

**DATE PRESENTING CLINICAL SIGNS**

7/18/22 Vomiting. Losing weight and ascites.

PATIENT Current Medications: None listed.

Oliver Shanholtz Radiographs: Abdominal ascites.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES Imaging Performed By: Rachel Brillhart, RDMS.

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Domestic Shorthair

Urinary System**SEX**

Neutered male

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

AGE

9/1/14

Kidneys are bilaterally normal, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted bilaterally, as well as mild pyelectasia in the left and chronic infarcts noted bilaterally. The left kidney measures 4.1 cm. The right kidney measures 3.58 cm.

WEIGHT

6.5 lbs

Adrenal Glands**INTERPRETED BY**Beth Johnson, DVM
DACVIM

Left adrenal gland is normal in size (0.55 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.55 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Madonna VC

Spleen

Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity with a coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

REFERRING VET

Dr. Cangro

Liver

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

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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 visible stomach wall is normal in thickness 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. 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 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.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Acute pancreatitis or potentially resolving acute on chronic smoldering pancreatitis
- Hypoechoic hepatomegaly-This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered.
- 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 (leave amyloidosis out if canine) as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Chronic Kidney Disease – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

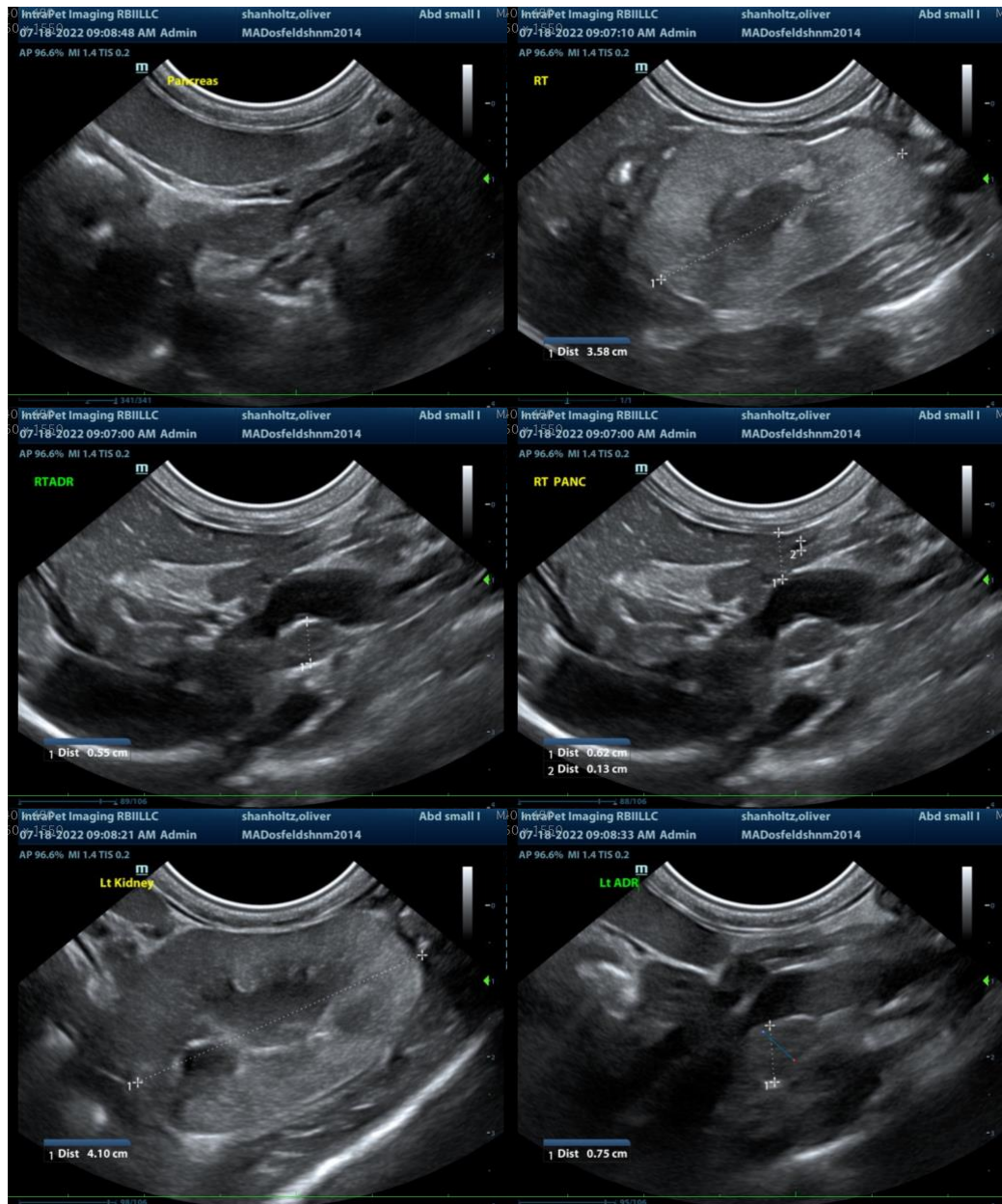
Secondary Findings

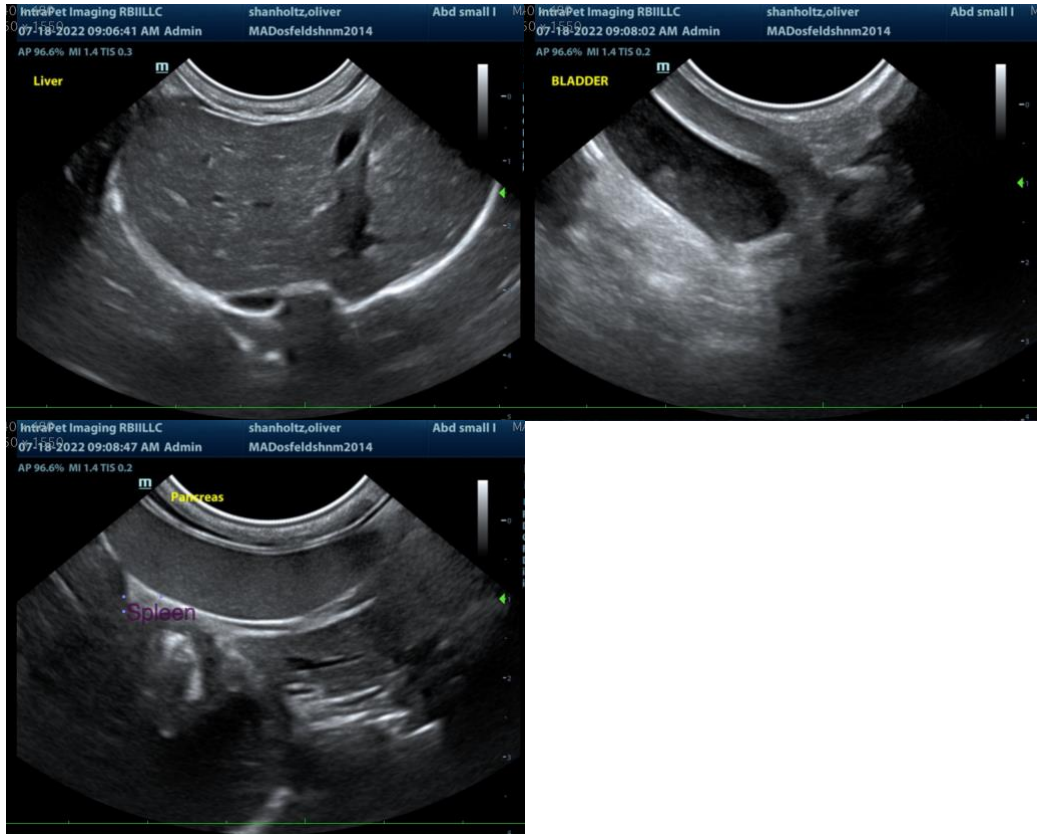
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
- A fine needle aspirate of the liver and spleen could be considered if patients coagulation status is appropriate to rule out infiltrative disease, such as lymphoma.
- Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.
- Given the report of free abdominal fluid originally, that appears resolved, resolving acute pancreatitis may be the reason for this patients gastrointestinal signs, and therefore, continued medical management of pancreatitis/gastroenteritis with symptomatic therapies, as well as fluid and nutritional support, as indicated, is recommended. Long term considerations could include

transitions to other diets, based on a trial and error basis, beginning with a novel or hydrolyzed protein diet.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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