



PATIENT

Buddy Whittemore

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

8.2 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Fritz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Fritz

INVOICE

42412

DATE

1/30/23

PRESENTING CLINICAL SIGNS

History: P presented for chronic vomiting, lethargy, and decreased appetite. P has a long history of chronic vomiting. About 1 year ago p hospitalized for vomiting and anorexia. X-rays wnl. Full bw/T4/UA/fPLI wnl. P started on hydrolyzed protein food for presumptive IBD and has been doing well since that time. Over the past few months the owner has noticed p loosing weight and a decreased appetite. Over the past 2 week p vomiting bile daily, loose stool, lethargic, and hyporexic. Abnormal PE/Chem/CBC/UA Results: PE - 1.2lbs of weight loss, Temp 97.6, HR 220 no murmur, uncomfortable on abdominal palpation, mod periodontal disease, dehydrated CBC - wnl Chem - low cholesterol, all else wnl

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, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Pinpoint areas of cortical mineralization. The left kidney measured 3.4 cm and the right kidney measured 3.8 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.7 cm in length and 0.18 cm at the cranial pole and 0.17 cm at the caudal pole. The right adrenal gland measured 0.97 cm in length and 0.17 cm at the cranial pole and 0.19 cm at the caudal pole.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

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. GB – Gall bladder is moderately distended with diffusely thickened walls and anechoic contents. Common bile duct is non-distended and tapers normally.



PATIENT

Buddy Whittemore

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

8.2 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Fritz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Fritz

INVOICE

42412

DATE

1/30/23

Gastrointestinal

The stomach contains a large amount of non-shadowing hyperechoic material most consistent with ingesta. 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 there is no visualized peristaltic activity and peristalsis may be reduced. No masses or focal lesions were observed. Correlate significance of ingesta with length of fasting prior to ultrasound study and possible effects of any sedation used. The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with ingesta and gas throughout. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed. 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

Pancreas right limb/left limb/body or Visible pancreas is enlarged and hypoechoic with an irregular capsular surface and prominent pancreatic duct and surrounding hyperechoic mesentery. No fluid accumulations visualized. No mass effect consistent with pancreatic neoplasia visualized.

Lymph Nodes

Solitary prominent suspected mesenteric lymph node with maintenance of normal echogenicity, structure and length to width ratio.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Pancreatitis
2. Cholangitis
3. Normal wall layering of SI tract
4. Solitary enlarged lymph node, suspect mesenteric node
5. Degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatic and gall bladder wall changes are consistent with acute pancreatitis and cholangitis with possible chronic component to both. The lack of elevation in liver enzymes makes a chronic cholangitis/pancreatitis without an active component of cholangitis currently more likely. Measurement of PLI is recommended to further support diagnosis. There are no small intestinal abnormalities consistent with inflammatory bowel disease, the small intestines were of normal thickness with normal wall layering. Given the chronic nature of vomiting, chronic pancreatitis with an acute exacerbation is considered likely in this case.



PATIENT

Buddy Whittemore

Treatment for pancreatitis, with or without cholangitis, is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition. Antibiotics are generally not warranted for acute pancreatitis as it is generally sterile. In the presence of concurrent cholangiohepatitis antibiotics could be considered. Given the lack of elevation in liver enzymes, I would not empirically treat with antibiotics in this case. Serial imaging is indicated if clinical signs are not resolving to assess for possible progression to pancreatic abscessation or post hepatic bile duct obstruction.

SPECIES

Feline

Solitary view of enlarged lymph node does not allow for definitive localization. Lymphadenopathy with maintenance of normal structure is most suggestive of reactive lymphadenitis secondary to pancreatitis. Other inflammatory conditions (parasitism, migrating foreign body), infectious lymphadenitis (bacterial, viral, protozoal or less likely fungal infection), or less likely infiltrative disease (lymphoma, MCT, other) among other things cannot be definitively ruled out. Lymph node aspirate and culture is recommended to further define this change. Serial imaging for monitoring for progression or resolution if lymphadenopathy is recommended.

BREED

Domestic Shorthair

SEX

Neutered male

Renal changes are likely age related degeneration. Correlate clinical significance with blood work/urinalysis findings and clinical signs.

AGE

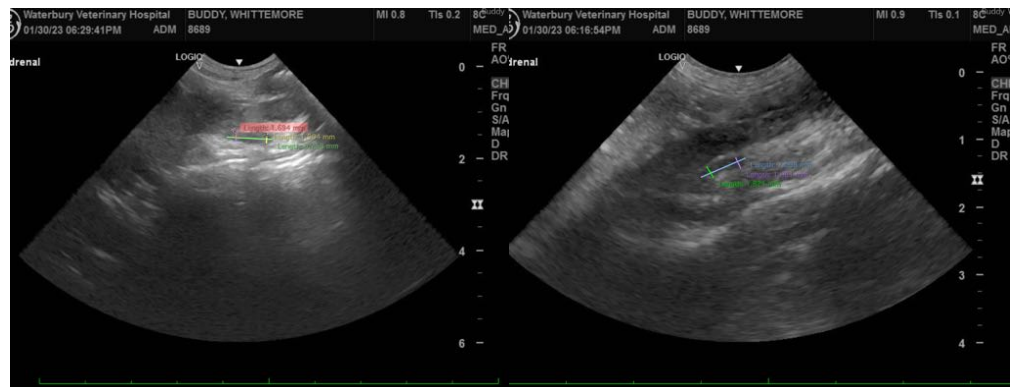
10 years

WEIGHT

8.2 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC



IMAGING PERFORMED BY

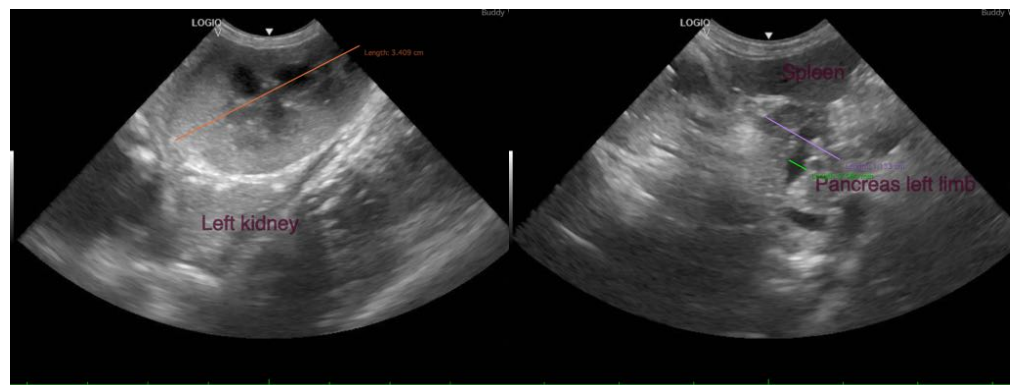
Dr. Fritz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Fritz



INVOICE

42412

DATE

1/30/23



PATIENT

Buddy Whittemore

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

8.2 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Fritz

HOSPITAL NAME

Waterbury VH

REFERRING VET

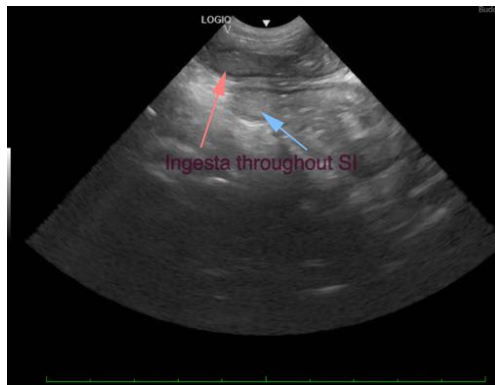
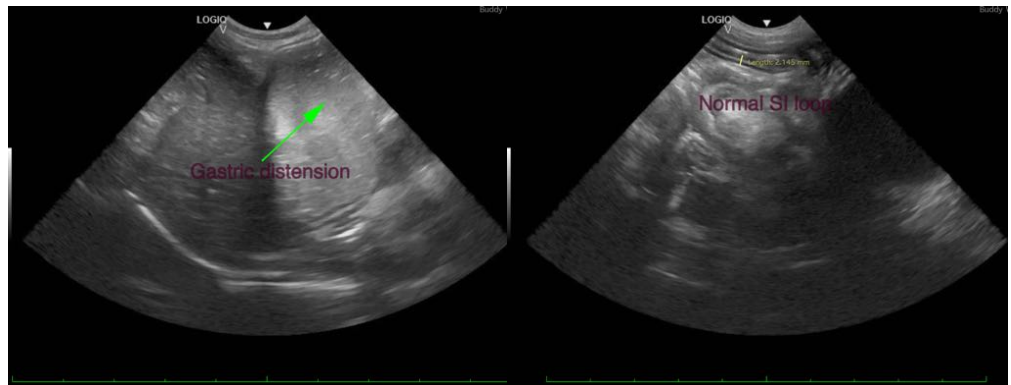
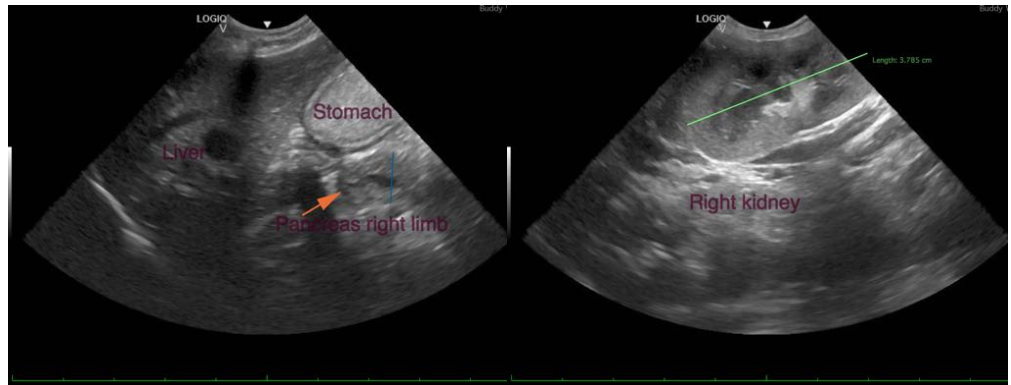
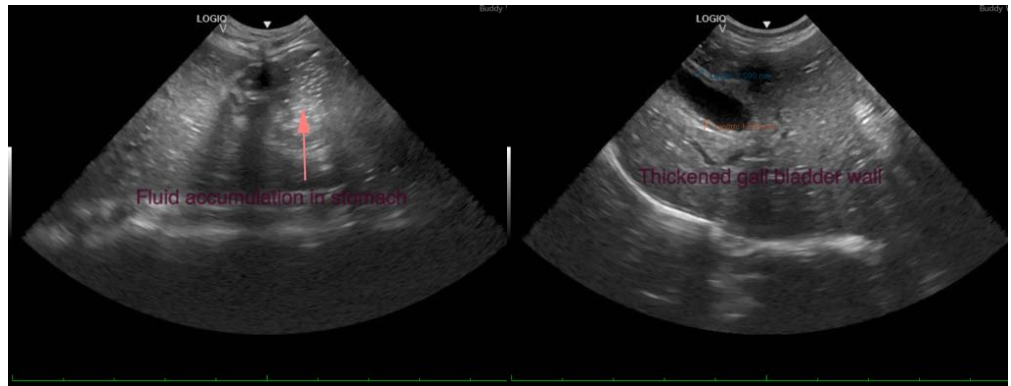
Dr. Fritz

INVOICE

42412

DATE

1/30/23





PATIENT

Buddy Whittemore

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.

SPECIES

Feline

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.

BREED

Domestic Shorthair

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com

SEX

Neutered male

AGE

10 years

WEIGHT

8.2 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

**IMAGING
PERFORMED BY**

Dr. Fritz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Fritz

INVOICE

42412

DATE

1/30/23