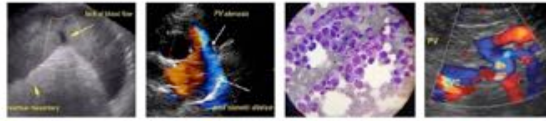


PATIENT

Romi Weatherby

SPECIES

Feline

BREED

Domestic longhair

SEX

Spayed Female

AGE

11 years

WEIGHT

6 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Wilson Mobile VS

REFERRING VET

Dr. Wilson

INVOICE

96035

DATE

2/14/22

PRESENTING CLINICAL SIGNS

Poor appetite/ vomiting of 1 week duration; 1.5 lbs weight loss over the course of a year. Possible mass palpated mid abdomen, not obvious on xrays meds: Cerenia; buprenorphine; mirtazipine
Abnormal PE/Chem/CBC/UA Results: please see attached BW and rads

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick. Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. The bladder measures 0.26 cm.

Kidneys are bilaterally normal in size, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no mineral is observed. The left renal pelvis is dilated (pyelectasia), measuring (0.33 cm). No visible obstruction is observed, but cannot be ruled out. The left kidney measured 3.06 cm. The right kidney measured 3.33 cm.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.22 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

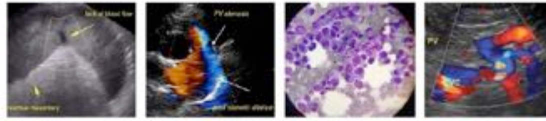
The right adrenal gland is normal in size measuring 0.3 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.



PATIENT

Romi Weatherby

SPECIES

Feline

BREED

Domestic longhair

SEX

Spayed Female

AGE

11 years

WEIGHT

6 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Wilson Mobile VS

REFERRING VET

Dr. Wilson

INVOICE

96035

DATE

2/14/22

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with mildly fluid/echogenic debris distended. This is consistent with functional ileus. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is markedly, diffusely prominent and hypoechoic to the surrounding tissues with a coarse parenchyma and irregular partially scalloped margin. There is no visible pancreatic duct dilation. There is loss of detail in the surrounding tissues with markedly hyper reactive mesentery and a scant amount of anechoic free fluid.

Free Abdomen

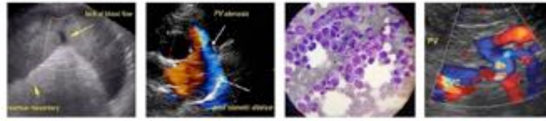
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

The marked increase in size of the pancreas and markedly hyperechoic reactive mesentery mildly inhibits visualization of discrete organs and throughout the abdomen there are hypoechoic tissues surrounded by hyperechoic mesentery. This is most consistent with different views of the pancreas. However, lymphadenopathy cannot be definitively ruled out.

ULTRASONOGRAPHIC FINDINGS

- Severe acute pancreatitis with concurrent ileus. Unfortunately ultrasound cannot be used to definitively determine inflammatory pancreatitis versus infiltrative neoplasia. Top differential is acute pancreatitis; however, infiltrative neoplasia cannot be definitively ruled out.
- Chronic Cystitis – Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.



PATIENT

Romi Weatherby

SPECIES

Feline

BREED

Domestic longhair

SEX

Spayed Female

AGE

11 years

WEIGHT

6 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Wilson Mobile VS

REFERRING VET

Dr. Wilson

INVOICE

96035

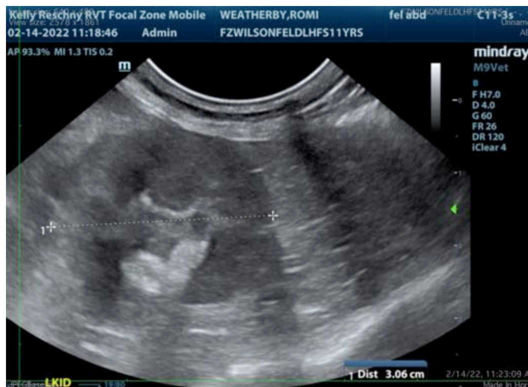
DATE

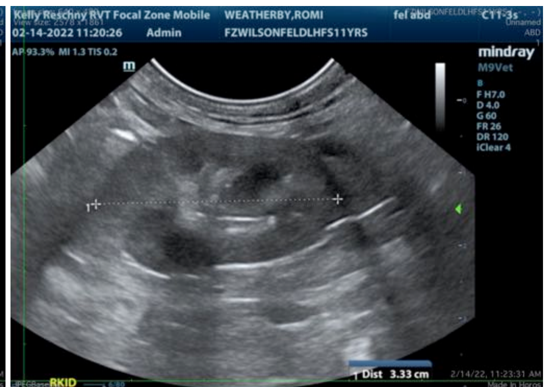
2/14/22

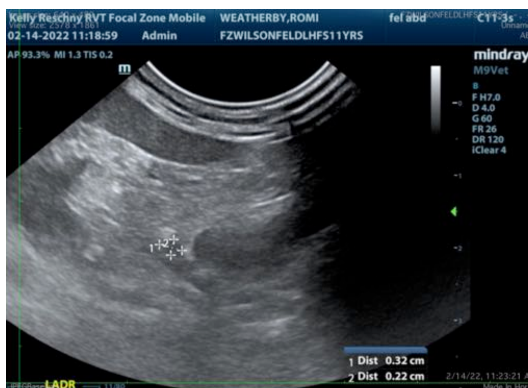
- Chronic Kidney Disease – This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- Pyelectasia in the left kidney– Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.
- Feline thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

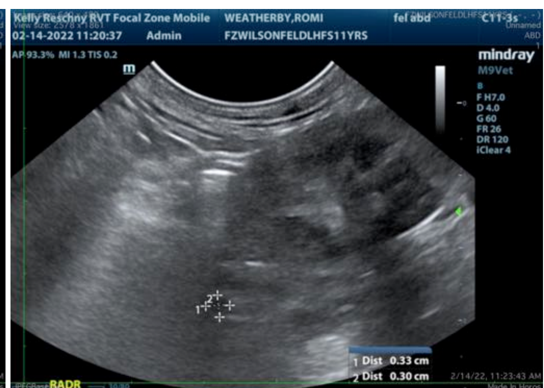
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

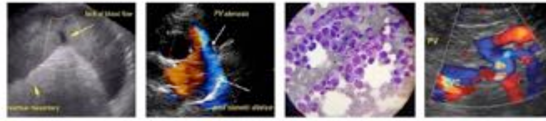
Recommendations for this patient include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of gastrointestinal absorption and the pancreas. A FNA of the pancreas can be considered if the patient's coagulation status is appropriate. However, it is also appropriate to aggressively medically manage acute pancreatitis first in the form of IV fluids, anti-emetics, gastroprotectants, appetite stimulants if necessary, pain control, broad spectrum antibiotics and monitor the pancreas for changes. If the clinical signs resolve and non-discrete, hyperactive tissue around the pancreas improves and the pancreas still appears mass like a FNA can be considered at that time. Three view thoracic radiographs are also recommended for further assessment of cardiopulmonary status and to further investigate any metastatic disease. If not recently evaluate a urinalysis with follow-up urine culture, if indicated based on urinalysis results is recommended given the mild pyelectasia and the urinary bladder wall changes.











PATIENT

Romi Weatherby

SPECIES

Feline

BREED

Domestic longhair

SEX

Spayed Female

AGE

11 years

WEIGHT

6 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Wilson Mobile VS

REFERRING VET

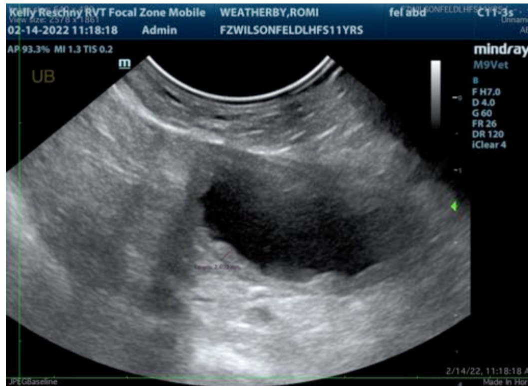
Dr. Wilson

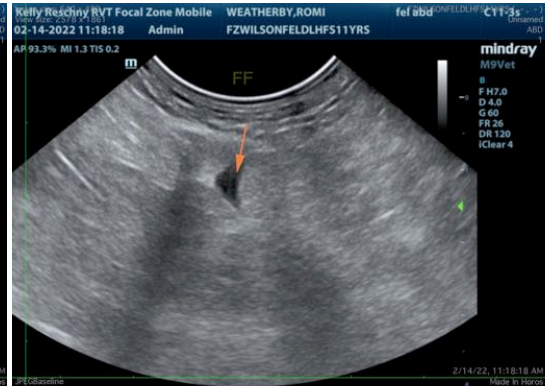
INVOICE

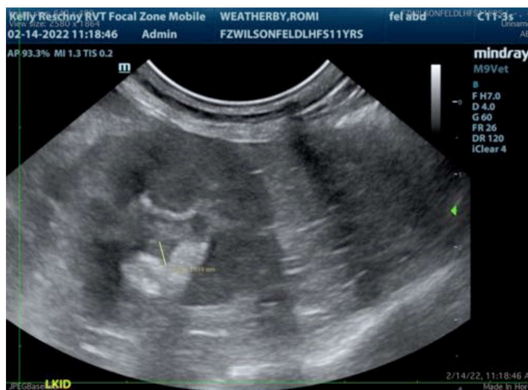
96035

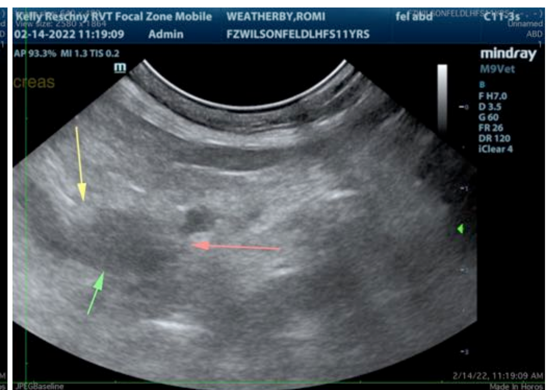
DATE

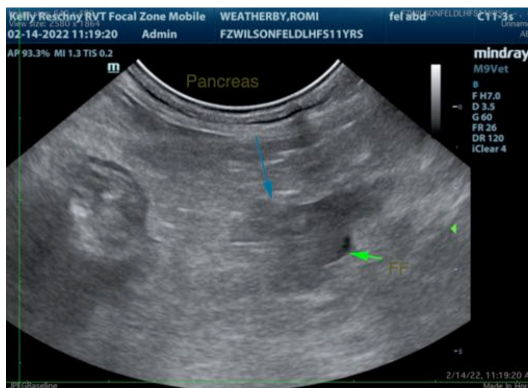
2/14/22

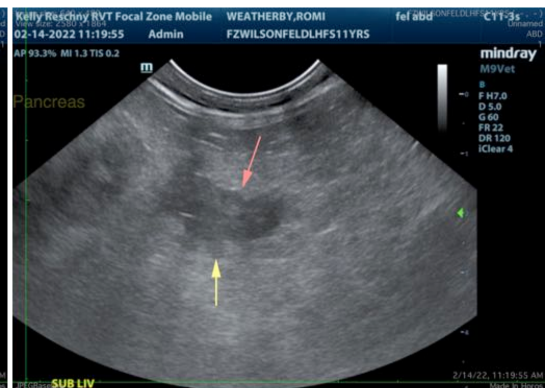


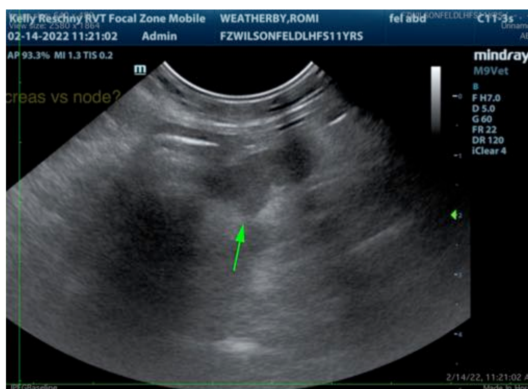


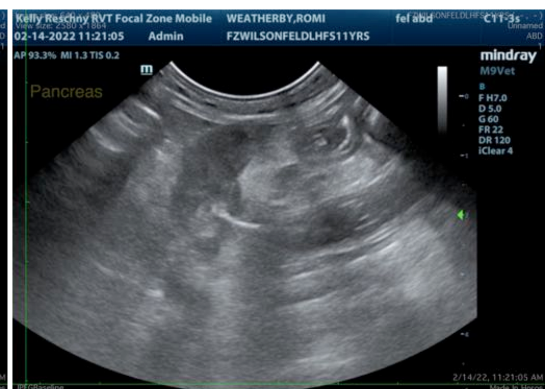


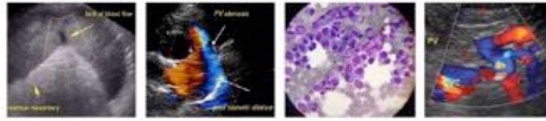












PATIENT

Romi Weatherby

SPECIES

Feline

BREED

Domestic longhair

SEX

Spayed Female

AGE

11 years

WEIGHT

6 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Wilson Mobile VS

REFERRING VET

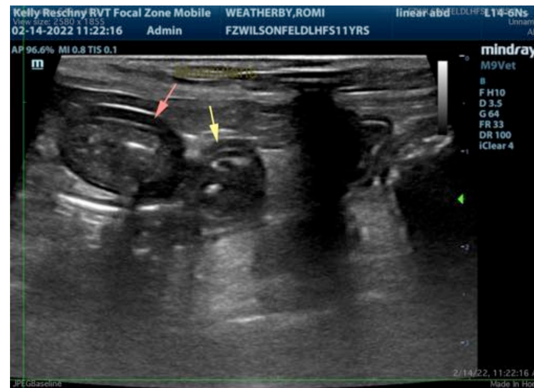
Dr. Wilson

INVOICE

96035

DATE

2/14/22



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