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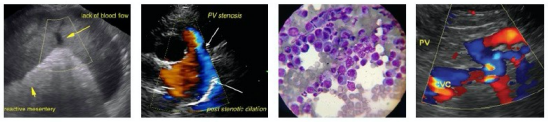

Portable Animal Western Sonography, Inc.
IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Ruby Duncan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years

WEIGHT

14.8 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens VH

REFERRING VET

Dr. Robin Janeway

INVOICE

35924

DATE

3/4/22

PRESENTING CLINICAL SIGNS

Indoor/outdoor cat, hunts, no known access to new food etc. . . tries to eat dental floss on occasion. Not eating since Sunday night, very lethargic. Examined on Tuesday, tender to cranial abdominal palpation. Fever 103.6. Chem12/lytes/CBC- amylase 1173, mild hyperglycemia, otherwise NSF Radiographs- Radiographic Findings Images of the abdomen. Serosal detail is normal. Liver size is normal. Both kidneys are normal. Fecal material and gas is identified within the colon. The small intestine is empty. The urinary bladder is normal. Conclusion Gastrointestinal dilation is not present. Excessive small intestinal gas is not appreciated radiographically. Abdominal mass lesions and ascites are not identified Eric Herrgesell, DVM, DACVR Treated with Sc fluids, cerenia, rx mirtaz. Wednesday- still not eating and continued lethargy. Febrile 104.4 R/O gi foreign body, Pancreatitis, other. . . Pt is currently hospitalized on IV fluids, abx started today, considering prednisone pending u/s results if pt not improving.

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 right kidney is normal in size (4.47 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.

The left kidney is normal in size (4.5 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 (0.44 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.46 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

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.

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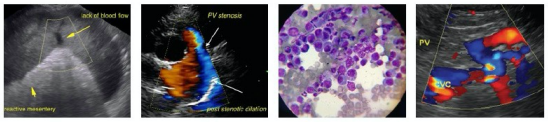

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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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 pancreas is diffusely enlarged and hypoechoic with slightly irregular or scalloped margins. Surrounding mesentery is hyperechoic with a scant amount of anechoic peritoneal free fluid present.

Free Abdomen

There is no evidence of peritoneal effusion. Prominent hypoechoic pancreaticoduodenal and mesenteric/jejunal nodes are present.

PRIMARY FINDINGS

- Acute pancreatitis
- Pancreaticoduodenal and mesenteric lymphadenopathy – likely reactive. Infiltrative neoplasia can't be ruled out, but is considered less likely.
- 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 as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

SECONDARY FINDINGS

- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include aggressive medical management of pancreatitis with IV fluids, antiemetics, gastroprotectants, pain management (as indicated), appetite stimulant if necessary, and broad-spectrum antibiotics. If the pat'ent's fever does not improve with that management,

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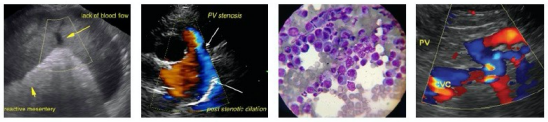

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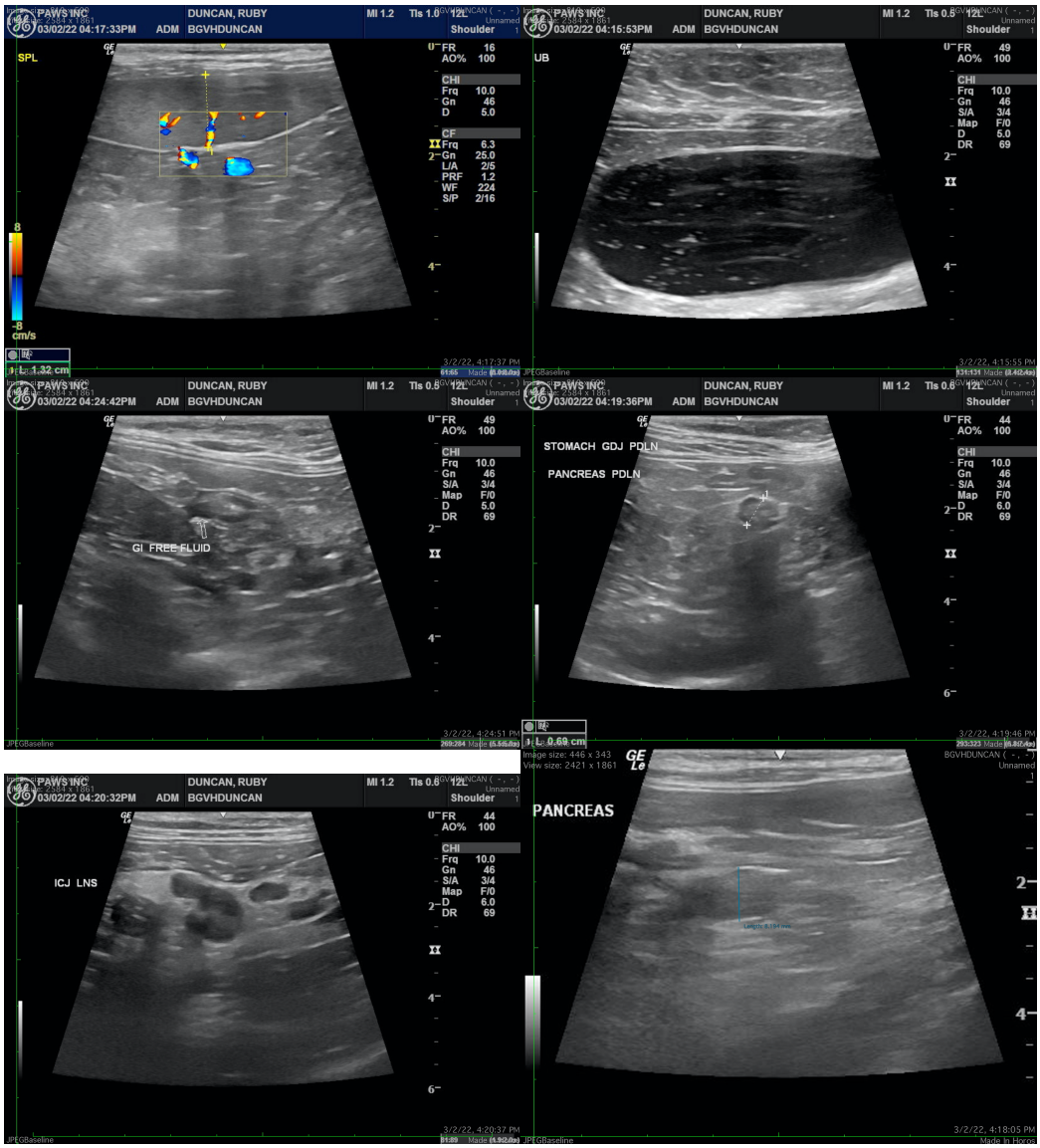
anti-inflammatory Prednisone could be considered. A gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory, for further assessment of the gastrointestinal tract and pancreas, is also recommended, given the concurrent lymphadenopathy.

If this patient does not improve and/or progresses, next diagnostics steps to consider could include a fine needle aspirate of the spleen, the enlarged lymph nodes, as well as the pancreas if patient's coagulation status is appropriate.



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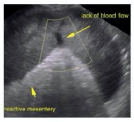
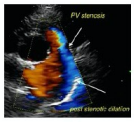
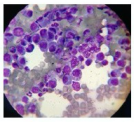
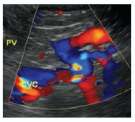

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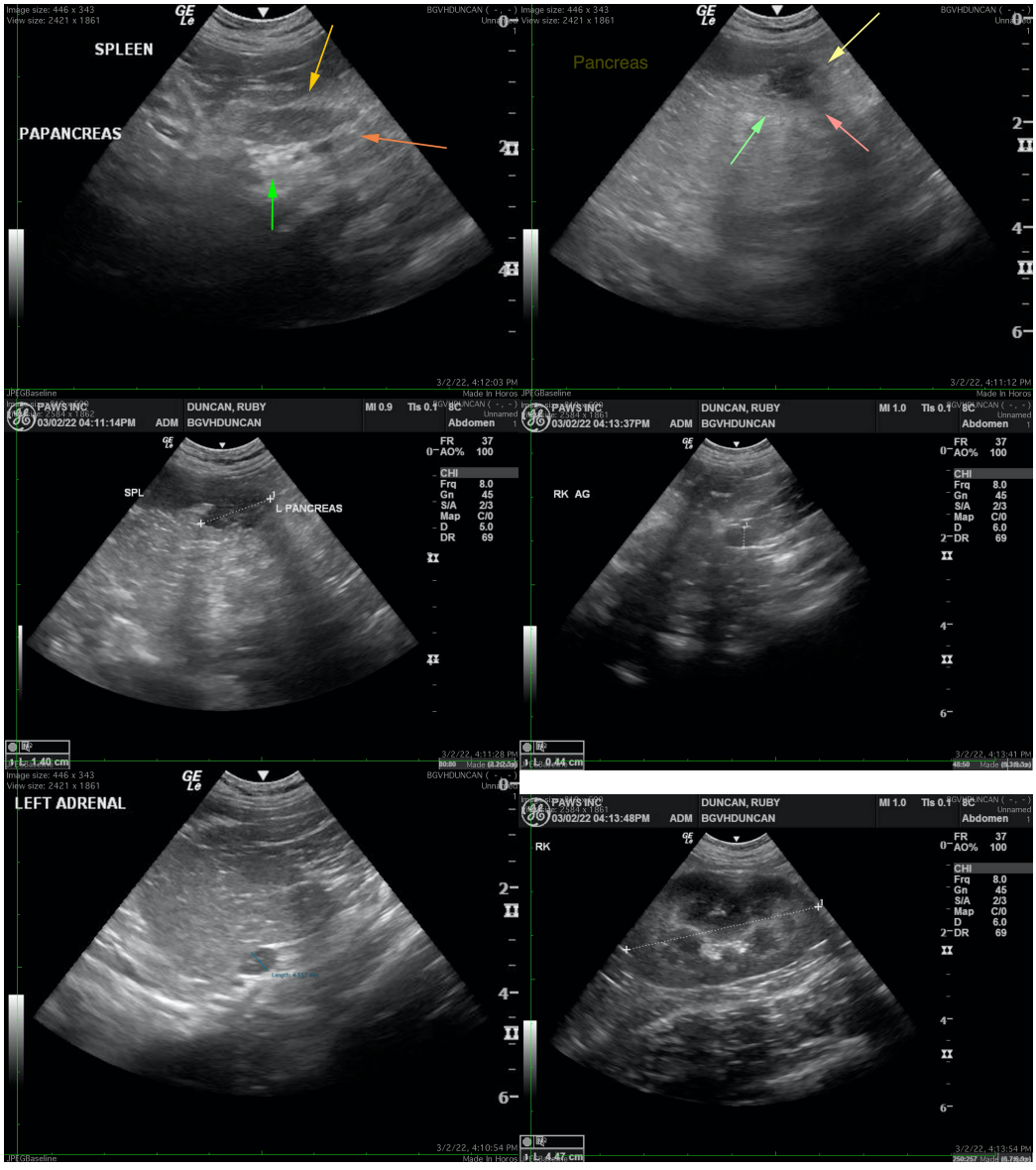

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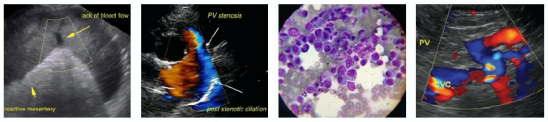

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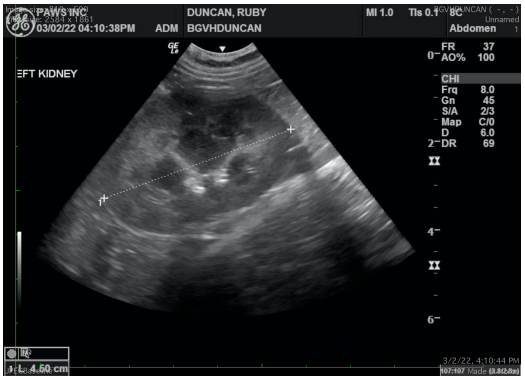

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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