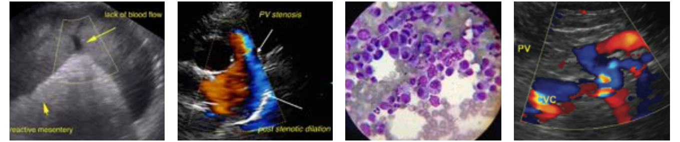


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Frankie McIntyre

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

10 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Todd

INVOICE

47771

DATE

6/15/23

PRESENTING CLINICAL SIGNS

History: Frankie is a thirteen year old, MN, DSH cat with a history of previous pancreatitis and HCM. His current medications are atenolol (1/2 tab SID) and cerenia (8 mg SID). He was presented on 5/16/23 for evaluation of ongoing elevated fPL levels. Frankie has lost 1.5 pounds since Nov 2022 The cerenia 8 mg once daily has controlled Frankie's vomiting, but fPL on 5/16/23 =30.9. Abdominal ultrasound was advised to rule out cause of elevated fPL.

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. A minor amount of suspended debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **right kidney** measured 3.82 cm with increased cortical echogenicity and cortical infarct adjacent to the mineralization. This is consistent with a comet tail infarct and appears to be stable. Other smaller infarcts were noted at the caudal pole. The **left kidney** revealed pelvic calculus that measured 1.0 cm with medial caudal infarct.

Adrenal Glands

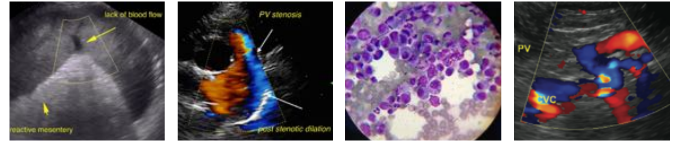
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

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** 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 normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic duct and common bile duct were dilated. The common bile duct was followed to the level of the duodenal papilla, which was somewhat nebulous owing to regional inflammation, hypoechoic, irregular pancreatic tissue.



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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 base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. The pancreatic duct was also dilated in this patient. Pancreatic lymph node was mildly enlarged, rounded and measured 0.7 x 0.5 cm.

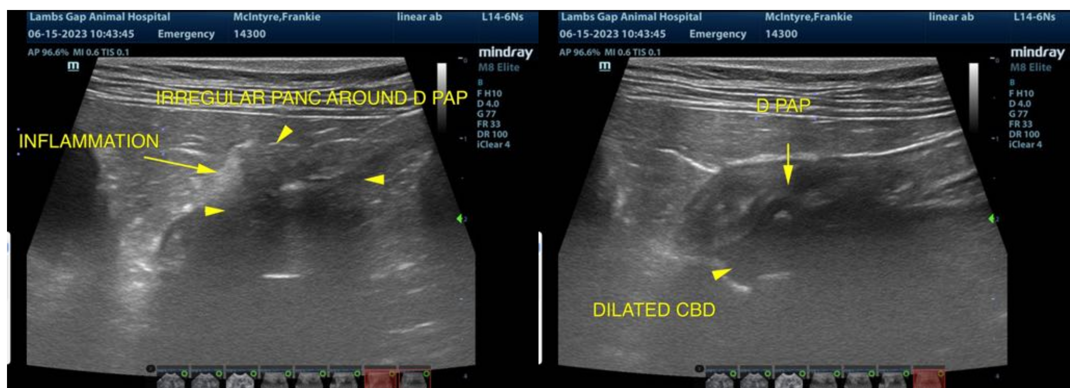
ULTRASONOGRAPHIC FINDINGS

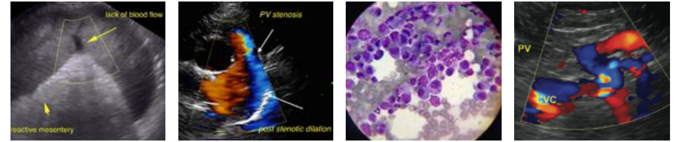
Chronic active pancreatitis pattern with post hepatic obstruction.

Nephrolithiasis with regional infarcts, moderate degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bilirubin and ALKP should be monitored carefully as well as bilirubinuria in this patient. Subxiphoid palpation is recommended along with treatment for pancreatitis, hydrolyzed geriatric diet, Enrofloxacin, Metronidazole +/- low-dose steroid can all be considered with a recheck sonogram in 72 hours post treatment to assess the pancreatic presentation. I cannot rule out an underlying pancreatic carcinoma. The prognosis is guarded.





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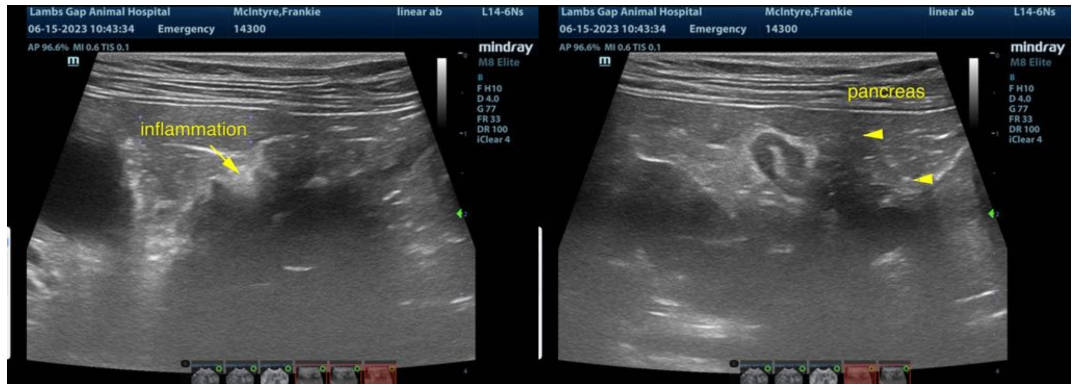

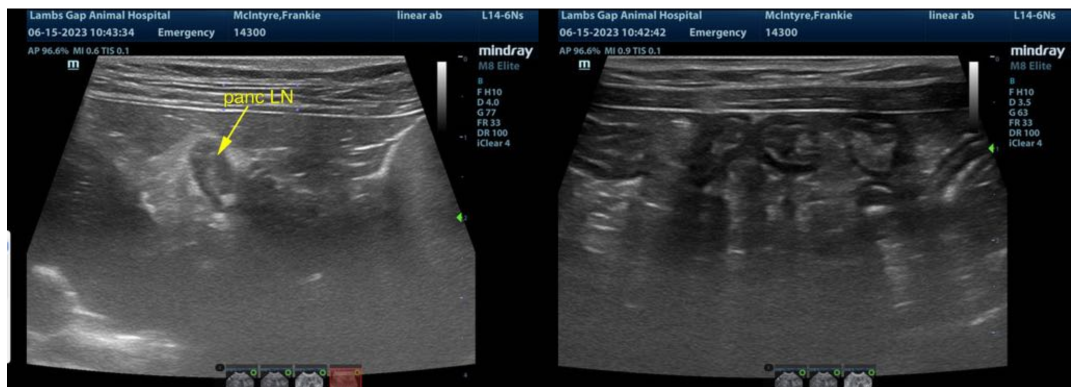

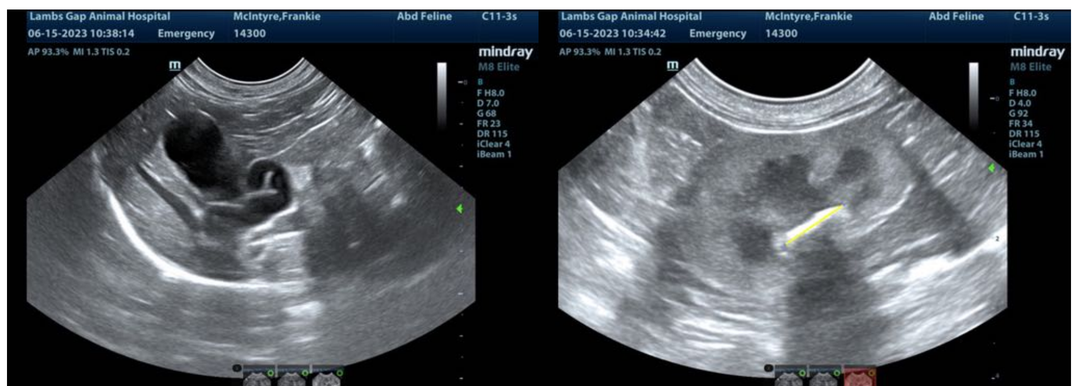

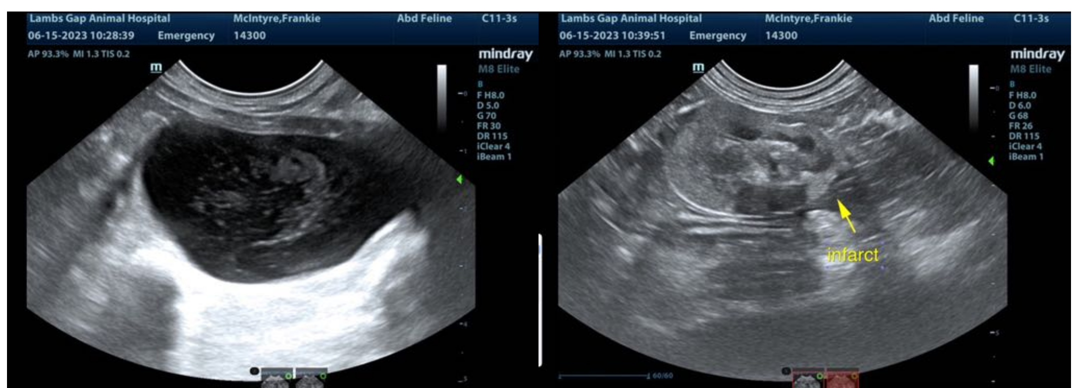

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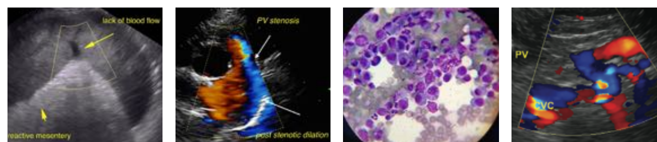

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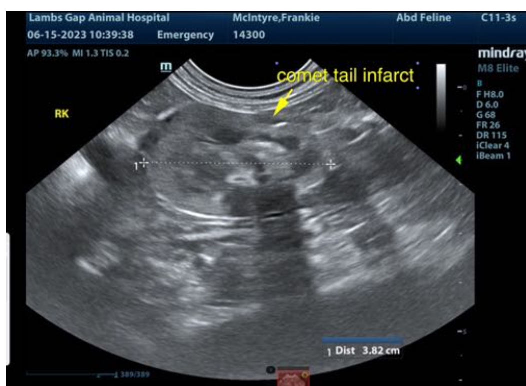

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com