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Clinical Sonography & Telecytology
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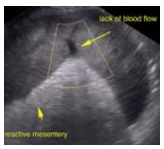
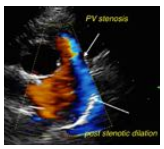
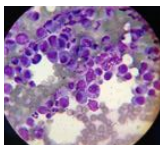
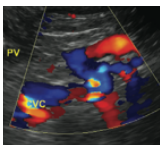

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1-800-838-4268 info@sonopath.com

PATIENT
Sadie Riolo

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed female

AGE
15 years

WEIGHT
4.17 kgs

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Dr. Singh

HOSPITAL NAME
Balmy Beach Pet Hospital

REFERRING VET
Dr. Singh

INVOICE
42359

DATE
11/7/22

PRESENTING CLINICAL SIGNS

History: Lethargy of 24 hours in duration Changes in food preferences - preferring dry over wet food, whereas previously she has loved canned food Vomiting once a month or so. Slightly decreased appetite. No diarrhea
Abnormal PE/Chem/CBC/UA Results: CBC shows neutropenia with a left shift Chemistry shows mild low creatinine due to loss of muscle mass SNAP fPL abnormal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses or abnormal thickening visualized. There is some mobile debris. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule. The kidneys have bilateral, moderately decreased corticomedullary distinction and moderate aging changes. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The kidneys were not labeled; however, what I suspect is the right kidney measured 3.73 cm. What I suspect is the left kidney measures 3.82 cm.

Adrenal Glands

The adrenal glands are not definitively visualized in this study.

Spleen

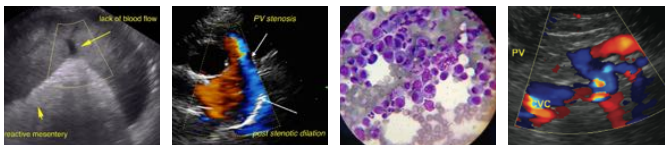
The spleen was overtly normal in parenchyma and size. It does fold cranially, which is a positional variant and is not pathologic.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with proximal dilation of the common bile duct. It has a slightly tortuous course initially, but does seem to taper normal. There was no overt distension at the duodenum where the duodenal papilla should be. However, the duodenal papilla is not definitively visualized in this study.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and



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there is no impression of reduced peristaltic activity. No masses or focal lesions were observed. The small intestines are non-distended with no fluid distension. The small intestines do measure thickened and appear prominent subjectively with a prominent muscularis layer. The thickest small intestinal loop measures 3.4 mm with normal being 2.5 mm or less. 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 right and left pancreatic limbs appear hypoechoic with the left visualized best and had a prominent pancreatic duct, especially apparent in the left limb of the pancreas. The pancreas itself is hypoechoic and enlarged with surrounding hyperechoic mesentery.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Acute pancreatitis.
- GI thickening. This may be secondary to the pancreatitis, causing secondary gastroenteritis. However, I think that it is more likely that there is an underlying degree of inflammatory bowel disease or small cell lymphoma or some other infiltrative disease in the GI tract.

Secondary Findings

- The tortuous bile duct may be an acute change related to the pancreatitis or may indicate that there has been some chronic pancreatitis in this patient. It doesn't appear from blood work that there is any sort of bile duct obstruction. Therefore, clinically no recommendations are recommended at this time.
- Mobile urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Outpatient supportive care is reasonable as was initiated in this patient. This patient has relatively mild clinical signs. If the patient is not responding to outpatient supportive care sometimes these patient's do need hospitalization and more intensive supportive care. Longer term if the owners are interested in further work-up intestinal biopsy, small intestinal biopsy can be considered to further differentiate the potential for the small intestinal thickening being a more chronic underlying disease. This can be done endoscopically or surgically. If a medical approach is desired consider switching this patient to a hydrolyzed protein or select protein diet can be considered. Steroids can be used if clinical signs are severe. Alternatively, reimaging this patient after a week or so if clinical improvement is reasonable to see if the small intestine has improved in thickness and this may be just an acute change.

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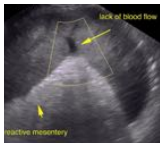
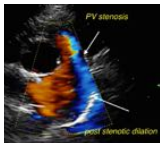
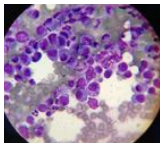
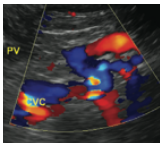

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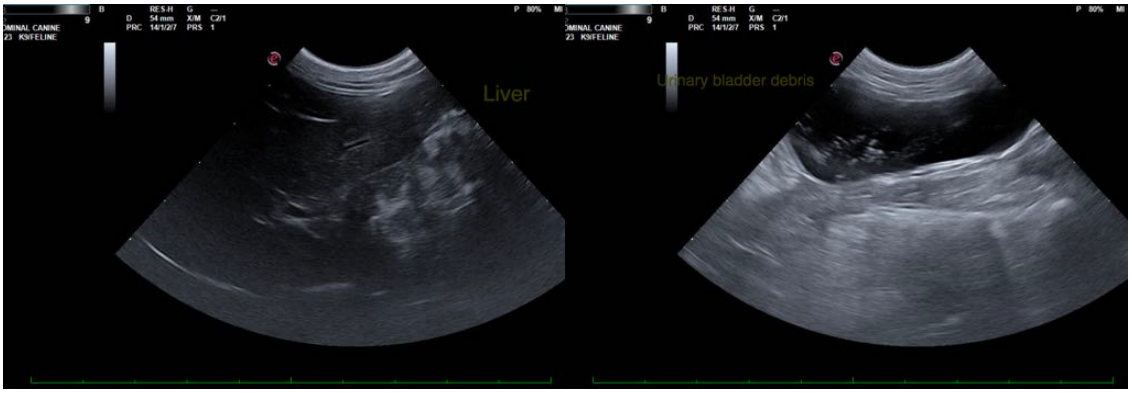

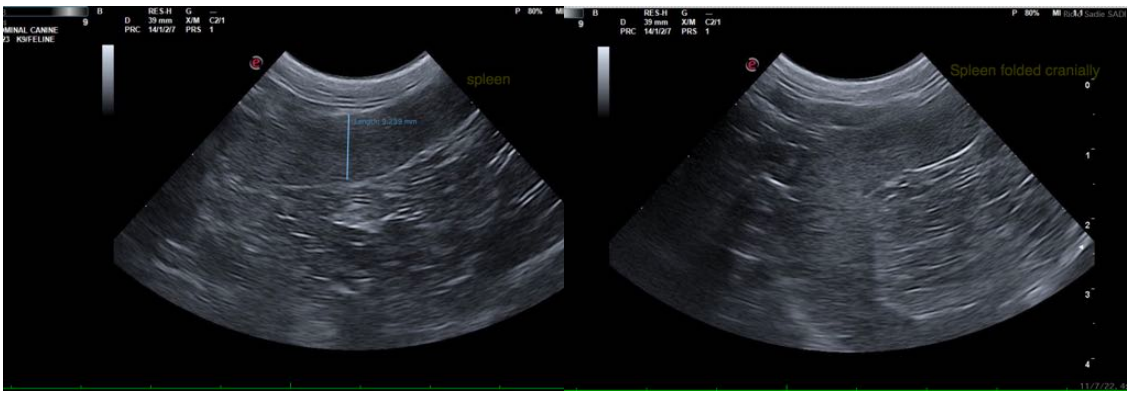

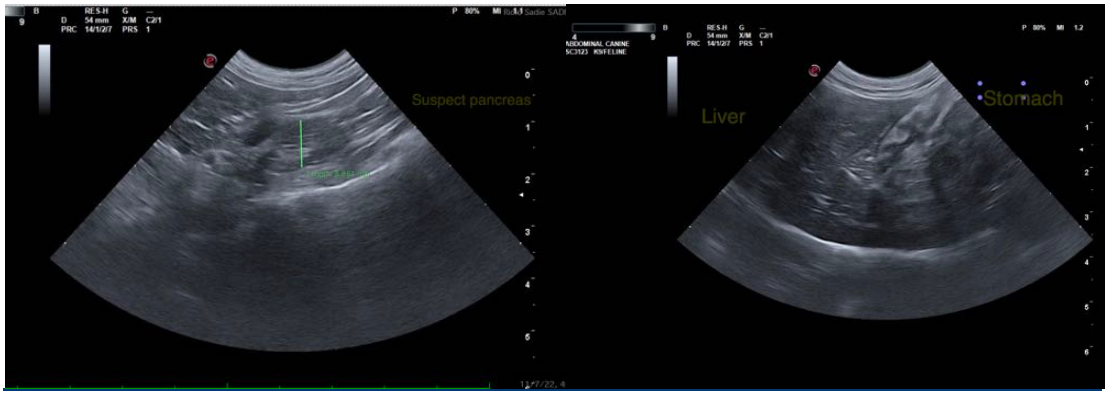

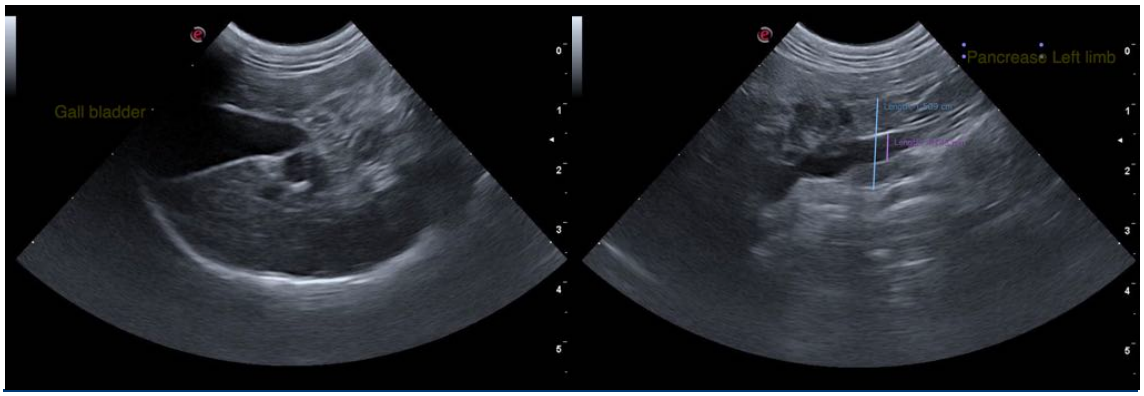

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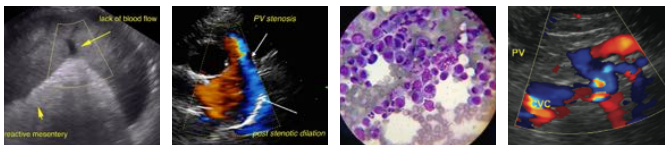

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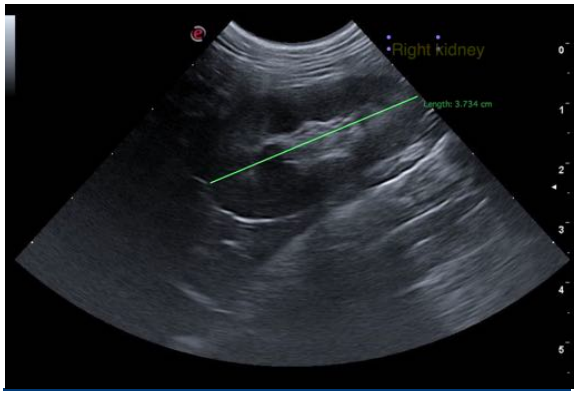

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
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