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Clinical Sonography & Telecytology
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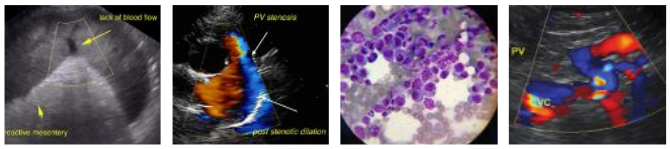

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bruce Brandt

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

9 Years

WEIGHT

9 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Bailey

INVOICE

20713

DATE

1/22/23

PRESENTING CLINICAL SIGNS

History: Treated as outpatient about a week ago for presumptive pancreatitis, seemed to do well, had all normal labs except abnormal fPL. Presented again on ER with more upper resp type signs, again inappetent, lethargic

Abnormal PE/Chem/CBC/UA Results: Obese (9kg) The pancreatic abscess was aspirated and drained as much as I could with limited access. Cytology and C&S pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. This is a mild to moderate change. The right kidney measured 4.6 cm. The left kidney measured 4.77 cm.

Adrenal Glands

The **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 left adrenal measured 0.77 cm x 0.4 cm.

The region of the **right adrenal gland** revealed no evident pathology.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is a moderate change, consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

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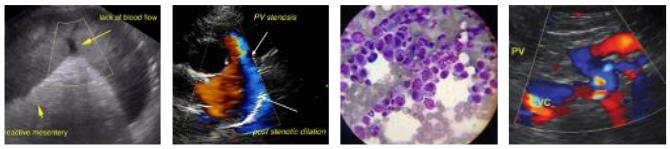

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The **pancreas** revealed undulating contour and dilated duct (0.26 cm).

Free Abdomen

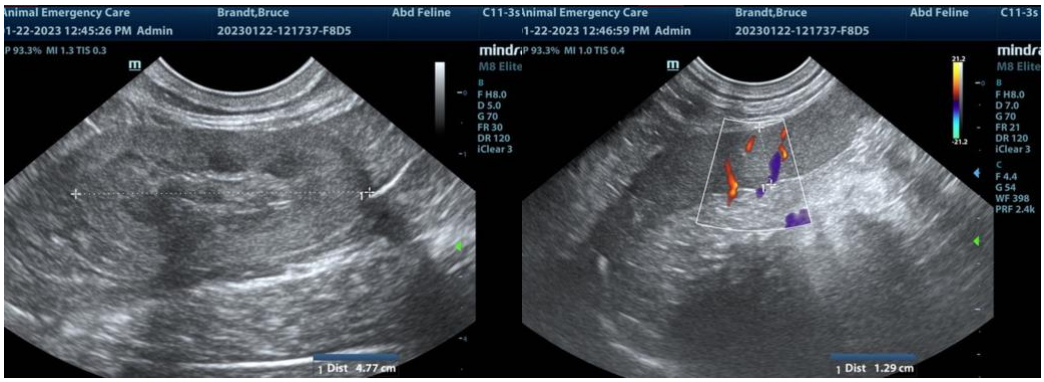
The mid abdomen revealed an undifferentiated hypoechoic irregular **structure**, measuring approximately 2.0 cm x 4.0 cm with regional hyperechoic inflammation. The structure may be deriving from the caudal aspect of the left limb of the pancreas or lymph node. This is consistent with necrosis, abscessation or underlying neoplasia. Enhanced mesentery was noted around the structure and portions of the caudal pancreas. The mesenteric artery is noted, mixed within the pathology.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis
- Undifferentiated necrosis or mass, possibly deriving from the lymph nodes or pancreas
- Scalloping contour to the spleen. Splenitis vs round cell neoplasia.
- Age-related renal changes/interstitial nephrosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA and drainage of all structures warranted, including the spleen. Prognosis is guarded. Surgical exploratory with debridement of the majority of the pathology may be appropriate in this patient. Given that the pathology encompasses the mesenteric artery, concern for lymph node origin, at least for part of the pathology.



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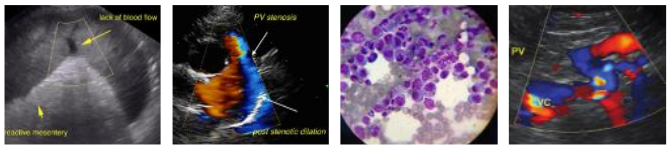

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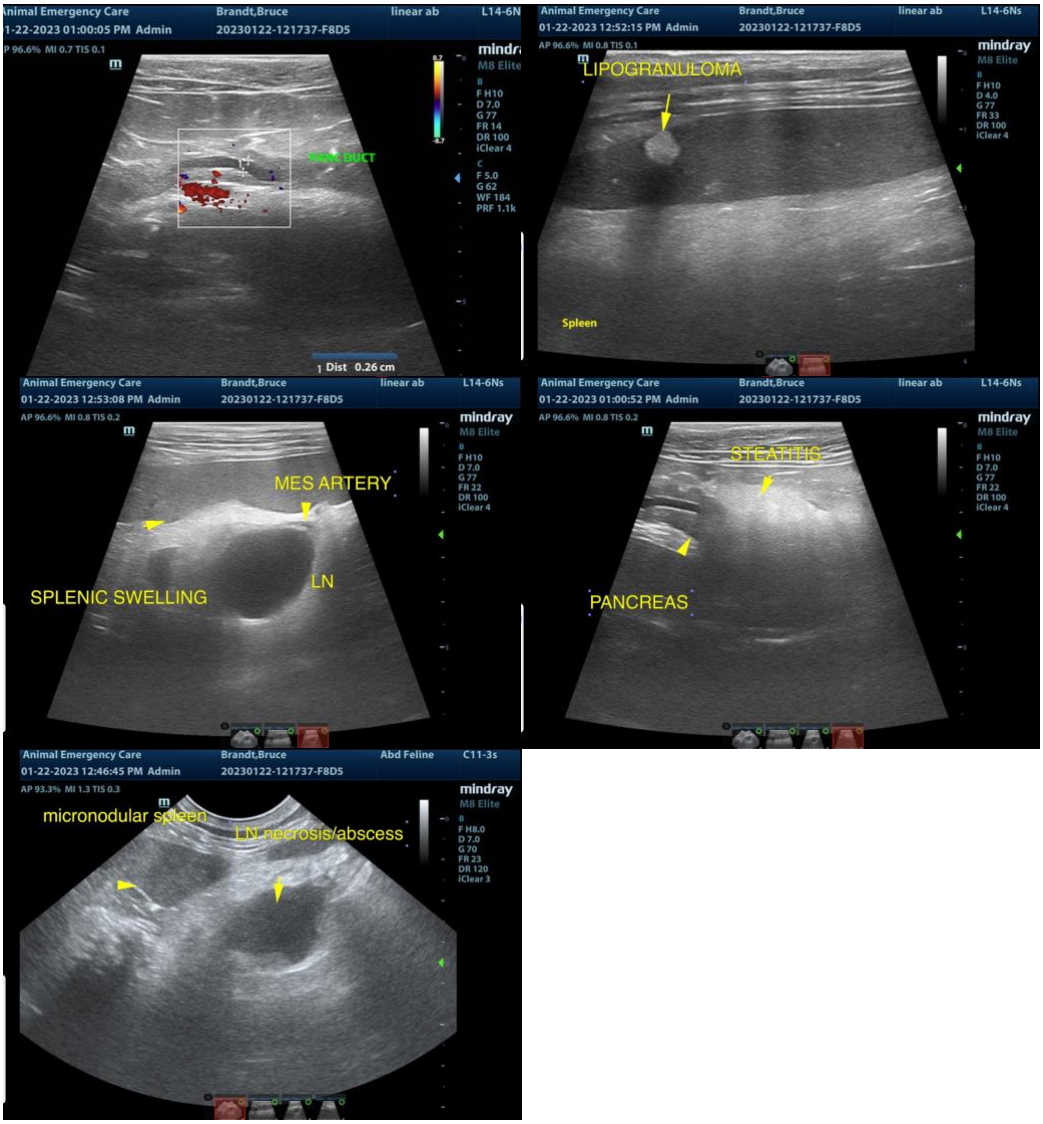

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com