe a recurrence of the diarrhea/hematochezia that P had before starting pred. P has been vomiting and had some decrease in appetite in last few weeks. P has also been constipated and straining to defecate at times.

**SPECIES**

Feline

Current Medications: Sporadic Cerenia 12mg SID.

Lab Results: Spec fPL: 4/7/2020 5.0. 9/1/21 9.4. 3/15/22 12.8. 11/23/22 20.6

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

**BREED**

DSH

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SEX**

Spayed Female

**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.

**AGE**

3/17/04

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 right kidney measures 4.26 cm. The left kidney measures 3.78 cm.

**WEIGHT****INTERPRETED BY**Beth Johnson, DVM  
DACVIM**Adrenal Glands**

Left adrenal gland is normal in size (0.48 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.39 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Bay Country VH

**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.

**REFERRING VET**

Dr. McLean

**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.

**INVOICE**

21310

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.

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.

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

### ***Pancreas***

Pancreas is prominent in size with swollen irregular contour. Parenchyma is heterogenous characterized by hyperechoic tissue remodeling intermixed with ill-defined hypoechoic nodules. There is no visible pancreatic duct dilation. In the caudal left limb, there is a 1.2 cm x 1.1 cm more focally irregular/heterogenous mass-like lesion. Slightly enhanced hyperechoic mesenteric fat is noted around the nodule/mass.

### ***Free Abdomen***

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

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Pancreatic nodular hyperplasia with concurrent infiltrative neoplasia being possible. A benign inflammatory change, cause by acute on chronic smoldering pancreatitis is also possible, however, and cannot be differentiated without tissue sampling.

### **Secondary Findings**

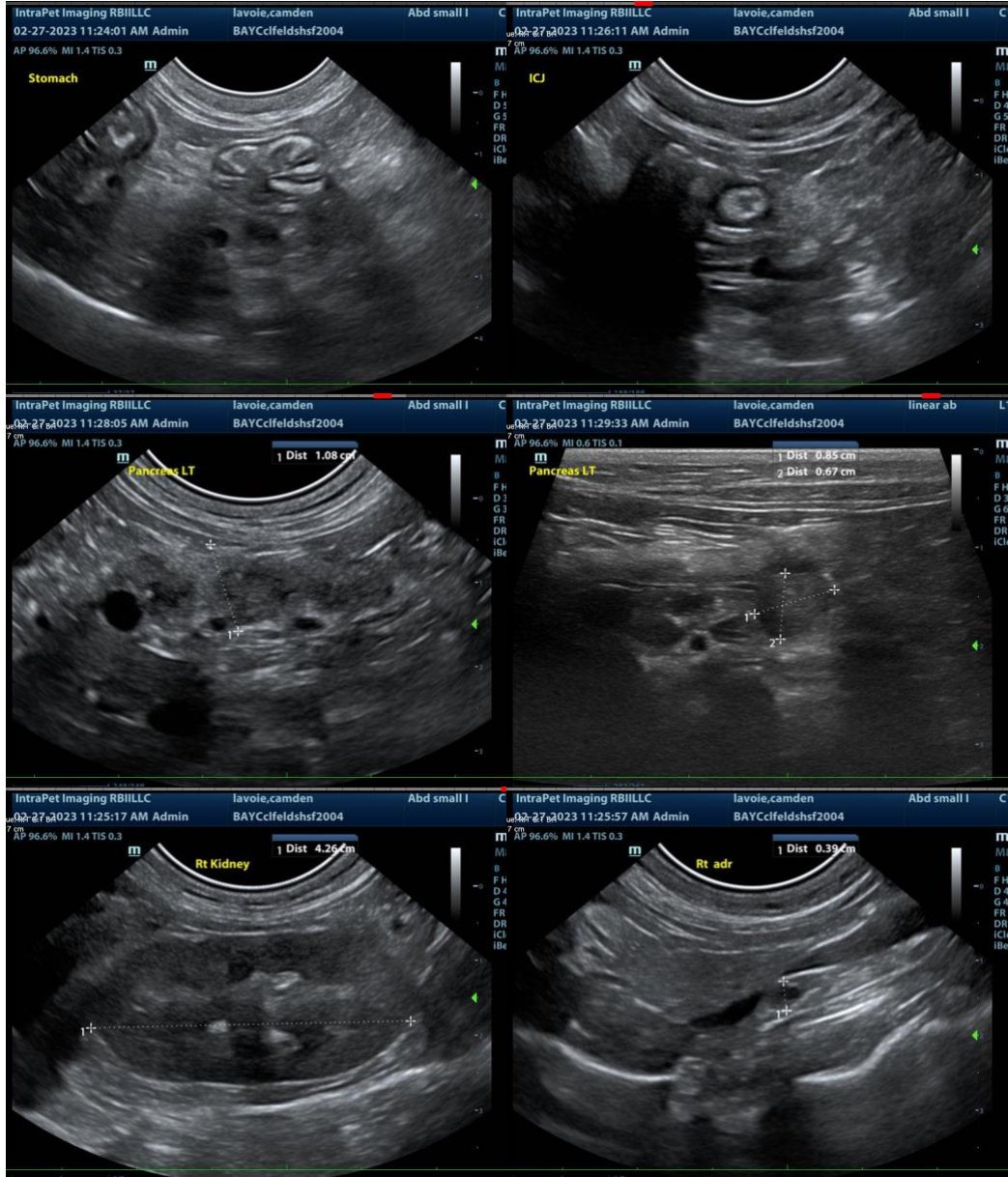
- Age-related kidney changes

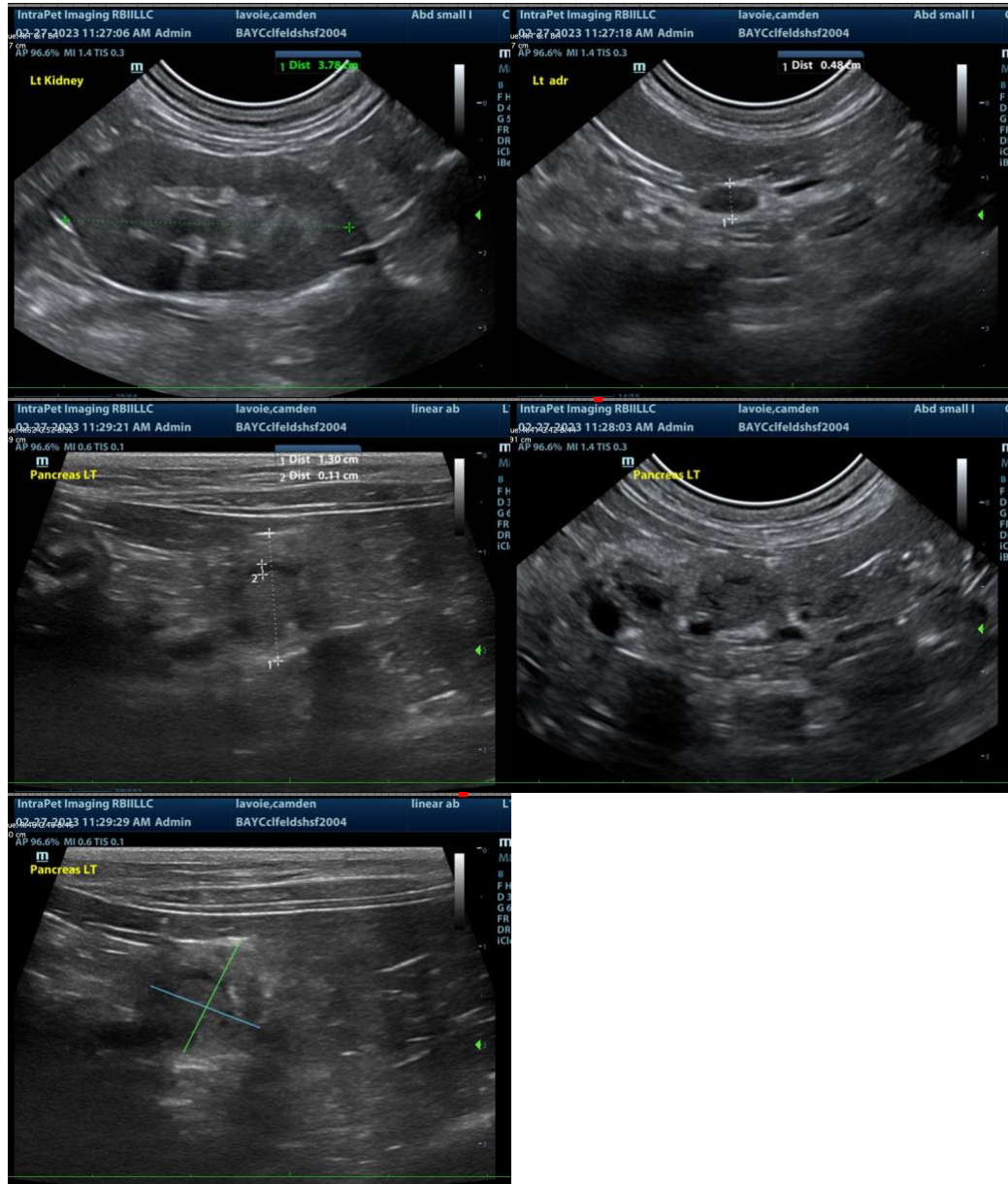
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A fine needle aspirate of the pancreatic mass is recommended, if the patients coagulation status is appropriate. Given this patients reported history of inflammatory bowel disease, recheck assessment of gastrointestinal health is also recommended, beginning with gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory, for further evaluation of GI and pancreatic function.

In the meantime, reinstating the previous therapy for inflammatory bowel disease, that had resulted in improved clinical signs, could be considered while awaiting the above results.





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.

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