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Clinical Sonography & Telecytology
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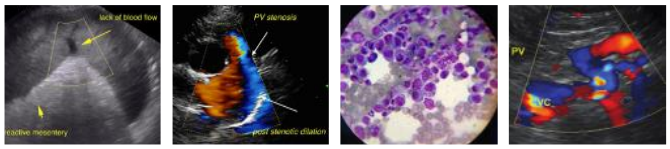

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Finnagan McCauley

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

6 Years

WEIGHT

7.5 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Anna Wepprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Anna Wepprich

INVOICE

13149

DATE

12/27/21

PRESENTING CLINICAL SIGNS

History: frequent vomiting x 24h prior to presentation, significant abdominal pain, inappetance, lethargy, fever. Occasional previous episodes of poor appetite. Hx asthma, on low dose Prednisolone Presented febrile, painful abdomen, vocal at home. Initial radiographs showed focal fluid near left pancreas. Hospitalized 48hr on IVF, pain meds, GI supportive care and NG tube with minimal improvement, fever remains 104.5 F.

Abnormal PE/Chem/CBC/UA Results: cbc - hct 54%, Neut 1.8k, basophils 1.7k chem - glu 182, Ca 7.2 abnormal fPL TP of abd fluid - 2.4g/dL. cytology - low cellularity, PMNs and MPs with granules but no defiintive bacteria.

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** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. Slight pyelectasia was noted in the left kidney. The left kidney measured 3 cm. The right kidney measured 3 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** was normal in size and contour with mild increased portal markings. No evidence of vascular congestion noted. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** itself was unremarkable. Variable upper GI thickening noted without loss of mural detail. No evidence of foreign bodies.

Pancreas

The region of the **pancreas** and cranial abdomen revealed extensive mixed hypoechoic undifferentiated parenchyma occupying the region of the left and right limbs of the pancreas and pancreatic body.

Free Abdomen

Free Fluid was noted in the **abdomen**. *See pancreas section.

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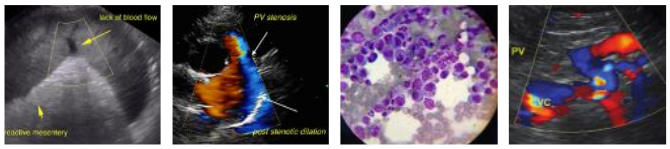

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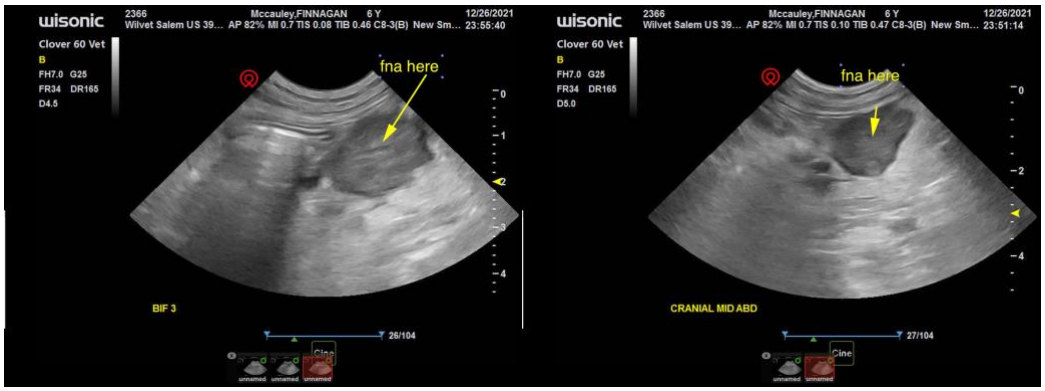
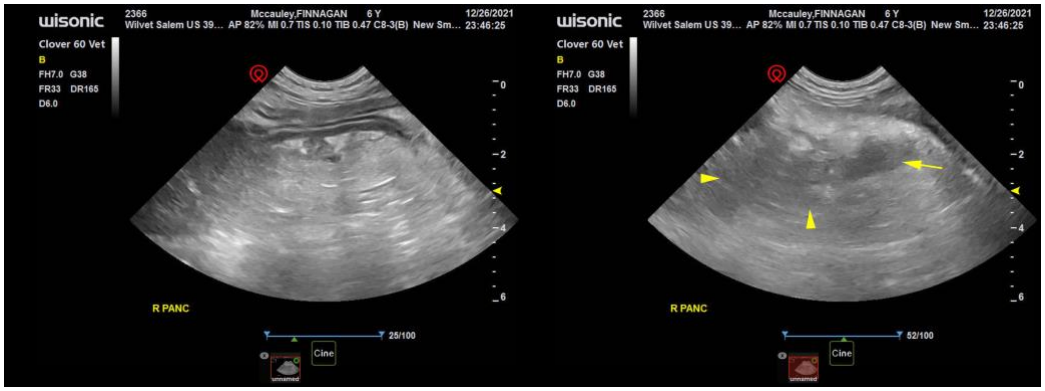
ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatic pathology/mass. Pancreatitis/necrosis possible. Carcinomatosis is also a strong potential.
- Variable upper GI thickening
- Secondary ascites owing to lymphatic obstruction or peritonitis
- Liver, mild increased portal markings
- Volume contracted spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the undifferentiated hypoechoic tissue recommended as well as abdominocentesis and cytospin. Treatment for aggressive pancreatitis/pancreatic necrosis warranted until cytology results can be obtained. Prognosis is extremely guarded. Stabilization of the patient is warranted with potential exploratory surgery to inspect the GI tract, resect necrotic tissue and abdominal lavage.





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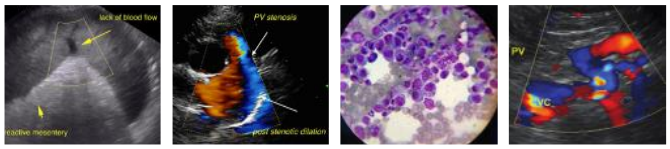

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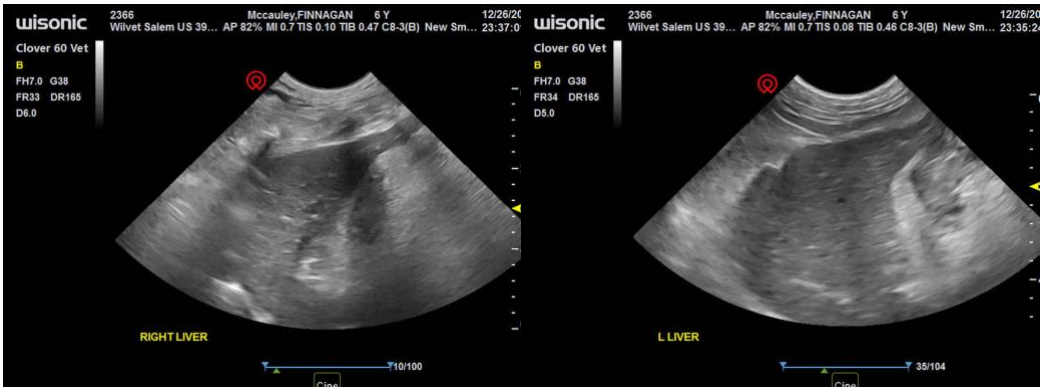

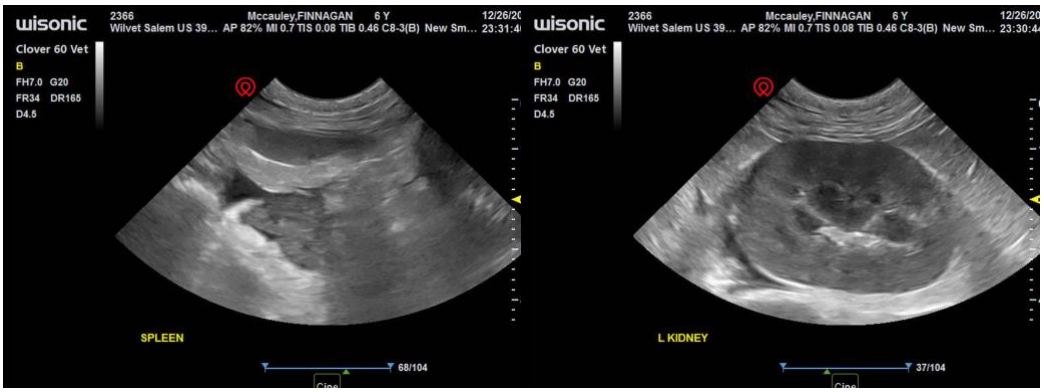

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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