



PATIENT

Charlie Cassidy

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

7 Years 5 Months

WEIGHT

13.6 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Lovell

INVOICE

35519

DATE

2/8/22

PRESENTING CLINICAL SIGNS

Cat presented ADR and not eating. No vomiting, had similar symptoms last year and was treated with steroids and responded well. Not this time

Abnormal PE/Chem/CBC/UA Results: Bloodwork shows WBC - 17.2k (high normal), GGT - 8 (0-4), T4 - 3.8. essentially bloodwork WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The left kidney is normal in size (4.1 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The right kidney is normal in size (4.5 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. 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 (0.27 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.23 cm thick), 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

The 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.

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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 (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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. However, there is an area of mildly corrugated, fluid-distended duodenum near the hyperreactive pancreas. There is no evidence of obstruction, foreign material or infiltrative disease.

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

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Pancreas

The pancreas is hypoechoic to surrounding tissue. The visible capsule is smooth and contour is normal. There is no visible dilation of the pancreatic duct. Parenchyma is mildly coarse with evidence of peripancreatic inflammation in the form of hyperreactive mesentery and mildly corrugated, fluid-distended duodenum.

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Acute pancreatitis with peripancreatic enteritis
- Hyperechoic kidneys of normal size – most consistent with normal fat deposition. Infiltrative disease such as infiltrative neoplasia is possible, but considered much less likely.
- Urinary bladder sediment – Urine changes are most consistent with incidental suspended lipid in a cat, however, cellular debris or crystalluria cannot be ruled out and should be interpreted in combination with urinalysis results.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a urinalysis with follow up urine culture if indicated based on urinalysis results if not recently evaluated, as well as a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to further assess both the GI tract and the pancreas. In the meantime, medical management of pancreatitis in the form of IV fluids, antiemetics, gastroprotectants, appetite stimulants +/- broad-spectrum antibiotics and pain management (if needed) recommended until clinical signs resolve. A low-fat diet is recommended with transition to a long-term low-fat diet if these episodes are recurring as is reported.

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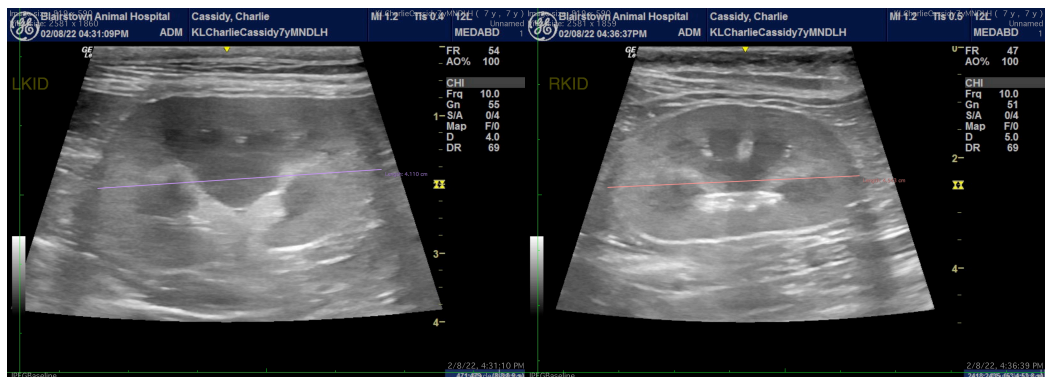
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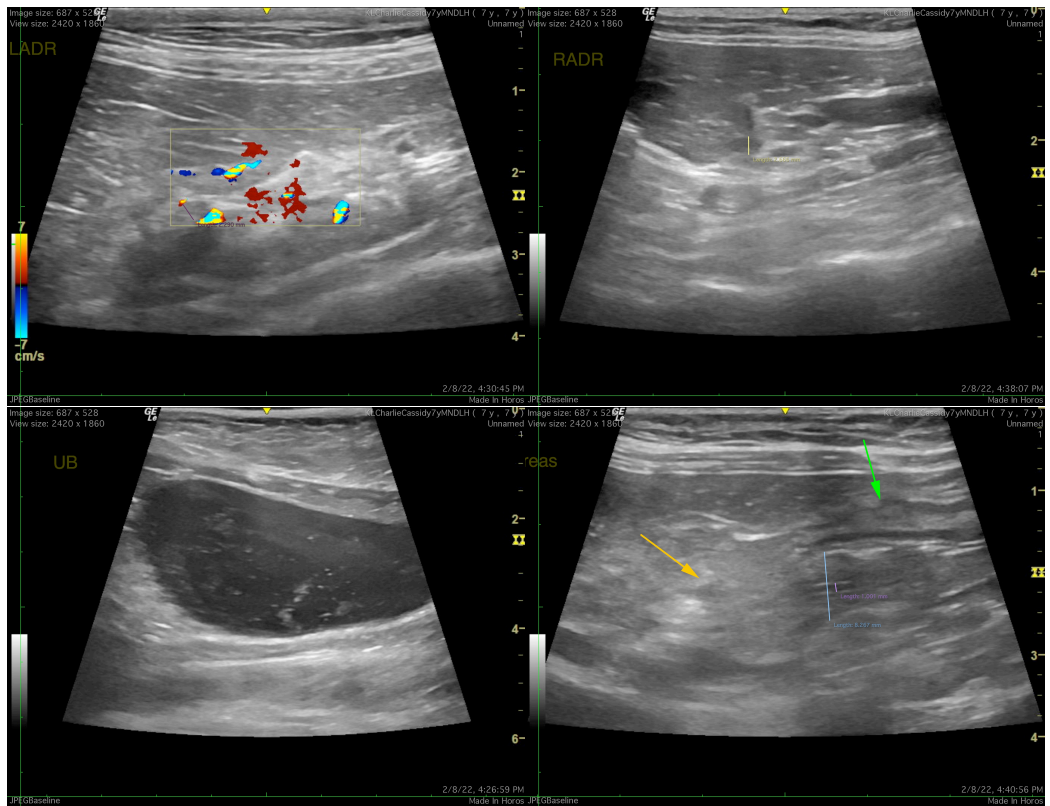
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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