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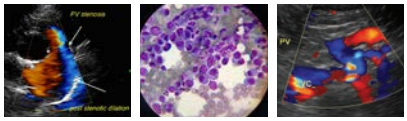

SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

9/16/22

PATIENT

Zara Chapman

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

5/10/06

WEIGHT

7 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Stephanie Warga RDCS, RVT

HOSPITAL NAME

Festival Vet Clinic

REFERRING VET

Dr. Cianelli

INVOICE

41409

PRESENTING CLINICAL SIGNS

History of IBD - controlled with hypoallergenic diet. Infrequent history of rhinitis with recent flare. Resp onded to azithromycin but antibiotic caused loose stool; recently dosed with convenia for ease of treatment for suspect uti. UTI cleared (urine normalized). Still has leukocytosis, anemia, and proteinuria.

Current Medications: Convenia on 9/15/22.
Lab Results: Still has leukocytosis, anemia, and proteinuria.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torbugesic.
Stat Report: Not requested.

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.

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. The left kidney measures 3.47 cm. The right kidney measures 3.6 cm. Moderate pyelectasia of 0.56 cm noted in the right kidney in the transverse view.

Adrenal Glands

The right adrenal gland is normal in size (0.37 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding appears normal.

The left adrenal gland is normal in size (0.39 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 visible stomach wall is normal in thickness 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 intestine demonstrates areas of mildly thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and

hyperechoic, without evident loss of layering appreciated. The lumen is empty with no evidence of obstruction or foreign material.

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. The parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

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

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

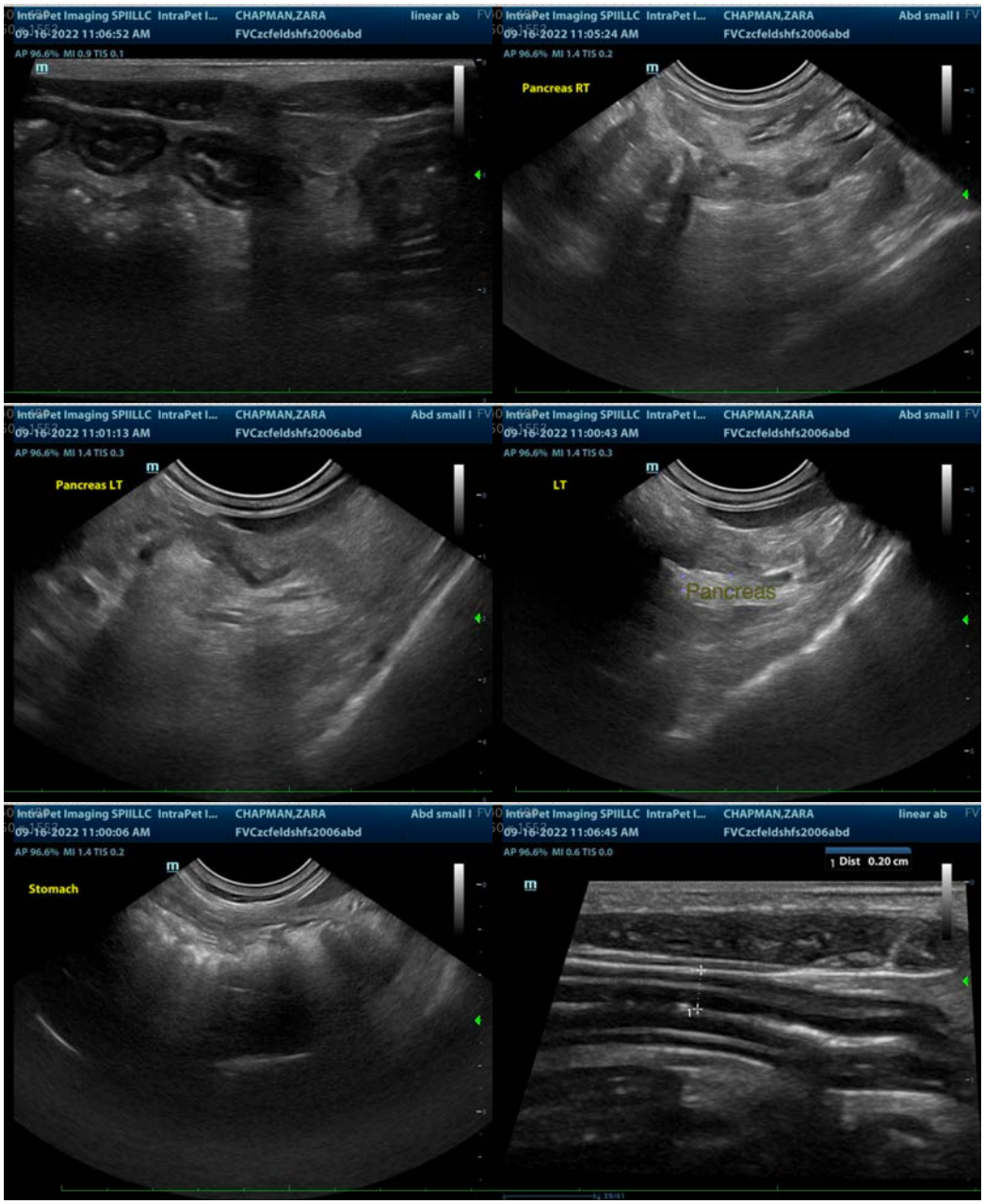
- Acute pancreatitis with suspected acute on chronic smoldering pancreatitis
- **Inflammatory bowel disease (IBD) pattern –** Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.
- **Reactive mesenteric lymph nodes –** infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- **Chronic Kidney Disease with pyelectasia in the right kidney –** This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's clinical signs, leukocytosis, etc. may be at least in part related to acute pancreatitis, and therefore, supportive/symptomatic medical management of gastrointestinal signs and pancreatitis is recommended in the form of antiemetics, gastroprotectants, appetite stimulants (if necessary), pain management (if indicated), etc.

The marked eosinophilia is likely related to this patient's reported previously diagnosed inflammatory bowel disease. However, given the concurrent anemia and increased BUN, empirical deworming with a 5-day course of Panacur is recommended following a fecal exam, regardless of fecal exam results.

The pyelectasia is concerning for possible pyelonephritis, given the recent urinary tract infection. Therefore, if urinalysis changes return and/or urinary clinical signs return, treatment of the infection should be as a complicated urinary tract infection/pyelonephritis with a 4-6 week course of antibiotics, including a culture a week to 10 days after starting antibiotics to ensure full clearance as well as a final culture a week after finishing them.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Pancreas RT
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Pancreas LT
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Pancreas
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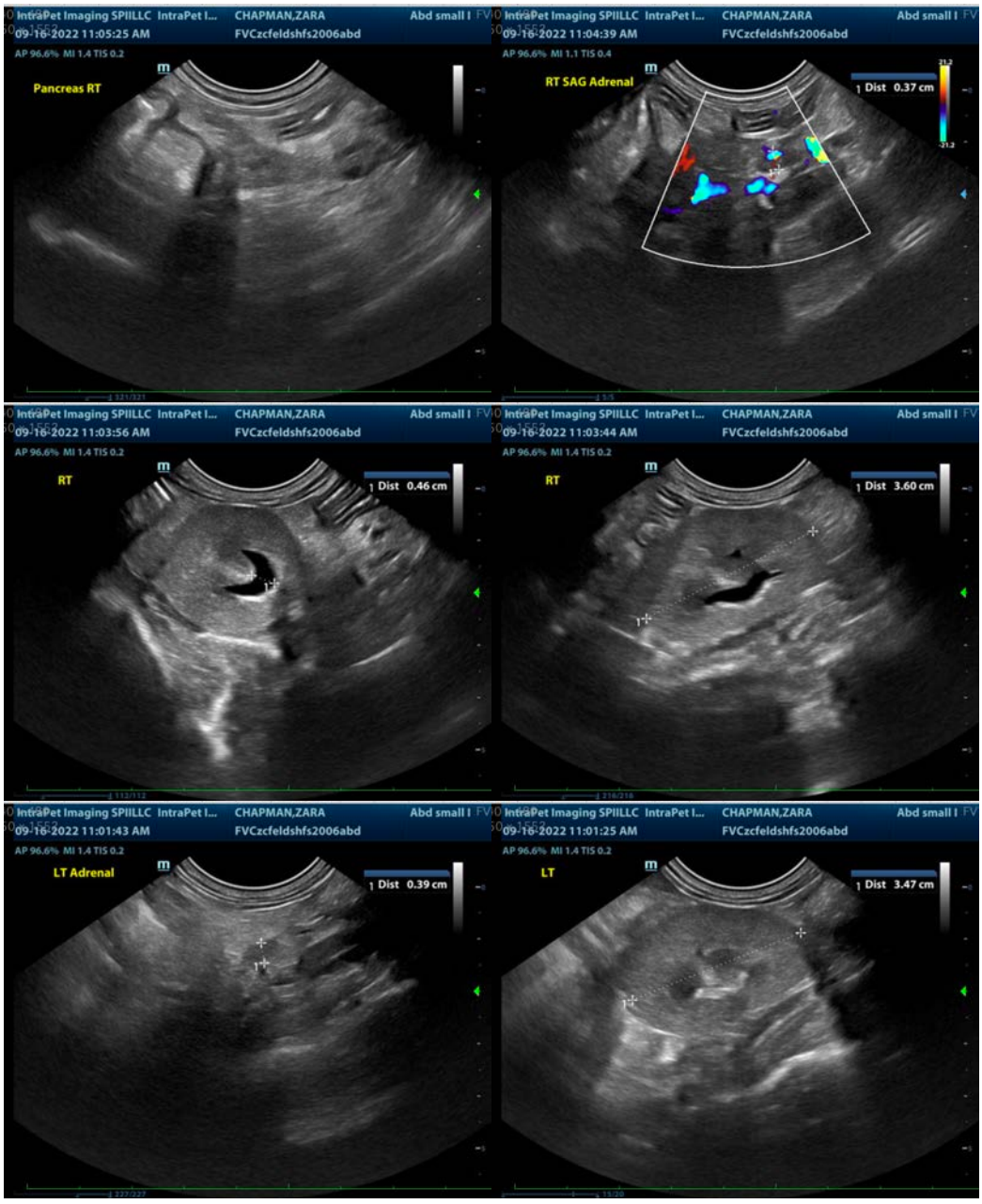
1 Dist 0.20 cm



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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