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Clinical Sonography & Telecytology
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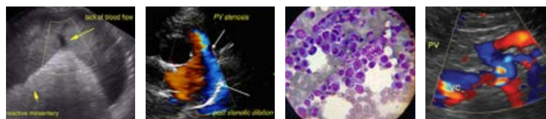


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Pillip Raymond Benedict

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

9.8 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. De Wall

INVOICE

38485

DATE

6/7/22

PRESENTING CLINICAL SIGNS

Known FIV positive cat - Anorexic since 6/2 - some V/D Primary Question/Differential to Be Answered in This Exam Reason for anorexia, lethargy, V/D
Abnormal PE/Chem/CBC/UA Results: GLU-166 Crea- 0.7 BUN-11 AMyl-489 K-3.2

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 (4.54 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.

The left kidney is normal in size (4.51 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 (0.26 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.29 cm), 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.

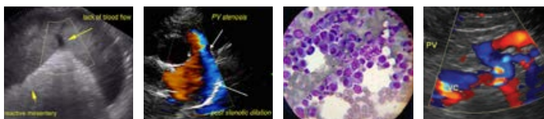
Liver

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 empty with 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 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 markedly prominent in size and markedly irregular in shape with a diffusely coarse echotexture and heterogeneous hypoechoic echogenicity. Peripancreatic tissue enhancement is severe, characterized by clumped hyperechoic mesentery and free fluid around the pancreas.

Free Abdomen

There is no evidence of peritoneal effusion. Mesenteric lymph nodes are prominent size and hypoechoic in appearance with a representative node measuring 0.50 cm thick. A medial iliac lymph node is mildly enlarged and hypoechoic, measuring 0.40 cm thick.

No pericardial effusion noted.

PRIMARY FINDINGS

- Moderate to severe acute pancreatitis
- Mesenteric and medial iliac lymphadenopathy – likely reactive. Infiltrative neoplasia cannot be ruled out, but is considered less likely.

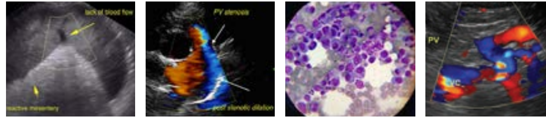
SECONDARY FINDINGS

- 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:

1. Gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further evaluation of the pancreas and gastrointestinal tract.
2. Urinalysis if not recently evaluated, with a urine culture if indicated based on urinalysis results.
3. Medical management of pancreatitis with IV fluids, antiemetics, gastroprotectants, appetite stimulants (if necessary), pain management, and broad-spectrum antibiotics with close monitoring of both clinical signs and the ultrasonographic appearance of the pancreas for improvement.
4. If the prominent heterogeneous appearance of the pancreas does not improve, a fine needle aspirate of the pancreas could be considered, as could a fine needle aspirate of the enlarged lymph nodes to rule out less likely but possible infiltrative disease, if patient's coagulation status is appropriate.



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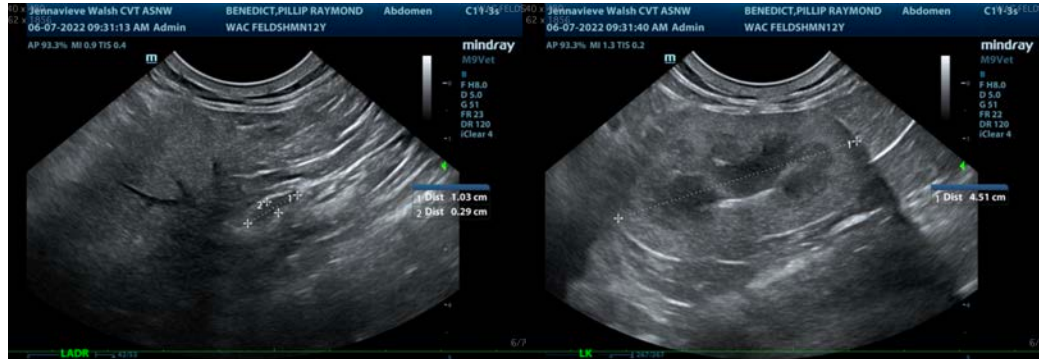

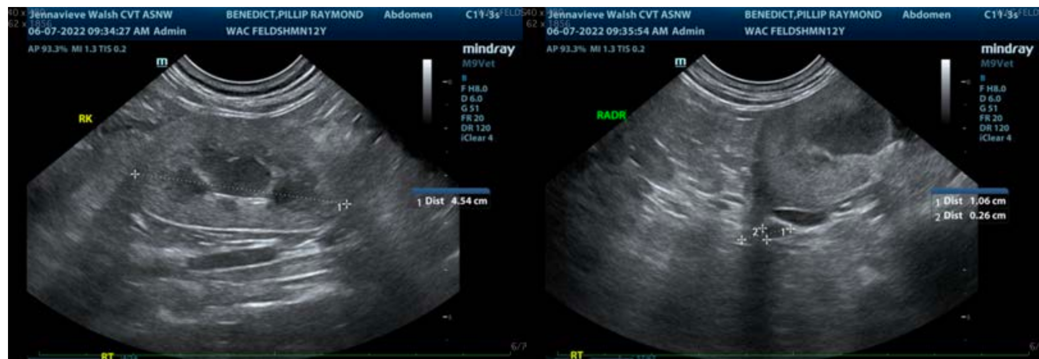

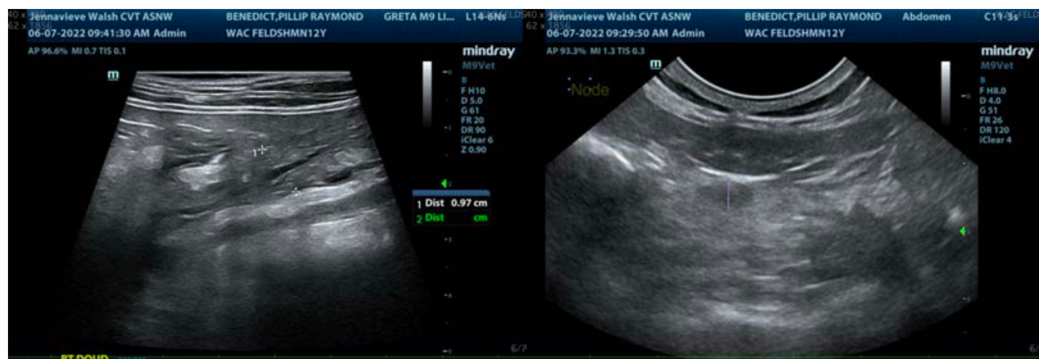

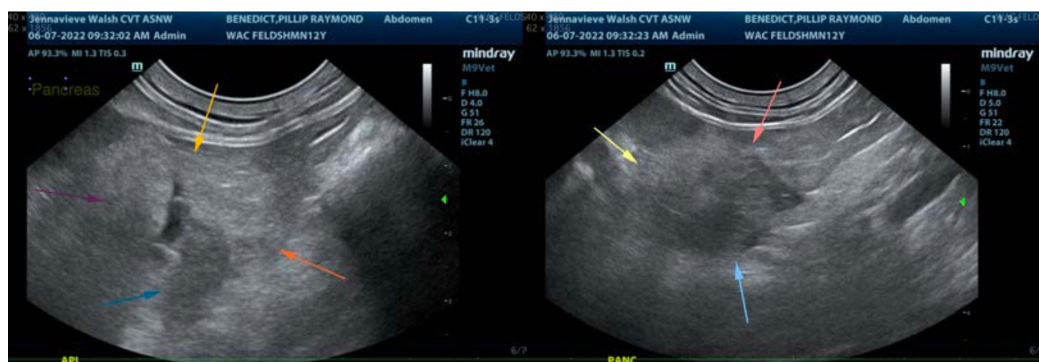

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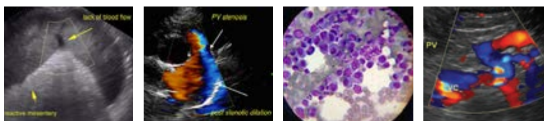

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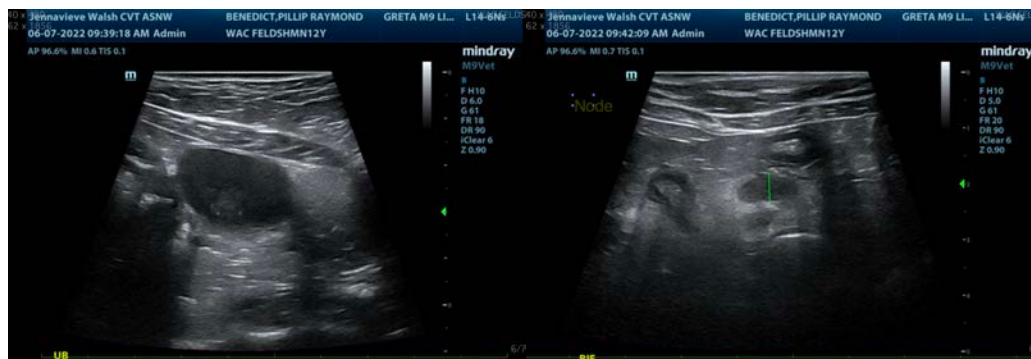

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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