



**PATIENT**

Honey Bayoglu

**SPECIES**

Feline

**BREED**

Himalayan

**SEX**

Spayed female

**AGE**

8 years

**WEIGHT**

8 lbs

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Melissa DaSilva

**HOSPITAL NAME**

Pocono Peak VC

**REFERRING VET**

Dr. Coyle

**INVOICE**

42987

**DATE**

2/27/23

**PRESENTING CLINICAL SIGNS**

History: Recently more ADR & lethargic. On/off vomiting/diarrhea, decreased appetite. Has been diagnosed and on supportive care medications for lymphoma & PKD since Sept 2022. Currently on Prednisolone

Abnormal PE/Chem/CBC/UA Results: Elevated: GLU 174 mg/dL Decreased: LYM 0.65 K/ $\mu$ L, EOS 0.00 K/ $\mu$ L, PLT 111 K/ $\mu$ L

**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. Mobile debris present in the urinary bladder. Correlate clinical significance with urinalysis findings. No evidence of inflammatory or neoplastic changes were noted.

Bilaterally the kidneys have a smooth capsule and with complete loss of corticomedullary definition. There are multiple variably sized roughly spherical anechoic cystic structures throughout the parenchyma of both kidneys with a large 1.96x1.62cm cystic structure in the caudal pole of the left kidney. The right kidney is enlarged. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm and right kidney measured 5.0 cm.

**Adrenal Glands**

Left adrenal gland was 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 right adrenal gland was not definitively visualized. The left adrenal gland measured 1.33 cm in length x 0.44 cm at the caudal pole and 0.37 cm at the cranial 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. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally



**PATIENT**

Honey Bayoglu

***Gastrointestinal***

The stomach contains a moderate amount of 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 impression of reduced peristaltic activity. No masses or focal lesions were observed.

**SPECIES**

Feline

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

Himalayan

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.

**SEX**

Spayed female

***Pancreas***

In the area of the left limb of the pancreas there is a roughly spherical structure measuring 0.77 x 0.82cm with surrounding hyperechoic mesentery. This is suspected to represent a peripancreatic lymph node, though an area fluid accumulation within the pancreas is possible.

**AGE**

8 years

***Lymph Nodes***

Solitary prominent peripancreatic lymph nodes were noted.

**WEIGHT**

8 lbs

***Free Abdomen***

No masses or free fluid were noted.

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Melissa DaSilva

**Primary Findings**

1. Peripancreatic lymphadenopathy with surrounding inflammation
2. Right renomegaly, bilaterally polycystic kidney disease
3. Urinary bladder debris

**HOSPITAL NAME**

Pocono Peak VC

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Coyle

Peripancreatic changes are consistent with acute pancreatitis. Measurement of PLI is recommended to further support diagnosis. Treatment for pancreatitis 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, however, while I suspect the round structure near the pancreas is a lymph node, especially given history of lymphoma, a peripancreatic abscess cannot be definitively ruled out and I would use 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. Attempted fine needle aspirate of the peripancreatic structure could be attempted, fasting is recommended as ingesta in the stomach can make sampling in this area more difficult.

**INVOICE**

42987

**DATE**

2/27/23

Renal changes are most consistent with previously diagnosed polycystic kidney disease. Correlate clinical significance of urinary bladder debris with blood work/urinalysis findings and clinical signs.



**PATIENT**

Honey Bayoglu

**SPECIES**

Feline

**BREED**

Himalayan

**SEX**

Spayed female

**AGE**

8 years

**WEIGHT**

8 lbs

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Melissa DaSilva

**HOSPITAL NAME**

Pocono Peak VC

**REFERRING VET**

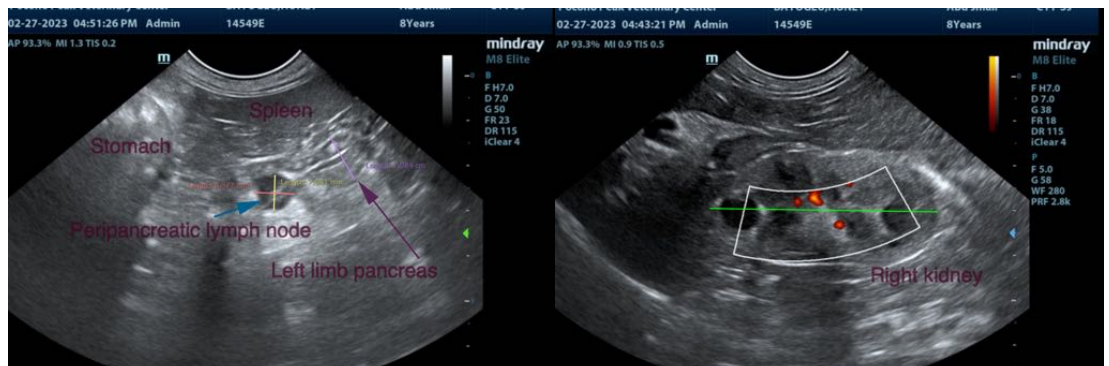
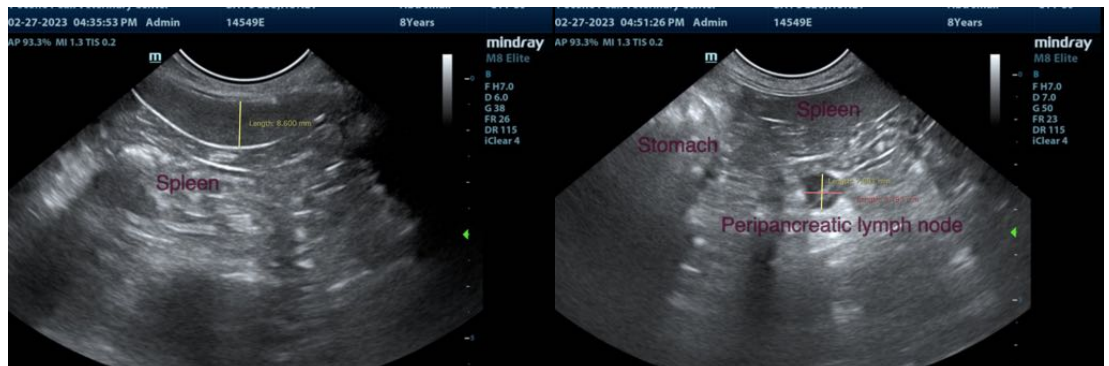
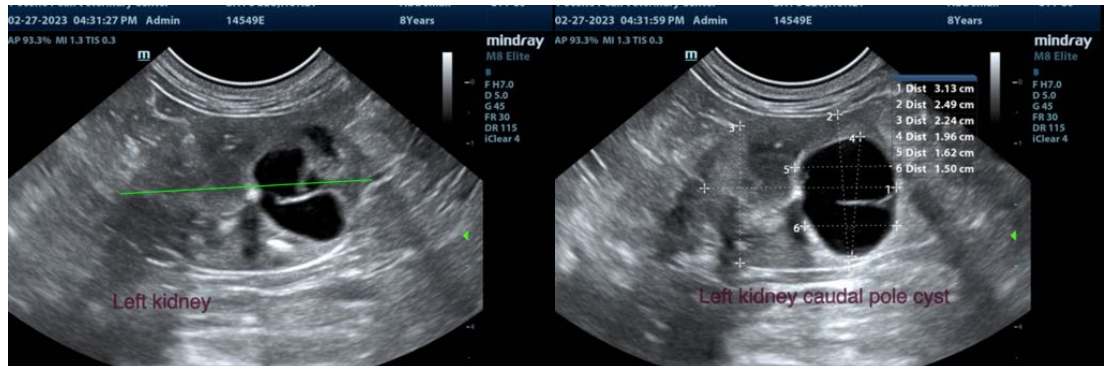
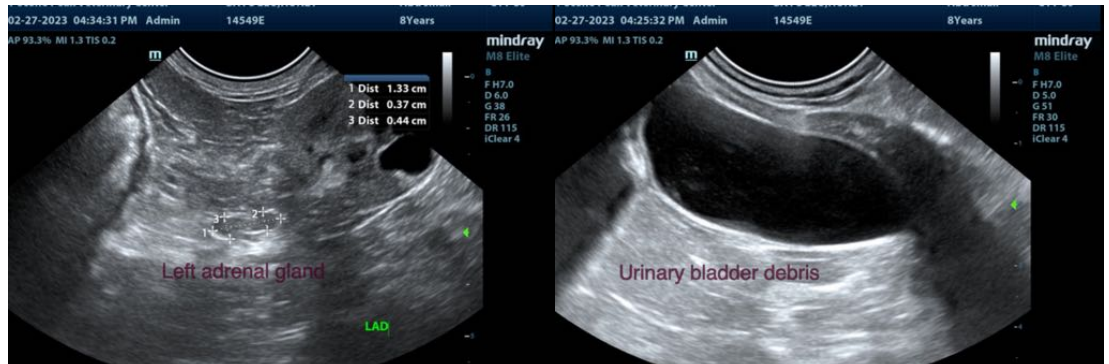
Dr. Coyle

**INVOICE**

42987

**DATE**

2/27/23





**PATIENT**

Honey Bayoglu

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**

Himalayan

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

**SEX**

Spayed female

**AGE**

8 years

**WEIGHT**

8 lbs

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**IMAGING  
PERFORMED BY**

Melissa DaSilva

**HOSPITAL NAME**

Pocono Peak VC

**REFERRING VET**

Dr. Coyle

**INVOICE**

42987

**DATE**

2/27/23