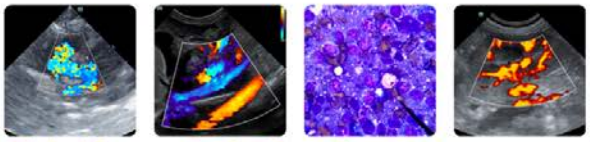

PATIENT

Jordy Schantz

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years 6 Months

WEIGHT

9.3 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

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PRESENTING CLINICAL SIGNS

AUS to further evaluate vomiting, pronounced hyporexia, intermittent fever. Patient is currently 48 hours into hospitalization for vomiting and hyporexia. Suspect pancreatitis vs. other. Also hyperglycemic, historically on oral steroids due to presumptive asthma -r/o emerging diabetes.

ER mgmt: IV Fluids - Plasmalyte, IVF Additive - Potassium (KCl) (mEq/L) | 40 mEq/L --> INCREASE to 50 mEq/L, Maropitant, Ondansetron, Buprenorphine, Mirataz Ointment, PrednisoLONE 5 mg Tablet | 0.55mg/kg, 5mg | PO | q24h, Gabapentin PO , Enrofloxacin IV

Abnormal PE/Chem/CBC/UA Results: PCV/TP: 34/6.8 EPOC: pH 7.455 H, Cr 1.15, BUN 8 L, BG 238 H, Na 147 L, Cl 113, K 2.9 L, lac 0.77 3/8 EPOC: iCa 1.17 L, Cl 113, Cr1.72, Glu 299 H, Na 143 L, K 3.5 L Fructosamine: pending UA: pending 3/7 Lipase 6.3 EPOC: Ca 1.19, Cl106, Cr 2.4, Glu 333, Na - 133, BE - 10.5, BUN 47, Phos 7.0, BUN 56.8 Rad review: Mild-mod peritoneal effusion (+/− peritonitis/steatitis) present, most notably in the mid-abdomen near the GIT. The underlying cause is not evident radiographically. No overt evidence of gastrointestinal mechanical obstruction, although evaluation of abdominal structures is somewhat limited due to reduced serosal detail 3/5 rDVM: CBC: HCT 49.4%, WBC 4k, neut est 300 (L), bands suspected, NSF Chem: Glu 403 H, ALP 129 H, Chol 361 H, Na 146 L, K 4.1, Cl 110 L

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 **right kidney** was mildly enlarged with slight pyelectasia and some loss of corticomedullary definition. Right kidney measured 5.57 cm with pyelectasia at 0.38 cm.

The **left kidney** was mildly enlarged at 5.32 cm with slight pyelectasia at 0.31 cm.

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. Left measures 0.50 cm. Right measures 0.30 cm.

Spleen

The **spleen** measures 0.82 cm. It 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.

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

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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

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

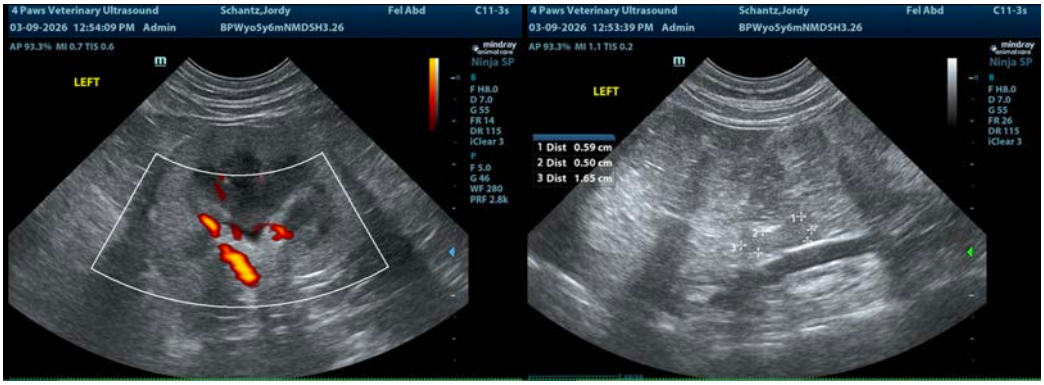
The cranial abdomen in the region of the **pancreas** revealed mixed hypoechoic parenchymal changes with hyperechoic nodular fat, and ill-defined hypoechoic pancreatic tissue in a region of approximately 2.0 cm x 2.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Undefined pancreatic changes – strong concern for pancreatic carcinoma versus pancreatitis and necrosis.
- Swollen kidneys – potential nephritis versus round cell neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying pyelonephritis or emerging round cell neoplasia possible, though I would expect more distortion of architecture in the kidneys. Full coagulation panel and 25-gauge FNA of the pancreatic lesion and either kidney recommended for further definition. Management for pancreatitis/steatitis warranted in the meantime. Prognosis is guarded. Given the Prednisolone therapy, partial suppression of the presentation may be an issue, as underlying round cell neoplasia can present in this fashion.



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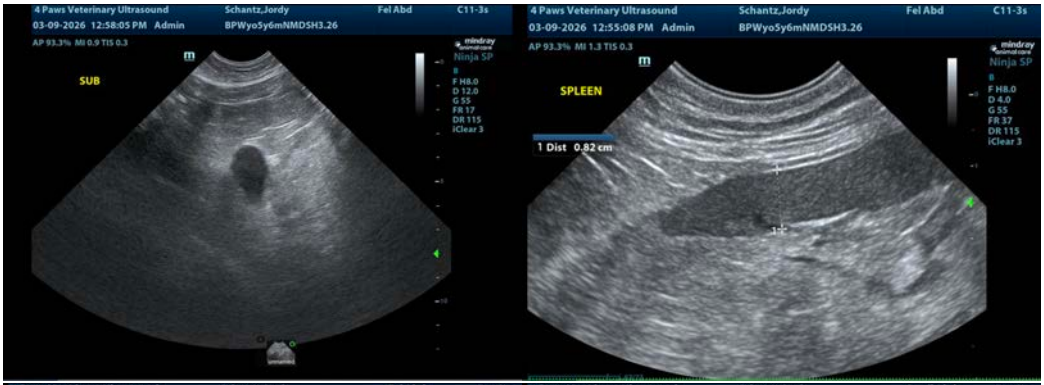

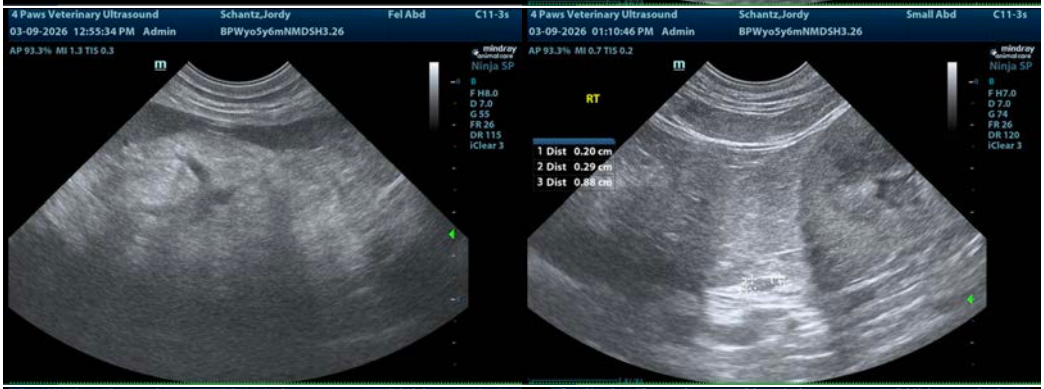

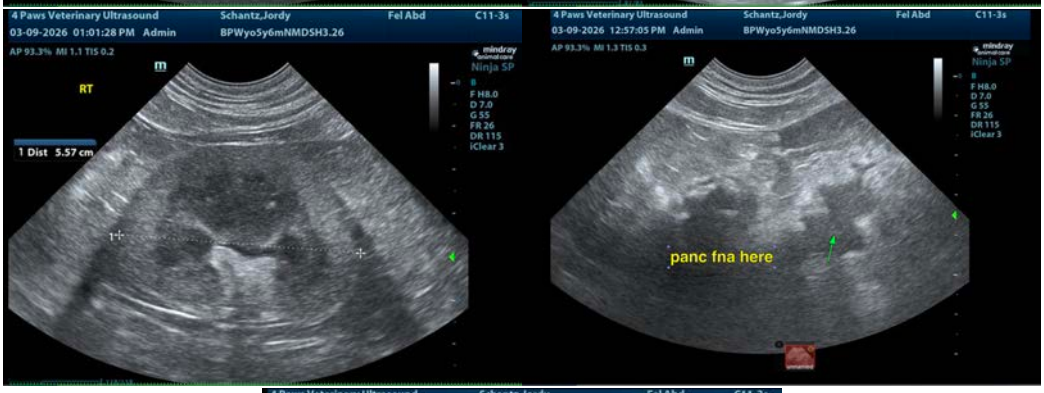

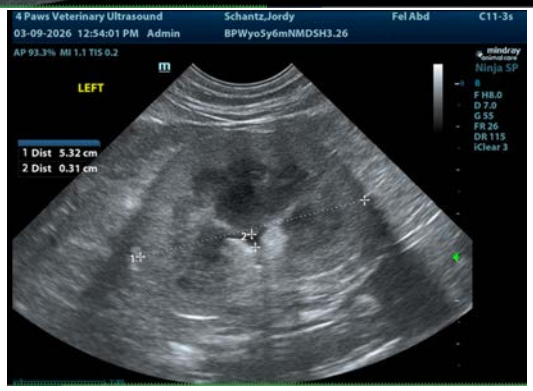

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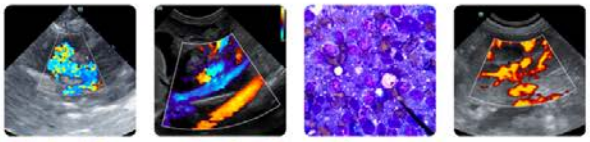

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com