

**DATE**

5/17/22

PRESENTING CLINICAL SIGNS

Owner has noticed some increased drinking and urination recently but no other symptoms until 2 days ago she became very lethargic and was hiding. Also eating less. Yesterday laid around most of day; did not move to eat or use litterbox.

PATIENT

Luna Wicks

Current Medications: Gabapentin, Potassium Chloride, Buprenorphine, Convenia, Famotidine, Cerenia.

Lab Results: PCV-27; TS-8.6, T Bili 1.9 (0.9), Lipase 1692 (1400), K+ 2.7 (3.5), Large ketones in serum.

Urinalysis: Bacteria present; Glucosuria; Ketones in Urine.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Feline

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** was over distended with dilated pelvic urethra. The urethra was imaged 3.0 cm beyond the cystourethral junction with uniform dilation.

SEX

Spayed Female

The **kidneys** were both swollen with thickened cortices and some loss of corticomodular definition. The right kidney revealed pyelectasia that measured 1.1 cm with pelvic mineralization. The right kidney measured 4.78 cm. The left kidney measured 4.9 cm with pyelectasia that measured 1.29 cm.

AGE

5/16/15

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.

WEIGHT

10.4 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 was noted.

HOSPITAL NAMEAnimal Emergency
Hospital**Liver**

The **liver** revealed diffuse, hyperechoic parenchyma. Trace amounts of free fluid were noted between the liver lobes. The gallbladder and common bile duct were unremarkable.

REFERRING VET

Dr. Martinoli

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Variable areas of intestinal stasis were noted with edematous wall. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

INVOICE

30473

Pancreas

The pancreas revealed extensive, mixed hypoechoic, irregular parenchyma with a dilated duct that measured 0.13 cm. Nodular changes were noted as well within the pancreatic parenchyma creating mass effects. Regional inflammation was noted around the pancreas with hyperechoic, ill-defined mesentery.

ULTRASONOGRAPHIC FINDINGS

Bilateral renal pyelectasia/early hydronephrosis.

Over distended bladder with dilated pelvic urethra.

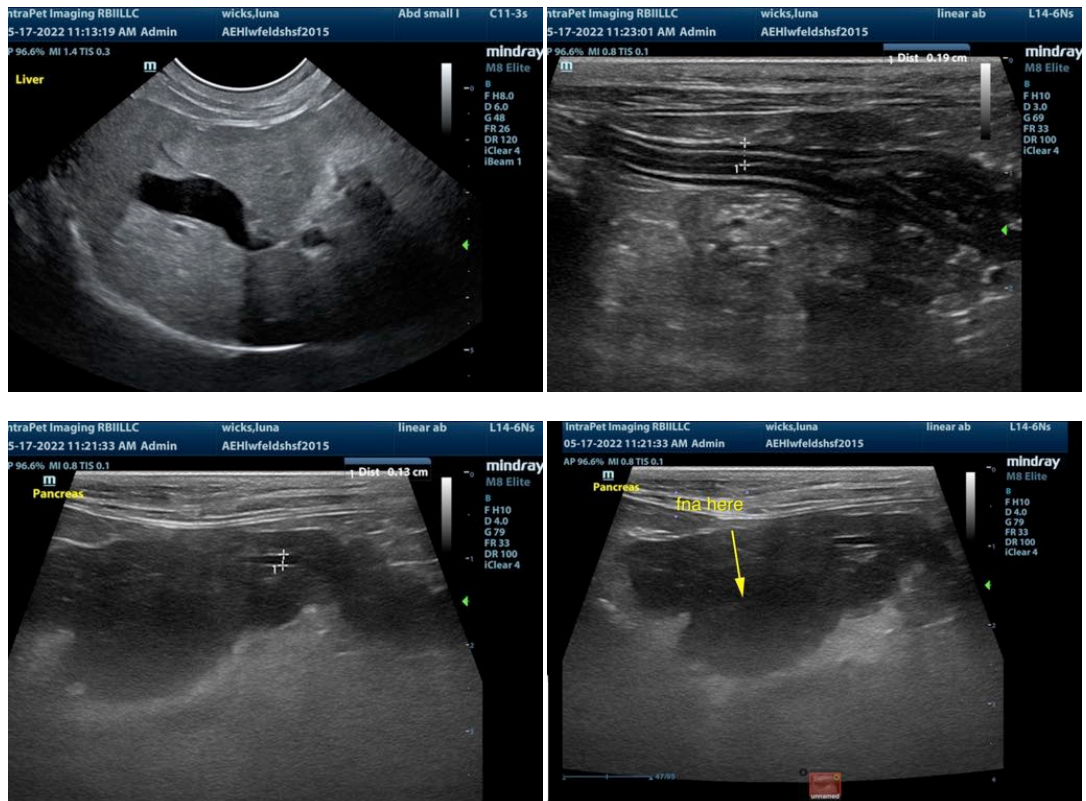
Extensive pancreatitis, pancreatic necrosis pattern with strong potential for underlying neoplasia/pancreatic lymphoma or carcinoma.

Hepatic lipidosis pattern.

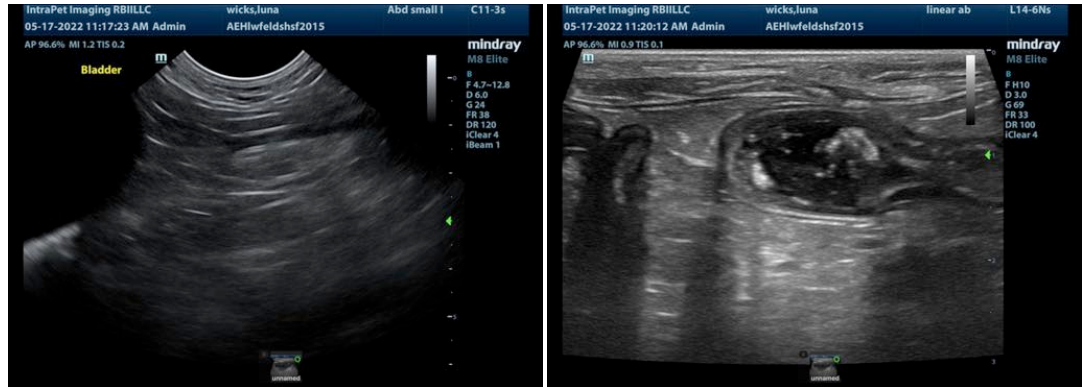
Enteritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for over distended bladder and urethra are recommended with examination of the vaginal vestibule. The pyelectasia in both kidneys may be owing to increased pressures from distal physical obstruction. FNA of the liver and pancreas is essential in this patient.







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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