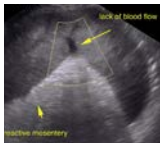
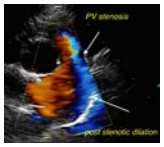
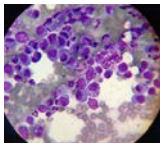
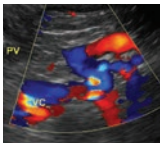
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Hildy Onufryk

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
8 Years

WEIGHT
3 lb 12 oz

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Heather M.

HOSPITAL NAME
ACC Flanders

REFERRING VET
Dr. Hallihan

INVOICE
40381

DATE
8/11/22

PRESENTING CLINICAL SIGNS

ADR - vomiting, losing weight, inappetence, picky with food
Abnormal PE/Chem/CBC/UA Results: Urea nit - 46 (hi) , Bun/creat ratio - 38, retic - 1.4(hi), abs. Lymph- 456(lo), abs. Neu. - 44232(hi), sodium -167(hi), amylase -1234(hi) psl -33(hi) ,t4 - 0.7 (lo) , wbc-45.6 (lo), rbc -4.8(lo) , hemo - 6.9(lo) , HCT - 24, mchc - 28(lo), neu.-97(hi), lymph 1(lo), eos 1(lo),

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.

The right kidney is normal in size (3.7 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 (3.47 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 adrenal glands are unable to be well visualized in these images.

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

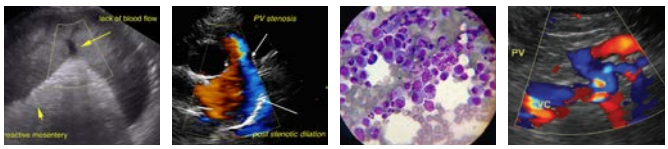
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal 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.

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.



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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 diffusely, hypoechoic to surrounding tissue, and has an irregular undulating contour. The parenchyma is diffusely coarse with mixed echogenic remodeling noted. However, caudal to the stomach, the irregular contour and heterogeneous nodular appearance to the pancreas is marked. Peripancreatic tissue is hyperechoic, enhanced, and clumped in appearance.

Free Abdomen

See pancreatic description.

There is a scant amount of anechoic free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Severe acute pancreatitis on top of suspect pancreatic nodular hyperplasia, infiltrative neoplasia cannot be definitively ruled out.
- Scant amount of anechoic free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's azotemia but suspect dehydration, further evaluation of the kidneys is recommended with a urinalysis and, if indicated based on urinalysis results, urine culture. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

A quantitative PLI is recommended if not recently evaluated, and could be included in a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function.

The options regarding proceeding with the suspect pancreatic mass include either a conservative approach, which includes aggressive medical management of acute pancreatitis in the form of fluid therapy and rehydration combined with antiemetics and gastroprotectants as well as appetite stimulants or even a feeding tube if necessary, pain management, and broad-spectrum antibiotics, followed by monitoring of the region for improvement, or, if a more aggressive approach is elected sooner, a fine needle aspirate of the pancreatic area caudal to the stomach could be considered if the patient's coagulation status is appropriate.

If medical approach is elected and improvement does not occur, a fine needle aspirate of the pancreas would be recommended.

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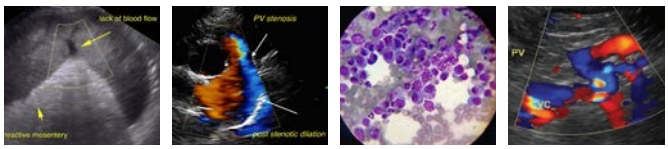

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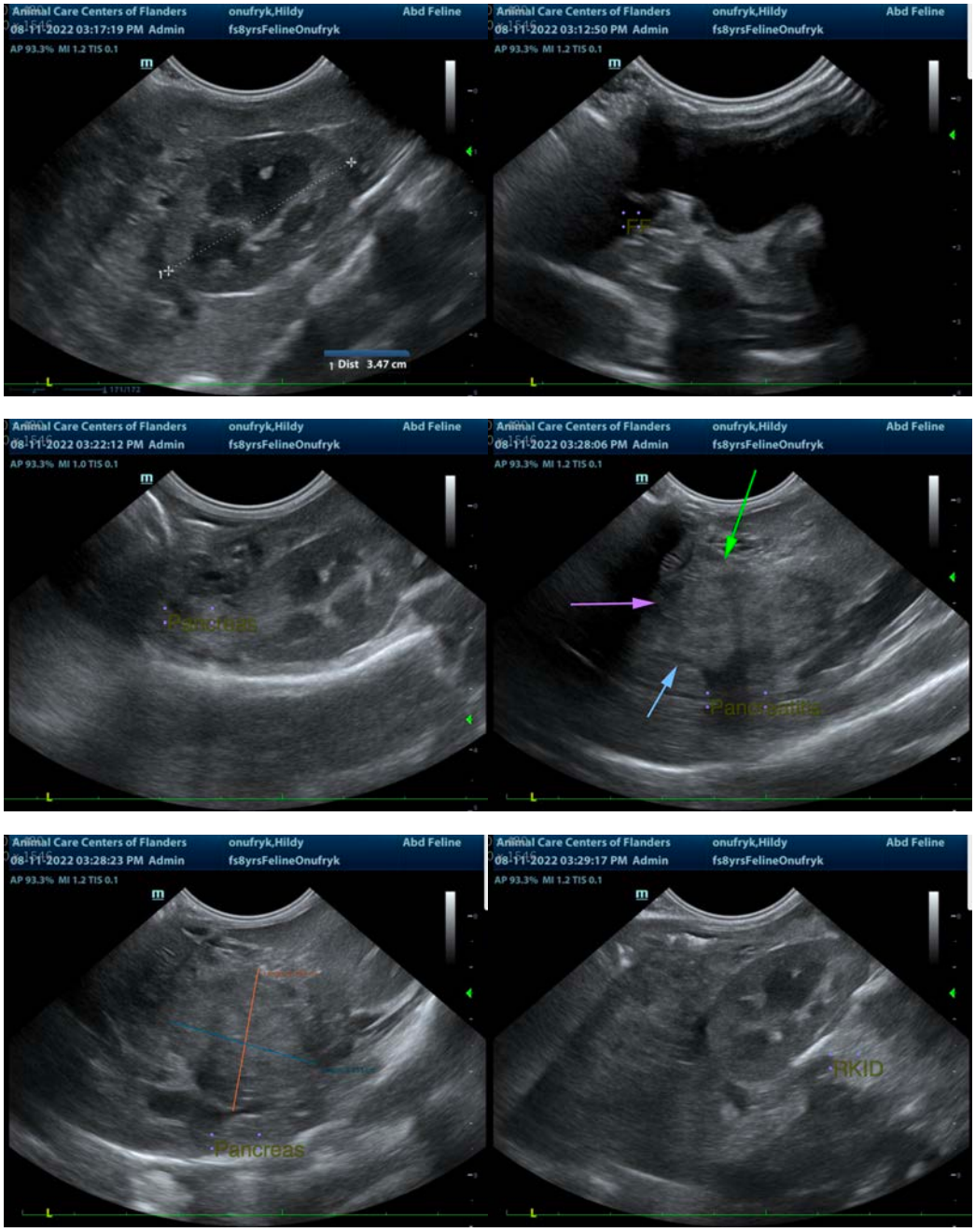

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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