

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

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DATE PRESENTING CLINICAL SIGNS

6/7/22 Apollo, 8y 11m, MN, DSH; Drop off presents for lethargy on 5/20/2022
Concerns per drop off form: Drinking more - noticed for about 1 week.

PATIENT Eating normally, Not acting himself, hiding. Not wanting to be around other cats in house. No vomiting

Apollo Hughes Current Medications: Denamarin.

Lab Results: CBC//Chem - EOS 0.01 (L) // ALKP 656 (H); ALT 245 (H); BUN 10 (L); GLOB 6.7 (H); TBIL 2.5 (H); TP 9.7 (H)

SPECIES Date of Previous IntraPet Ultrasound: No previous.

Feline Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH **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.

SEX
Neutered male

AGE The right kidney is normal in size (4.25 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. A hyperechoic band parallel to the corticomedullary border is present.

WEIGHT

11.55 Pounds

The left kidney is normal in size (4.1 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. A hyperechoic band parallel to the corticomedullary border is present.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The right adrenal gland is normal in size (0.41 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

The left adrenal gland is normal in size (0.47 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Banfield Abingdon

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.

REFERRING VET

Dr. Simpson

Liver

The liver is subjectively enlarged. Margins are smooth, but round/swollen. It has a normal homogeneous echotexture. Parenchyma is diffusely hypoechoic, characterized by more prominent than normal portal vein walls. No nodules or masses are evident. Visible vasculature appears normal.

INVOICE

38483

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.

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 prominent in size and mildly irregular in shape with a diffusely coarse echotexture and hypoechoic echogenicity. The pancreatic duct is mildly dilated, measuring up to 0.41 cm. Surrounding fat is hyperechoic.

Free Abdomen

No evidence of free fluid is present. There is a hypoechoic, irregular mesenteric lymph node measured near the ileocecolic junction that measures 0.60 cm x 1.0 cm.

PRIMARY FINDINGS

- Pancreatitis – most likely an acute flare up of chronic smoldering pancreatitis, given the changes in these images.
- Hypoechoic hepatomegaly – differentials include acute hepatitis/cholangiohepatitis or infiltrative neoplasia such as round cell neoplasia cannot be ruled out.
- Mesenteric lymphadenopathy – likely reactive. However, infiltrative neoplasia cannot be ruled out.

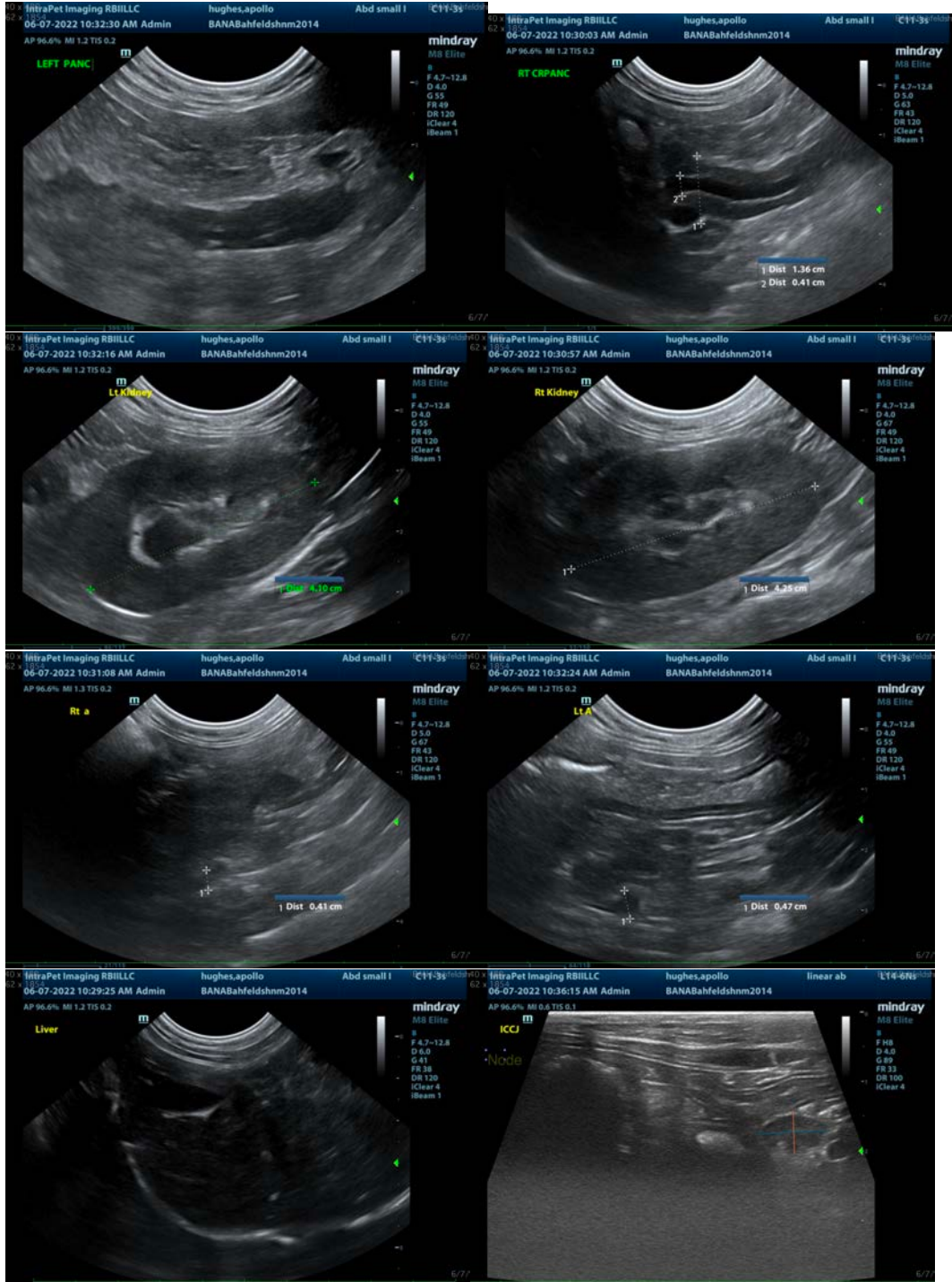
SECONDARY FINDINGS

- Medullary Rim Sign - of unknown clinical significance and can be a normal variant. Medullary rim sign(s) should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include:

1. A fine needle aspirate of the liver if patient's coagulation status is appropriate to rule in/out round cell neoplasia such as lymphoma.
2. In the meantime, management of pancreatitis is recommended with IV fluids, antiemetics, gastroprotectants, appetite stimulants (if needed), pain management +/- broad-spectrum antibiotics and transition to a low-fat diet, if possible.



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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