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Clinical Sonography & Telecytology
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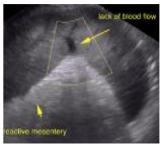

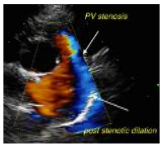

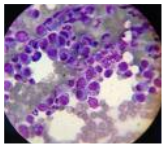
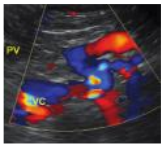

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Stella Argenzlano

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 years, 6 mos

WEIGHT

7.7 lbs

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Westwood Reg VH

REFERRING VET

Dr. McConnell

INVOICE

14061

DATE

8.11.23

PRESENTING CLINICAL SIGNS

History: intermittent inappetence, decreased UT, activity. BG = mild elevated 200, ua glucose trace. Trialid 1/2 unit insulin = BG - hypoglycemic. Per O after 1 and 1/2 wks started to eat, acting more hungry. R/O Causes of decreased app, elevated glucose in urine, R/O renal, GI improved S/S on steroids Current meds: Mirtazapine transdermal, Psedusole susp EOD

Abnormal PE/Chem/CBC/UA Results: WBC 12.3, Gluc 290, ALT 170 UA: 2+ protein, Gluc = trace, urine c/s no growth, SG 1.034

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder, trigone and visible pelvic urethra were normal in tone and thickness. The bladder contents were mainly anechoic with mild echogenic sediment, without visible discrete urolith formation. There was no visible inflammation in the bladder or urethra. The ureters were not visible, which is normal.

Both kidneys were of a normal size and shape. The capsule contour was smooth. Normal corticomedullary distinction was present with a normal 1:3 cortex to medulla ratio. The cortex was normal in echogenicity. There was no pelvic dilation. The left kidney measured 3.30 cm in length. The right kidney measured 4.00 cm in length.

The iliac trifurcation was visualized and evaluated with color doppler. There was normal vascular perfusion with no evidence of thrombus formation. There was no iliac lymphadenopathy.

Adrenal Glands

Both adrenal glands were visualized and normal in size, ovoid shape and homogenous parenchyma. There was no visible capsular expansion or pericapsular inflammation. The left adrenal gland measured 5.00 mm in width. The right adrenal gland measured 5.00 mm in width.

Spleen

The spleen was normal in size (measuring 7.00 mm at the hilus) with a smooth capsule contour. There were multifocal, discrete, small hypoechoic nodules throughout the parenchyma. There was no capsular distortion or vascular deviation associated with these nodules. The splenic vasculature at the hilus showed no evidence of thrombus and good vascularity with power doppler.

Liver/Gallbladder

The liver was mildly increased in size and shape, with a smooth capsule contour. There was mildly increased portal markings. The gallbladder was congested with mild suspended sediment. The cystic and common bile ducts were dilated yet tapered into the duodenal papilla. The common bile duct measured 1.00 cm in width at the widest point. There is potential for some level of extrahepatic bile duct obstruction, which could be from sludge or possible bile duct neoplasia.

Gastrointestinal

The stomach was largely empty with normal size shape and position. The stomach wall was normal in thickness and maintained appropriate layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. Normal peristalsis was present. The visible colon wall was normal in thickness and layering, there were no visible masses or focal lesions. The ileocecocolic junction was visualized and was normal in structure. There were several reactive, enlarged mesenteric lymph nodes at the mesenteric root.

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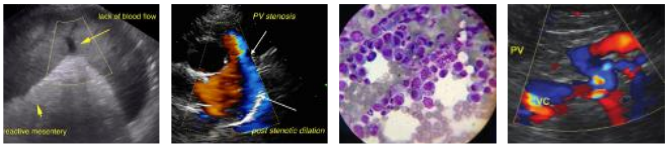

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Pancreas

The pancreas was diffusely enlarged with an irregular capsule contour. The parenchyma was hypoechoic with echogenic foci, which could represent microinfarcts or fibrosis most likely. There were no overt masses in the pancreas. There was inflammation of the mesentery around both limbs of the pancreas. The pancreatic duct was dilated and tortuous.

Free Abdomen

ULTRASONOGRAPHIC FINDINGS

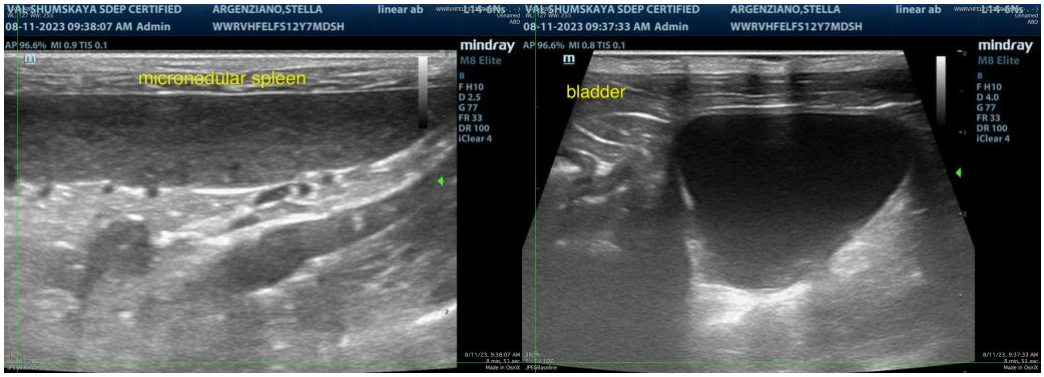
- Acute on chronic pancreatitis
- Chronic cholangitis pattern
- Congested gallbladder with mild sediment
- Dilated cystic and common bile duct
- Likely partial or intermittent EHBDO at the level of the duodenal papilla

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is both significant pancreatitis and cholangitis with some level of EHBDO in this patient. The bile duct is quite distended at some points, but visibly tapers to the entrance at the duodenal papilla. There may be biliary sludge or local inflammation at the bile duct causing a partial obstruction. However there is potential for a bile duct neoplasia.

Ideally, a FNA of the liver and pancreas with samples for both cytology and C&S would be done for further assessment.

IVF, in-hospital supportive care for pancreatitis and cholangitis. Monitor T. Bili and ALP levels closely. A recheck US is recommended with in 48-72 hours. Surgical intervention may be necessary in this patient, for deviation of the bile duct and biopsies.



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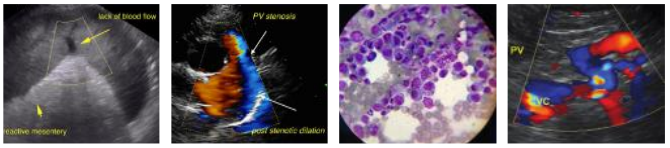

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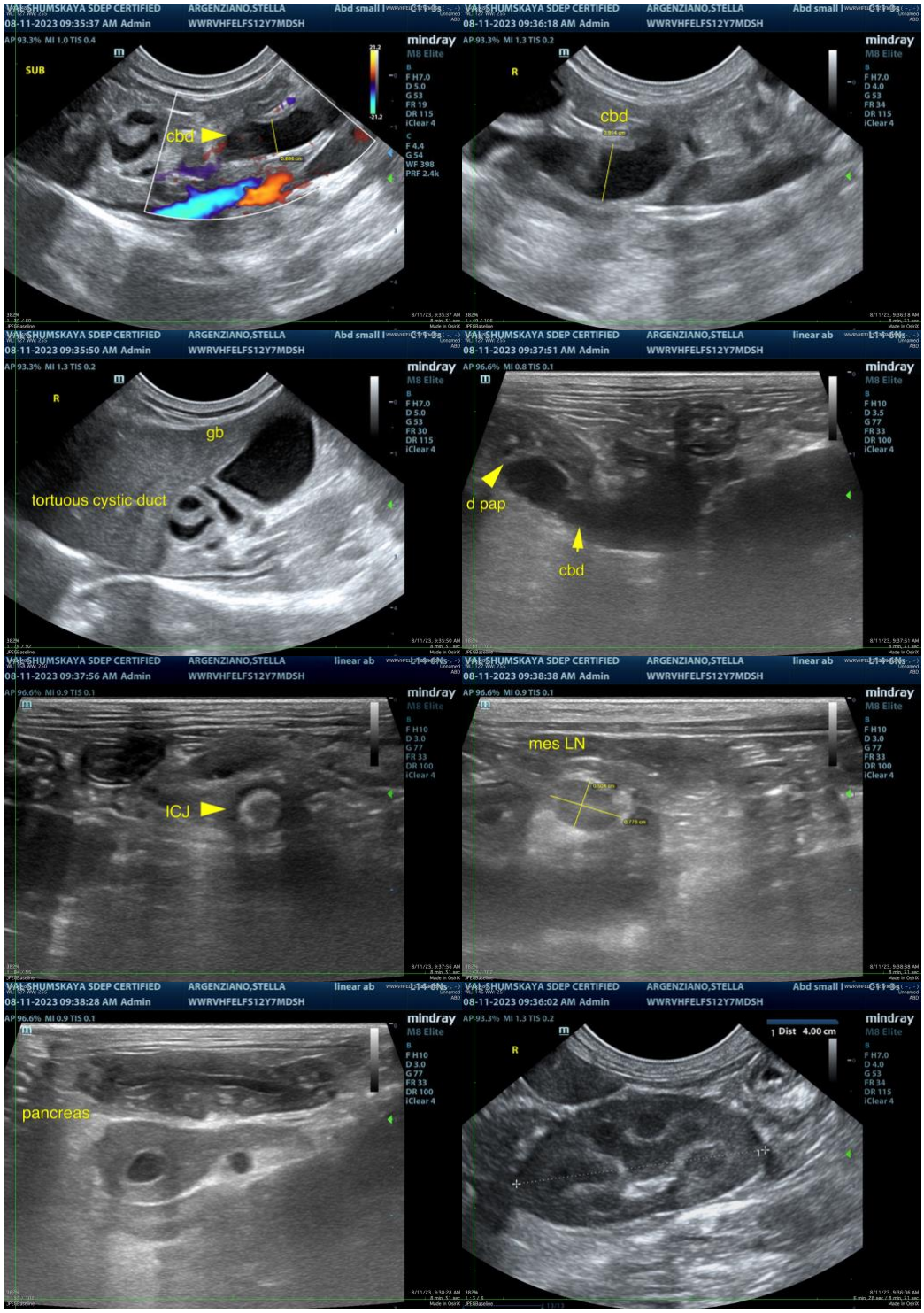

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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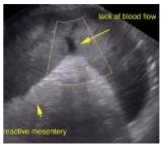

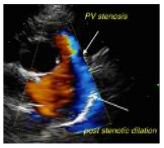

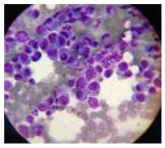
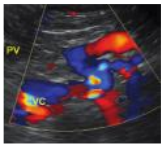

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com