

DATE PRESENTING CLINICAL SIGNS

6/22/23 Hiding, not eating. Temp 104.5. Discomfort palpation cranial ventral abdomen.

PATIENT

Current Medications: Cerenia 0.4mL 6/19/23.
Lab Results: ALT 169, Bil 0.8, PSL 49, WBC 38,500.
Reese Martinak Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SPECIES

Feline Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

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.

SEX

Spayed Female

The right kidney is normal in size (3.69 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 mineral or infarcts observed. Trace pyelectasia is noted, but this patient is reportedly on IV fluids.

AGE

4/9/17

The left kidney is normal in size (3.24 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 mineral or infarcts observed. Trace pyelectasia is noted, but this patient is reportedly on IV fluids.

WEIGHT

8 Pounds

Adrenal Glands

INTERPRETED BY

The area of the right adrenal gland is examined without evident adrenal gland pathology.

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (0.53 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Spleen

Bel Air Vet Hospital

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.

REFERRING VET

Liver

Dr. Schmidt

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

INVOICE

43395

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. The cystic and common bile duct are tortuous and mildly dilated, measuring 0.50 cm.

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 observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted. **The changes are noted diffusely throughout the pancreas.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

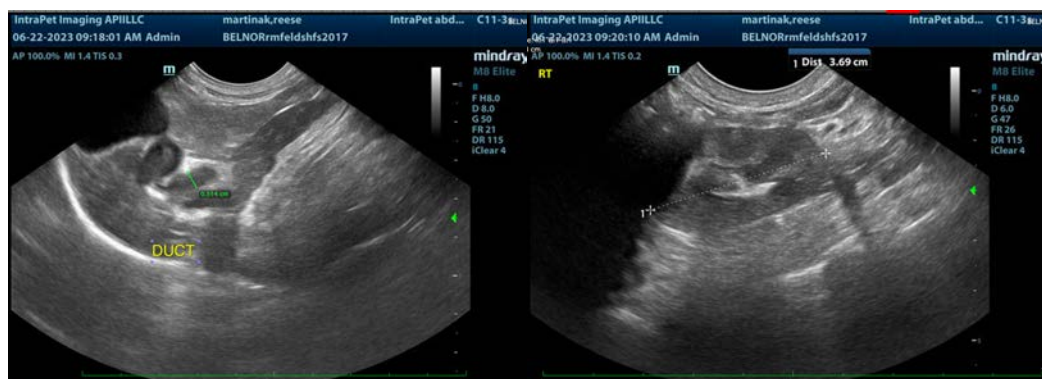
ULTRASONOGRAPHIC FINDINGS

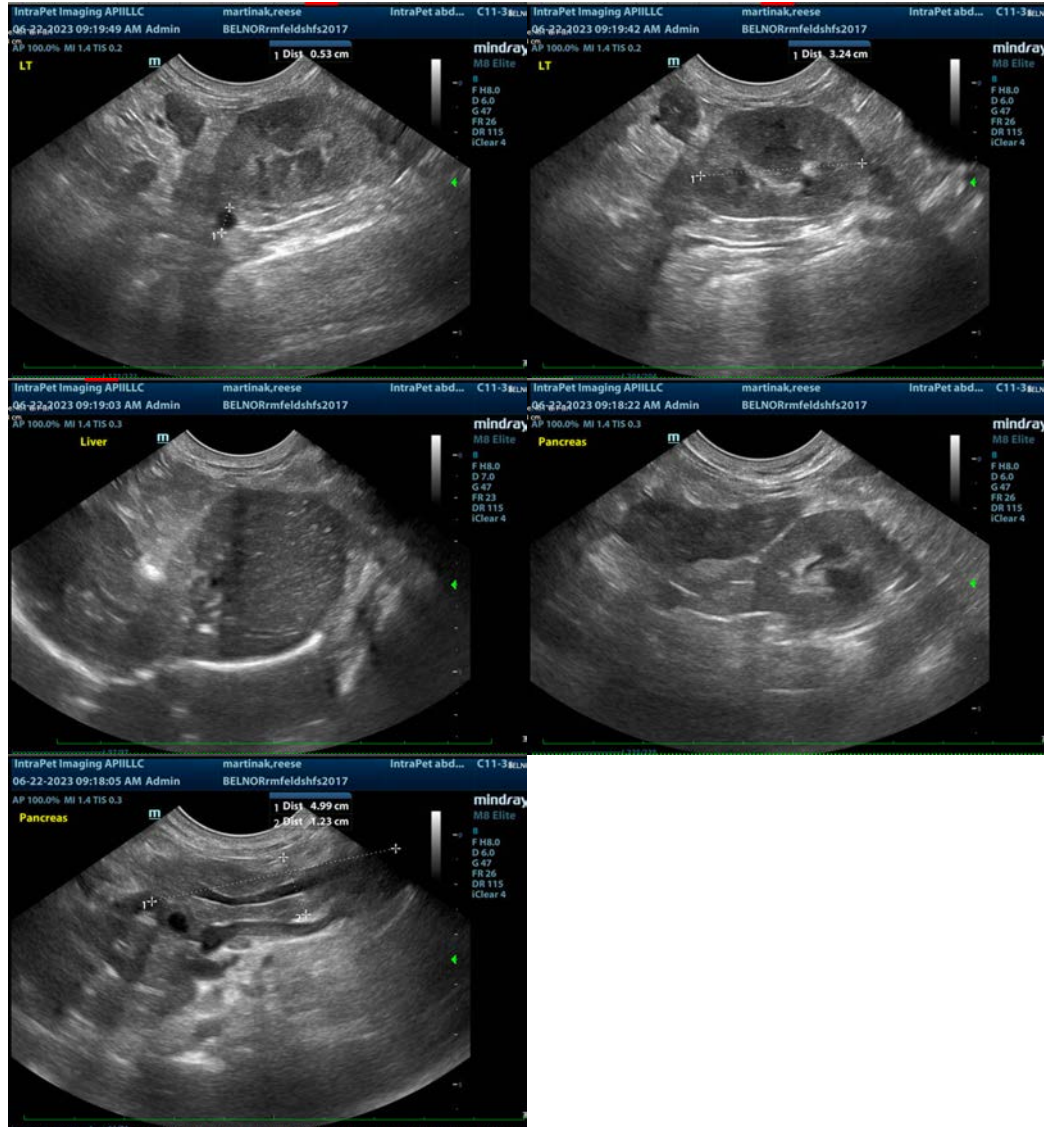
- Acute pancreatitis with possible concurrent cholangiohepatitis, as is commonly referred to “triaditis”

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that this patient is reportedly already clinically responding to supportive/symptomatic medical management, then continued care is recommended in the form of antiemetics, gastroprotectants, appetite stimulants, or other nutritional support as needed, pain management if clinically indicated +/- broad-spectrum antibiotics, fluid therapy, etc.

If patient does not continue to clinically improve and/or laboratory changes progress, follow up evaluation of the pancreas to follow any possible sequelae of pancreatitis (i.e., cysts, abscesses, necrosis, etc.) would be recommended at that time.





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
info@sonopath.com