

**DATE**

10/24/22

PRESENTING CLINICAL SIGNS

Recheck ultrasound- initially eating after ultrasound and liver values decreasing; over the last 24 hours- no longer eating and t.bil went from 2.2 to 3; previous ultrasound- severe pancreatitis noted.

Current Medications: adenosyl, ursodiol, clavamox, buprenorphine, maropitant, ondansetron.

PATIENT

Urine specific gravity 1.018, 1+ protein

ALKP 477, bilirubin 2.4.

Momo Broiles

Date of Previous IntraPet Ultrasound: 10/21/22. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Imaging Performed By: Rachel Brillhart, RDMS.

Feline

BREED

Domestic Shorthair

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 was noted. Ureteral papillae were normal.

SEX

Neutered male

The **kidneys** revealed similar changes compared to the prior sonogram. Minor age related presentation. The right kidney measured 4.6 cm.

AGE

10/20/14

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 right adrenal gland measured 0.64 cm.

WEIGHT

11.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was volume contracted with slight free fluid noted adjacent to the spleen.

HOSPITAL NAME

Animal Emergency
Hospital

Liver

The **liver** revealed slightly increased portal markings and diffuse, hyperechoic changes consistent with cholangitis and likely lipidosis. However, an underlying neoplastic event cannot be ruled out. The gallbladder revealed minor congestion. The common bile duct measured 0.28 cm.

REFERRING VET

Dr. Thompson

Gastrointestinal

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.

INVOICE

42095

Pancreas

The **pancreas** revealed persistent, hypoechoic, irregular parenchymal changes with localized areas of free fluid and occasional hypoechoic nodule. The region in question is approximately 4.23 x 1.33 cm. This appears to be more organized than the prior sonogram. The left and right limbs of the pancreas appeared to be involved.

Free Abdomen

Free fluid was noted cranial to the liver.

ULTRASONOGRAPHIC FINDINGS

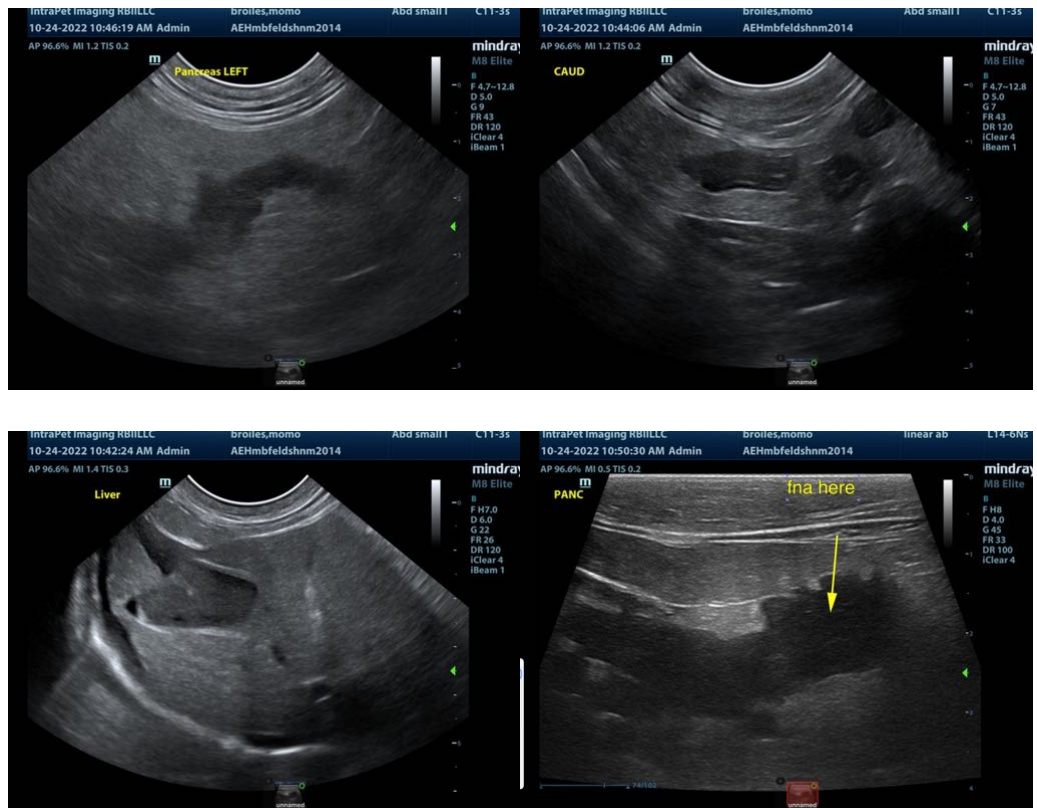
Persistent, extensive, hypoechoic pancreatic changes, consistent with necrosis.

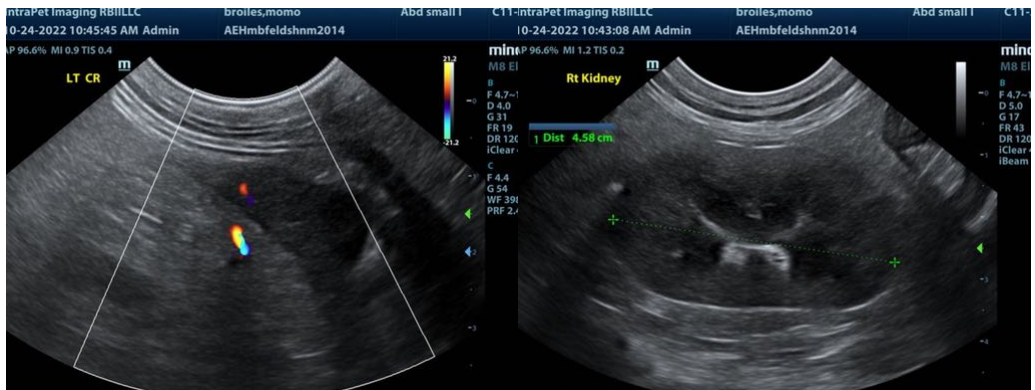
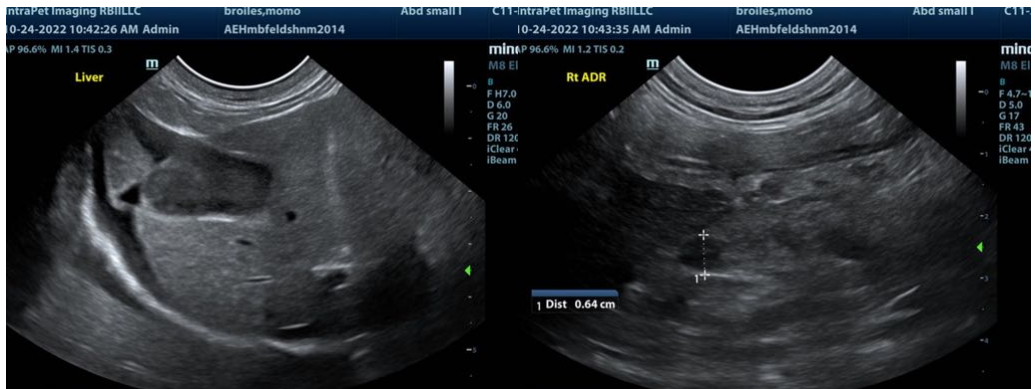
Free fluid and cholangitis liver presentation.

The gastrointestinal tract revealed minor thickening, yet appeared to be stable. No neoplastic criteria.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned about the persistent free fluid and extensive pancreatic parenchymal changes and the hepatic remodeling. Coagulation panel and FNA of the pancreas and liver as well as ultrasound-guided abdominocentesis of the free fluid and cytospin is all indicated to rule out underlying neoplastic state such as carcinoma or lymphoma. Eventual debridement of necrotic pancreatic tissue and GI and hepatic biopsies with J tube placement may be appropriate. Hepatic and pancreatic disease is likely playing a role in the clinical signs. Underlying neoplastic process is entirely possible. Sampling is strongly encouraged. Prognosis is guarded.







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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