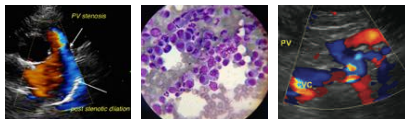
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
5/20/22

PATIENT
Sebastian Simmons

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
5/19/07

WEIGHT
10 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Goessling

INVOICE
30556

PRESENTING CLINICAL SIGNS

Patient was diagnosed with DM about 13 months ago per owner. Last curve was in February, no insulin dose change at that time. He is still getting 4U Prozinc BID, roughly 6:30am and 6pm. Owner says his BG's have been all over the place and having some trouble regulating him. Tonight, patient ate canned food and got his insulin at 6pm. (Gets canned food twice daily with insulin and has dry food free choice at home) He seemed okay afterward and then an hour later, was very lethargic, tremoring, falling over. No vomiting noted.
Current Medications: Dextrose.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Ace and Buprenex.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization was noted in both kidneys.

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.

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.

Liver

The **liver** revealed coarse architecture. Hyperechoic nodular changes were noted in the liver. This may represent metastatic disease. The gallbladder was unremarkable. The pancreatic mass impinged upon the common bile duct. The common bile duct was mildly dilated at 0.46 cm with early post hepatic obstruction.

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. 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.

Pancreas

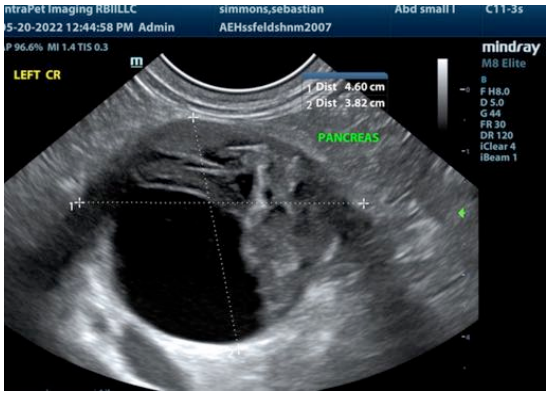
The left cranial **pancreas** revealed a cystic and mineralized 4.6 cm mass. The mass extended over to the right liver. The mass appeared to occupy the majority of the base of the pancreas and appeared to be involving the pancreatic duct. The cystic portion may be residual ectasia or may derive from the pancreatic duct. This is a difficult region to resect. The mass impinges upon the common bile duct.

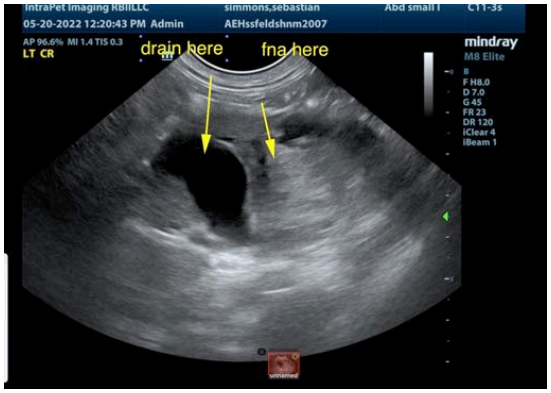
ULTRASONOGRAPHIC FINDINGS

Cystic pancreatic mass, strong concern for carcinoma with pancreatic duct ectasia.
Coarse liver with nodular hepatic changes. This may re[present metastatic disease.
Minor intestinal thickening.
Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the parenchymal portion of the pancreatic mass is recommended and drainage of the cystic portion is indicated. Regional inflammation was noted. Blood transfusion is necessary given the low hematocrit. FNA of the nodular liver region is recommended. Guarded prognosis.




drain here
fna here
LT CR

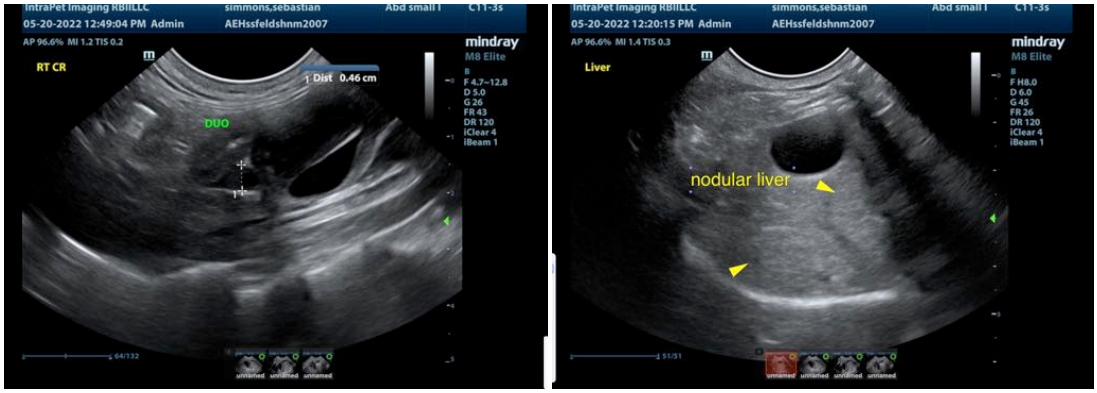

LEFT CR


LEFT CR


fna here
LEFT CR


inflammation
LEFT CR


1 Dist 1.97 cm
DUO
RT CR



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
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