

**DATE PRESENTING CLINICAL SIGNS**

4/4/23

Referral from Banfield BW Chemistry ALKP 429 ALT 627 CHOL 244 GGT23 GLOB 5.8 GLU 203 T-BILI 8.2 TP 9.3 TT4 3.2 CBC PLT 896 Owner has noted for the past - 3 days not eating. Has been sleeping more and not as affectionate with owner. No known vomiting. (Owner has 5 cats) Recently nephew who lives with owner has been ill and nurses / care workers have been in/out of house. New cat in adopted from Pet Smart approx. 2 months ago. No fighting evident Per owner has been Felv/FIV tested in past

PATIENT

Sissy Riggs

SPECIES

Feline

Current Medications: Buprenorphine, Ampicillin, Protonix, Cerenia, Mirtazapine, Vitamin B.
Lab Results: Chemistry: ALKP 429, ALT 627, CHOL 244, GGT23, GLOB 5.8, GLU 203, T-BILI 8.2, TP 9.3, TT4 3.2. CBC: PLT 896

Date of Previous IntraPet Ultrasound: No previous.

BREED

DMH

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The 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.

AGE

4/3/10

The right kidney is normal in size (4.54 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

15.8 Pounds

The left kidney is normal in size (4.15 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.

INTERPRETED BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

The right adrenal gland is normal in size (0.50 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAMEAnimal Emergency
Hospital

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

REFERRING VET

Dr. Saubier

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.

INVOICE

46384

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. 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 and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. The cystic and common bile ducts are dilated measuring 0.53 cm, owing to suspected obstruction of the duodenal papilla from the pancreatic mass.

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

In the left pancreas, there is a large 3.0 cm x 4.5 cm irregular heterogeneous expansive mass that appears at least partially adhered to the duodenum and is visibly blocking the duodenal papilla.

Free Abdomen

There is a scant amount of anechoic free fluid in the cranial abdomen adjacent to the pancreatic mass.

There is no apparent lymphadenopathy noted in these images.

Ringdowns are noted at the level of the diaphragm.

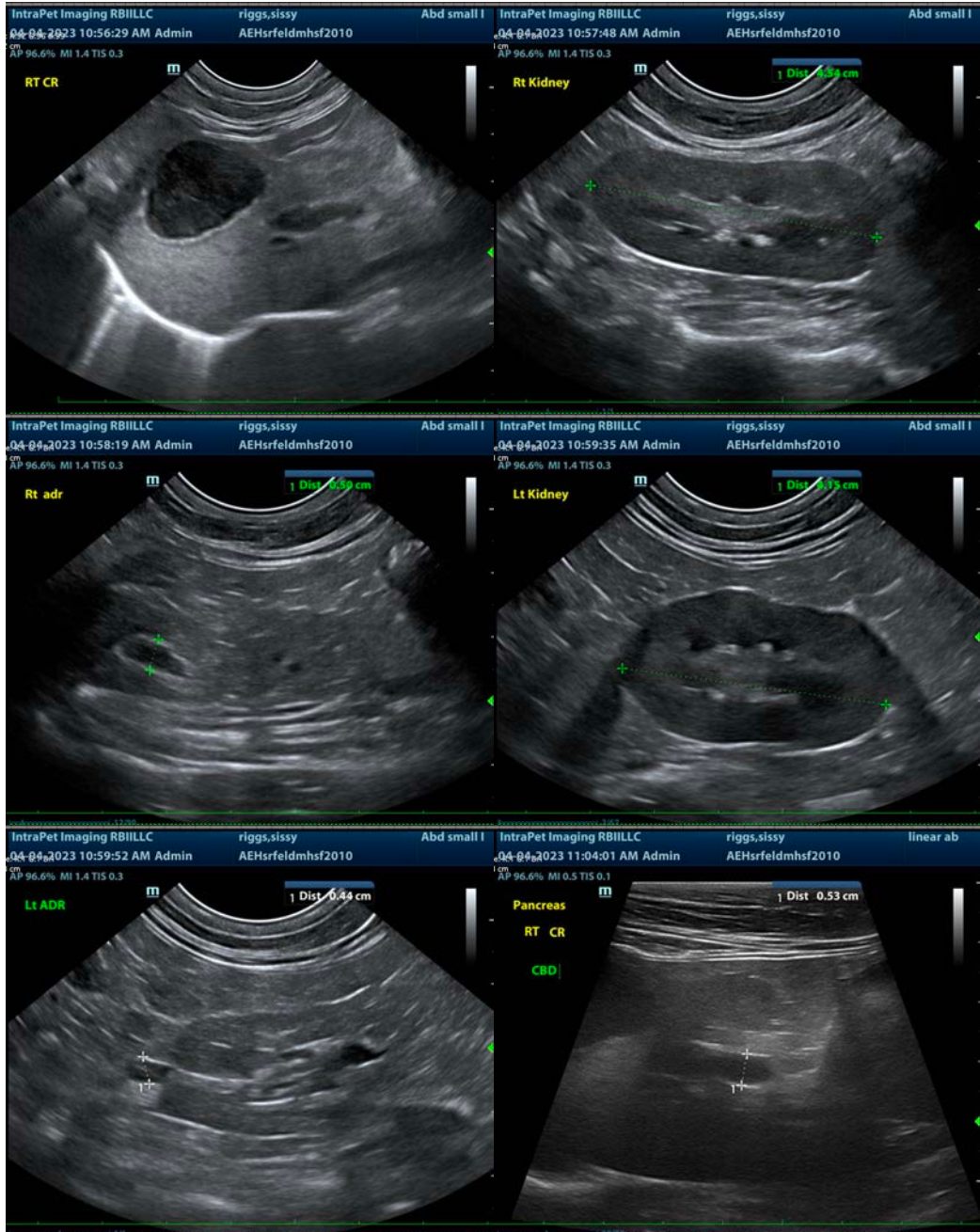
ULTRASONOGRAPHIC FINDINGS

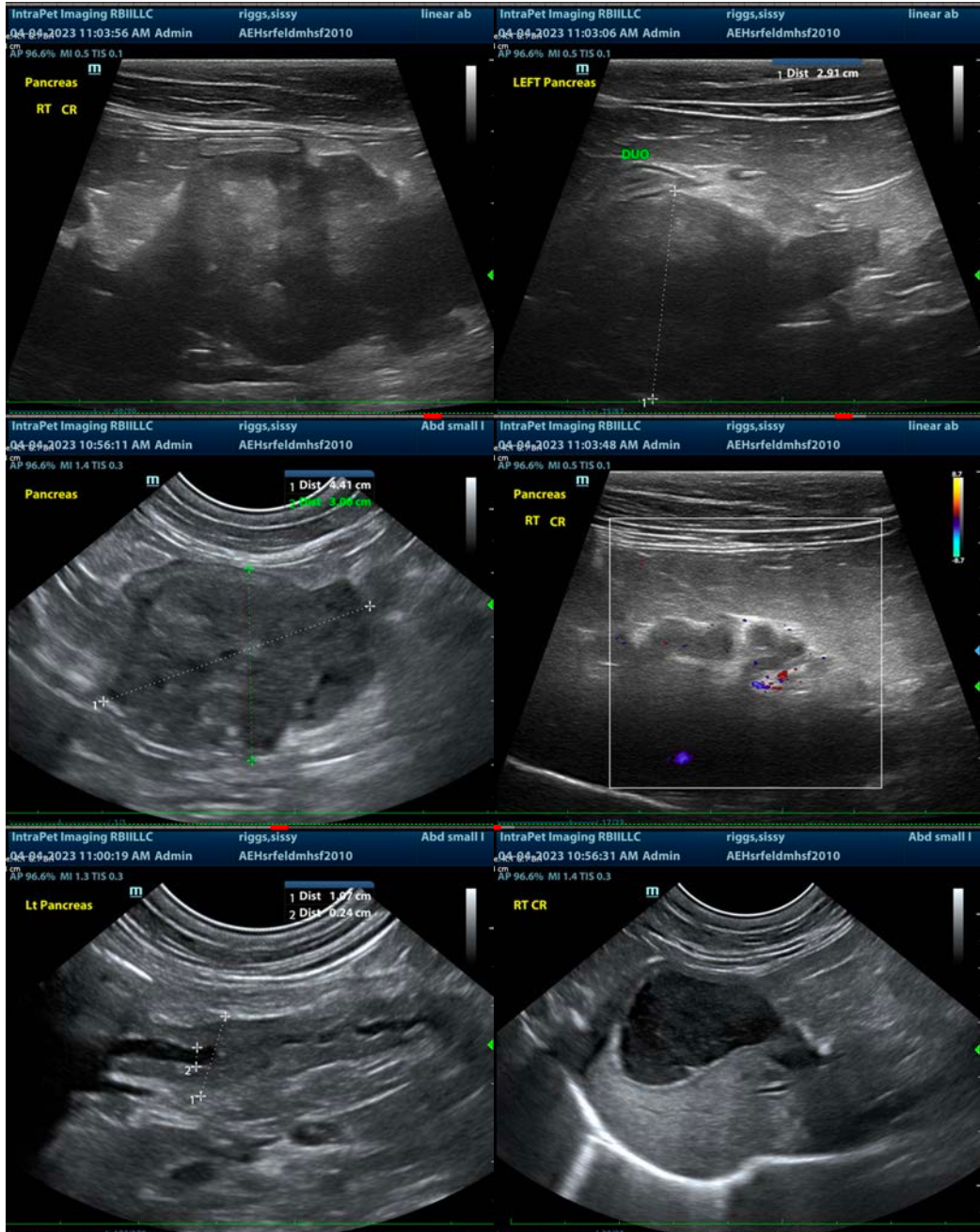
- **Expansive heterogeneous pancreatic mass** – most concerning for infiltrative neoplasia such as carcinoma versus round cell neoplasia versus other. The mass is visibly resulting in a post-hepatic cholestasis due to physical obstruction of the duodenal papilla.
- **Hyperechoic hepatomegaly** – This appearance is most consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- **Ringdowns** – suggestive of concurrent pulmonary pathology.

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 patient's coagulation status is appropriate. Pending results, consultation with a veterinary oncologist should be considered.







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.

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