

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

DATE PRESENTING CLINICAL SIGNS

1/20/22

History: Chronic history of vomiting - previous ultrasound (2+ years ago) suggestive of pancreatitis. Cat typically does well w/ periodic administration of Cerenia but recently this has not helped.

PATIENT

Mina Helmer

Current Medications: 8 mg Cerenia periodically as symptoms warrant.
Lab Results: Elevated WBC. Otherwise NSF. Will be repeating on day of ultrasound as well (last done 4/2021). USG 1.052, 1+ bilirubin, pH 6.5.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

AGE

2/1/09

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.32 cm. The right kidney measured 3.6 cm.

WEIGHT

8.33 Pounds

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.49 cm.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

HOSPITAL NAME

Bay Country VH

Liver

REFERRING VET

Dr. Bauer

The **liver** presented coarse architecture and increased portal markings. History of cholangitis likely. The common bile duct was dilated at 0.8 cm, thickened, irregular and tortuous. The common bile duct at the level of the duodenal papilla measured 0.41 cm. Minor biliary sand noted at the neck of the gallbladder.

INVOICE

34966

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. Soft stool noted in the colon. Reactive mesenteric lymph nodes noted up to 1.5 cm x 0.5 cm.

Pancreas

The **pancreas** present coarse architecture with dilated duct and enlargement at 1.55 cm in the left base. Duct dilation measured 0.26 cm. The duodenal papillae appeared thickened, likely owing to chronic inflammatory disease.

ULTRASONOGRAPHIC FINDINGS

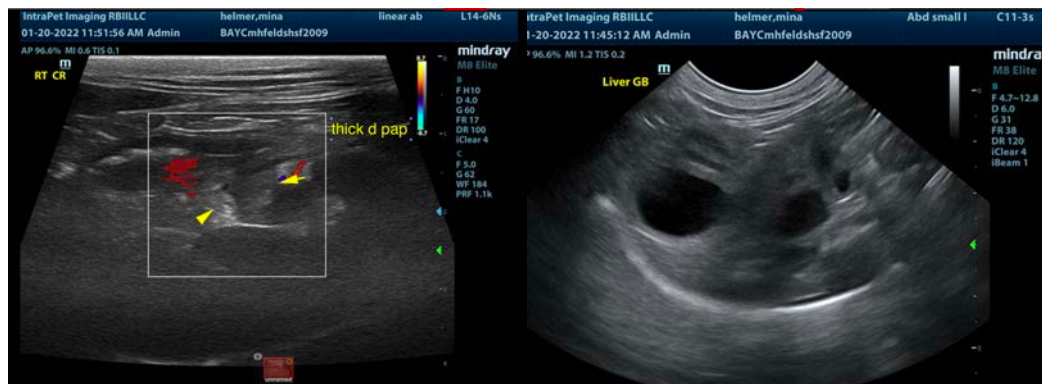
- Chronic active pancreatitis/cholangitis pattern with post-hepatic obstruction

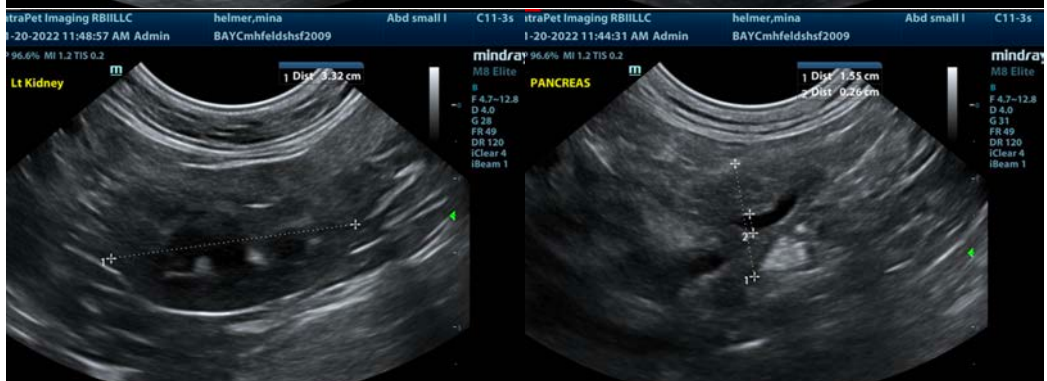
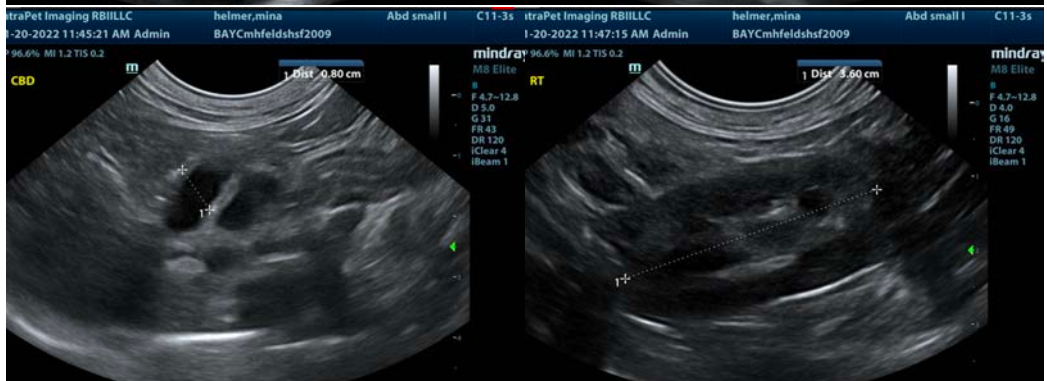
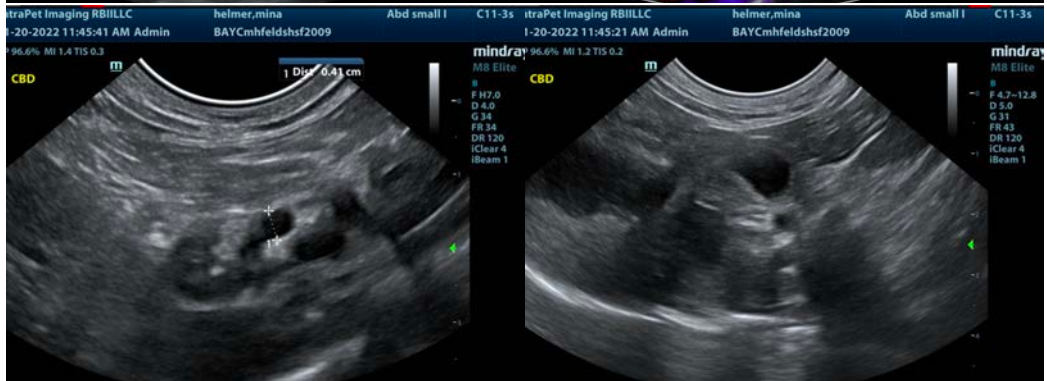
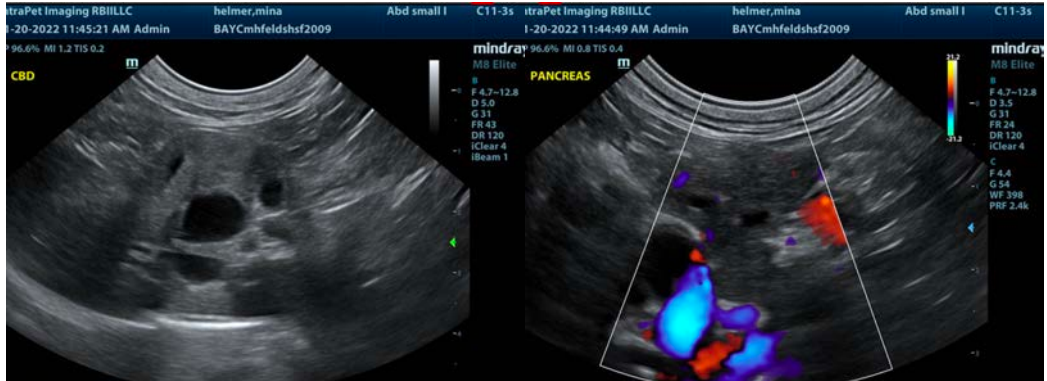
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

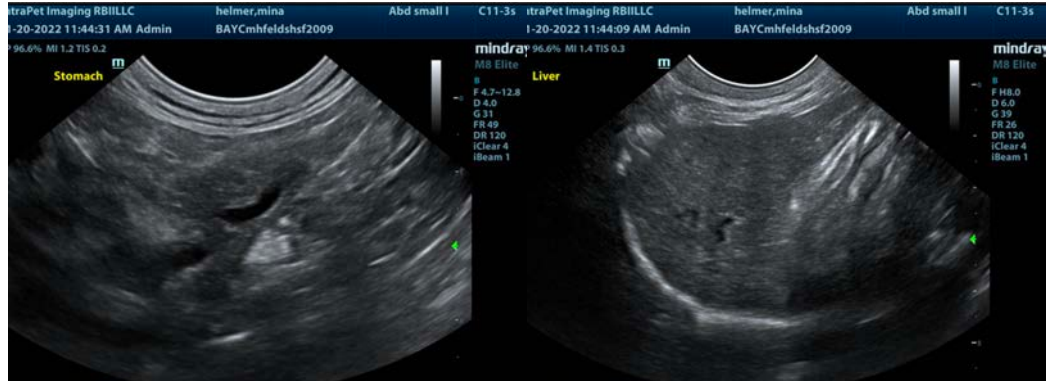
Bilirubin values should be monitored carefully in this patient. FNA of the liver and pancreas would be ideal for further definition of inflammatory cell type. Ventral cholecystoduodenostomy may be necessary in this patient. The chronic dilation of the common bile duct is likely owing to chronic inflammatory disease and remodeling. Likely dysfunctional duodenal papillae. No overt evidence of neoplasia. However, cholangiocarcinoma cannot be completely ruled out as a potential. If bilirubin values elevate, then surgical intervention would be recommended with pancreatic, gastrointestinal and hepatic biopsies. A clinical trial of the following may prove effective. Ursodiol therapy recommended long-term. Recheck sonogram after two weeks of therapy. Single dose Dexamethasone could be considered to reduce inflammation.

Triaditis/Pancreatitis protocol

Part or all of this protocol may be considered based on your clinical impression of the patient: Recommend pain management when anorexic with **Buprenorphine** (0.01-0.02 mg/kg IM or SC), clinical trial of **Zithromax** (50 mg sid/cat x 10 days, 3 weeks if bartonella +), **Prednisolone** (0.5-2 mg/kg tapering over 1 week to minimal effective dose), and **B12 injections** if weight loss (Cyanobalamine 250 mcg sub-q once-weekly x six weeks, then every other week for six weeks and then once-monthly, long-term if necessary), **novel-protein or hydrolyzed diet** (*Hydrolyzed diets have been shown to be more effective in dietary intolerance case management compared to hypoallergenic diets*) or the **magical Purina DM** (changing protein source is crucial and may need rotation every 6 months if clinical signs recur) Diet trials is a whatever works phenomenon. If vomiting becomes a persistent issue then endoscopy would be warranted and/or recheck sonogram to assess more emerging disease. One diet does not work for all patients so different trials may be necessary or protein source rotation every 6 months as new sensitivities develop.







The information and recommendations provided are based on the images presented by the referring veterinarian. 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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