

PATIENT

Cooper Breitenstein

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

12.5 lbs

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline)

**IMAGING
PERFORMED BY**

Dr. Arpaia

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Arpaia

INVOICE

46523

DATE

8/9/23

PRESENTING CLINICAL SIGNS

History: Hx of chronic pancreatitis, pancreatic nodule since 8/2022 Diabetes mellitus 8/2022 non - obstructive cholelithiasis since January 2020
Abnormal PE/Chem/CBC/UA Results: labs pending -

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 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. The urethra was visualized to a distance of 3.0 cm beyond the cystourethral junction.

Both kidneys were of a normal size, shape, and position. The capsule was mildly irregular with no capsular expansion. There was mild to moderate increase in cortical echotexture. A slightly asymmetrical 1:3 cortex to medulla ratio was present, with a mild loss of corticomedullary distinction. These changes are largely as expected for the age of the patient. There was no pelvic dilation. There were diffuse pinpoint hyperechoic densities in the renal cortex. These may represent cortical mineralization, fibrosis or microinfarcts. The left kidney measured 5.1 cm in length. The right kidney measured 4.5 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

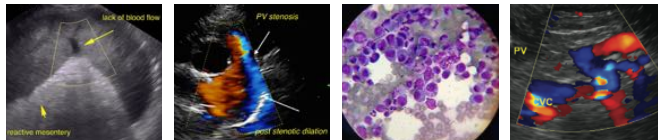
Both adrenal glands were visualized and normal in size, ovoid shape and homogenous parenchyma. There was no visible capsular expansion or pericapsular inflammation. The left adrenal gland measured 2.0 mm in width. The region of the right adrenal gland was unremarkable.

Spleen

The spleen was normal in size, shape, and position. There was a smooth capsule contour. The parenchyma was finely textured and homogeneous. There were no visible masses, nodules or evidence of infiltrative disease.

Liver/Gallbladder

The liver was increased in size, with a smooth but rounded capsule contour. The parenchyma was subjectively hyperechoic with a mild coarse echotexture. The hepatic and portal veins were normal in size and structure, with no visible congestion. The gallbladder was normal in size with a mildly thickened wall and multiple, echogenic, shadowing mineral densities. The largest group measured 1.3 cm and were non-obstructive at the time of the sonogram. The common bile duct was visualized and was normal in width at 2.0 mm.



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Gastrointestinal

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The stomach was over distended with fluid and suspended sediment. There was gravity dependent likely ingesta, cannot rule out a gastric polyp near the outflow contributing to the gastric distension.

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The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. Normal peristalsis was present. The visible colon contained apparently formed feces with normal wall thickness and layering.

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Pancreas

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The pancreas was mildly enlarged with an undulating capsular contour and a mildly tortuous pancreatic duct. The parenchyma was hypoechoic with no overt nodules or masses. The right limb of the pancreas had hyperechoic, bright mesentery around it. This likely represents inflammation. The right pancreas measured 0.9 cm in width.

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ULTRASONOGRAPHIC FINDINGS

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- Vacuolar hepatopathy/endocrine related hepatopathy
- Multiple choleliths in the gallbladder lumen - non-obstructive at the time of the sonogram
- Chronic pancreatitis, with likely acute-on-chronic pancreatitis in the right limb
- Gastric overdistention with retained ingesta
- Age related kidneys with cortical pinpoint mineralization

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There appears to be delayed gastric emptying due to either metabolic ileus or the potentially the right limb pancreatitis is enveloping the duodenum causing delayed outflow. There is inflammation around the right pancreas, indicating active pancreatitis in the right limb. The reported pancreatic nodule is not overtly visible but could be obscured by the current pancreas inflammation and chronic pancreatic changes.

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The choleliths in the gallbladder appear to be stable and were non-obstructive at the time of the sonogram. The sonographic presentation of the liver should be correlated with the pending bloodwork and clinical signs. This could be a normal presentation for this diabetic cat, or it could represent early hepatic lipidosis if the LE and clinical signs fit.

REFERRING VET

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I recommend IV fluids, analgesia and supportive care for the pancreatitis. FNA of the right pancreas is indicated. Recheck US in 48 hours is recommended.

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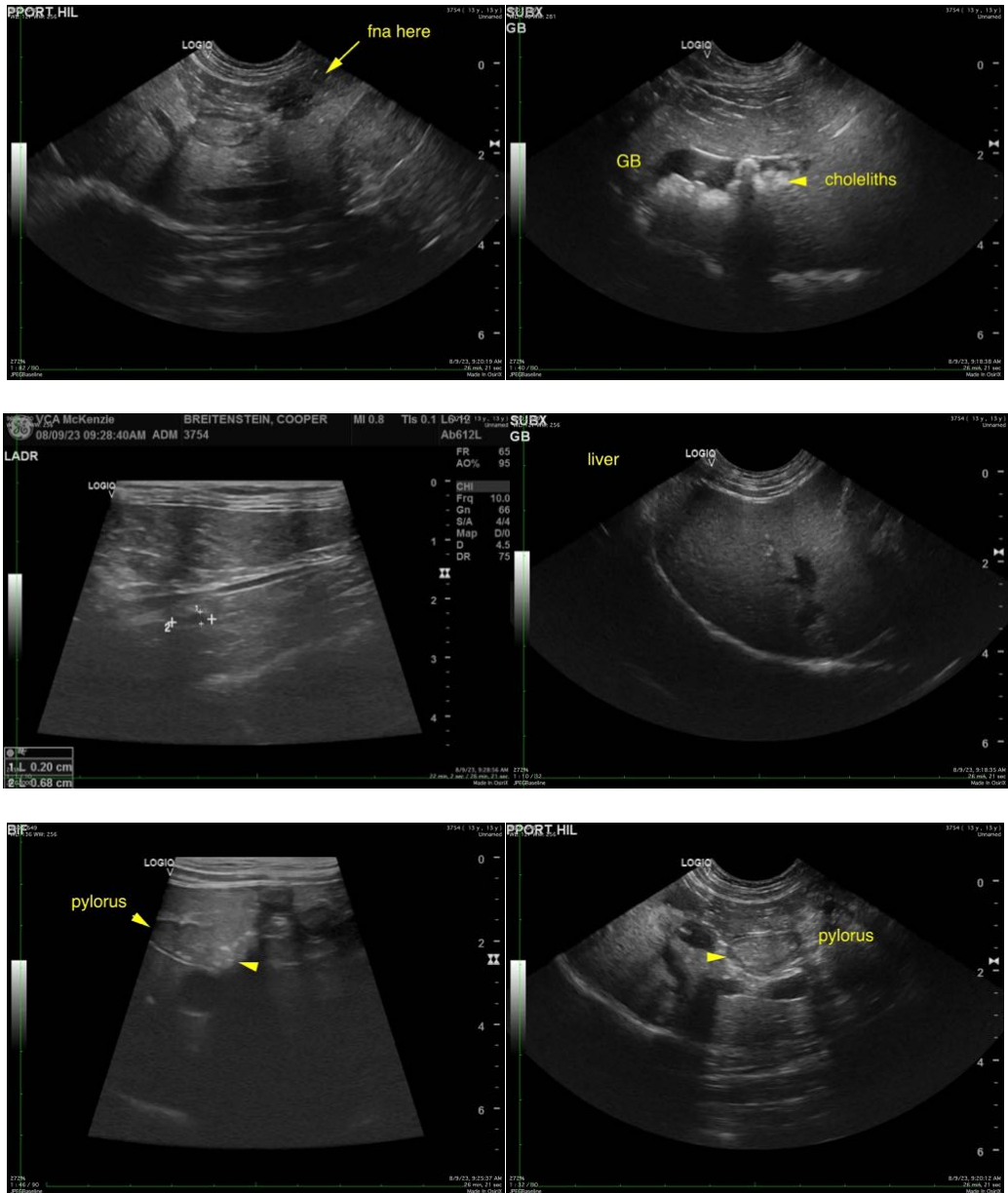
Dr. Arpaia

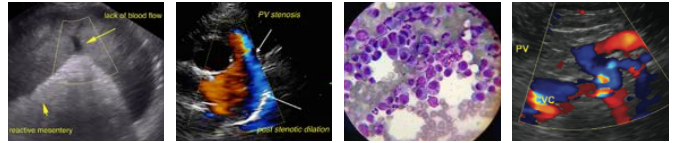
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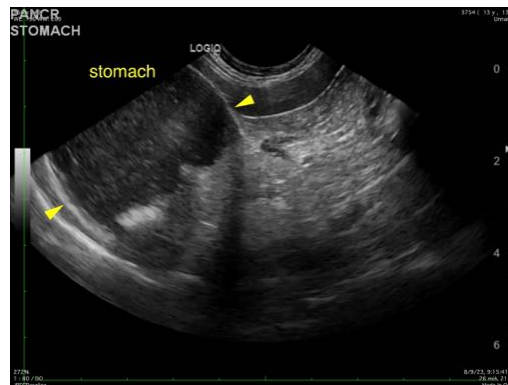
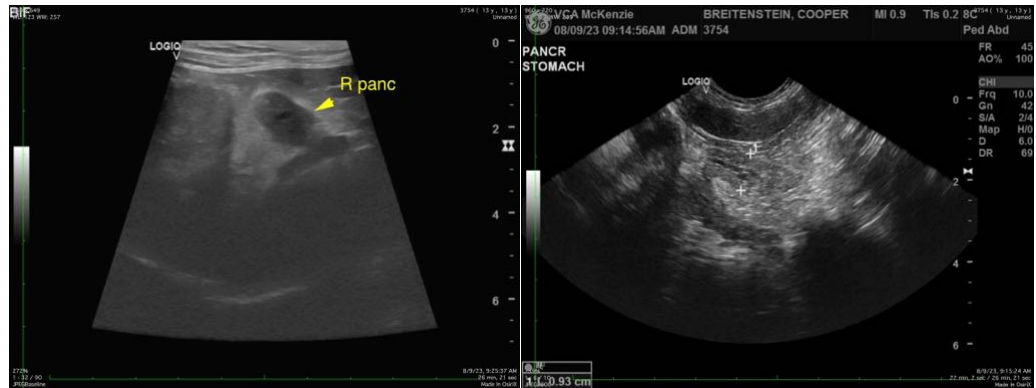
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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