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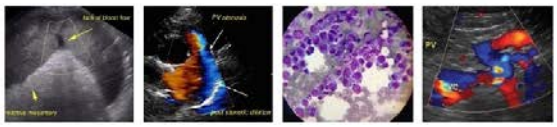

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Murphy Caswell

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

4.5 Years

WEIGHT

8.4 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Maples AH

REFERRING VET

Dr. Kazienko

INVOICE

43999

DATE

1/5/23

PRESENTING CLINICAL SIGNS

Was seen at emergency vet on New Years for acute onset of vomiting and then collapse. AFAST scan report suggestive of possible abdominal fluid. Has a history of known heart murmur. Was always the runt of his litter, born to a stray outdoor mother and has always had a waxing and waning appetite. Lean body condition. No meds. Owner reports some improvement at home as of now.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.82 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.05 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.51 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.0 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder appears hyperechoic and mildly thickened with a smooth mucosal surface. It measures at 0.24 cm. The proximal bile duct appears slightly dilated with a thickened wall measuring at 0.40 cm. It appears to narrow as it continues more distally.

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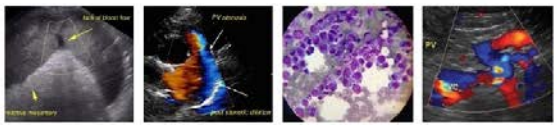

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Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No focal lesions are observed, but there is the possibility that the material within the gastric lumen could be ingesta or a small amount of foreign material, hairball, etc.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.23 cm. Duodenum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate to severe pancreatitis.

Free Abdomen

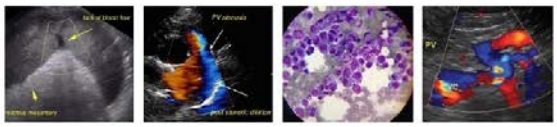
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. There is a significant amount of inflammation and edema in the region of the pancreas, particularly the right cranial aspect and body of the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Prominent, large, hypoechoic right and left limbs of the pancreas with surrounding hyperechoic mesentery and some free fluid – The pancreatic changes are most consistent with moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Thickened gallbladder wall with mildly dilated bile duct – Findings could be consistent with edema, inflammation (cholecystitis), and possible partial post-hepatic biliary obstruction by the pancreas.
- Moderate shadowing ingesta within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, then consider such differentials as delayed gastric emptying or ingested foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is large and severely hypoechoic with surrounding inflammation, fluid, etc. Recommend aggressive medical management for pancreatitis with pain medications, fluids, antinausea medications, etc. If this patient is not feeling better by early next week, consider reimaging, looking for the development of a pancreatic abscess, necrosis, etc. Additionally, it would be ideal to reevaluate the biliary tract, looking for progressive dilation.



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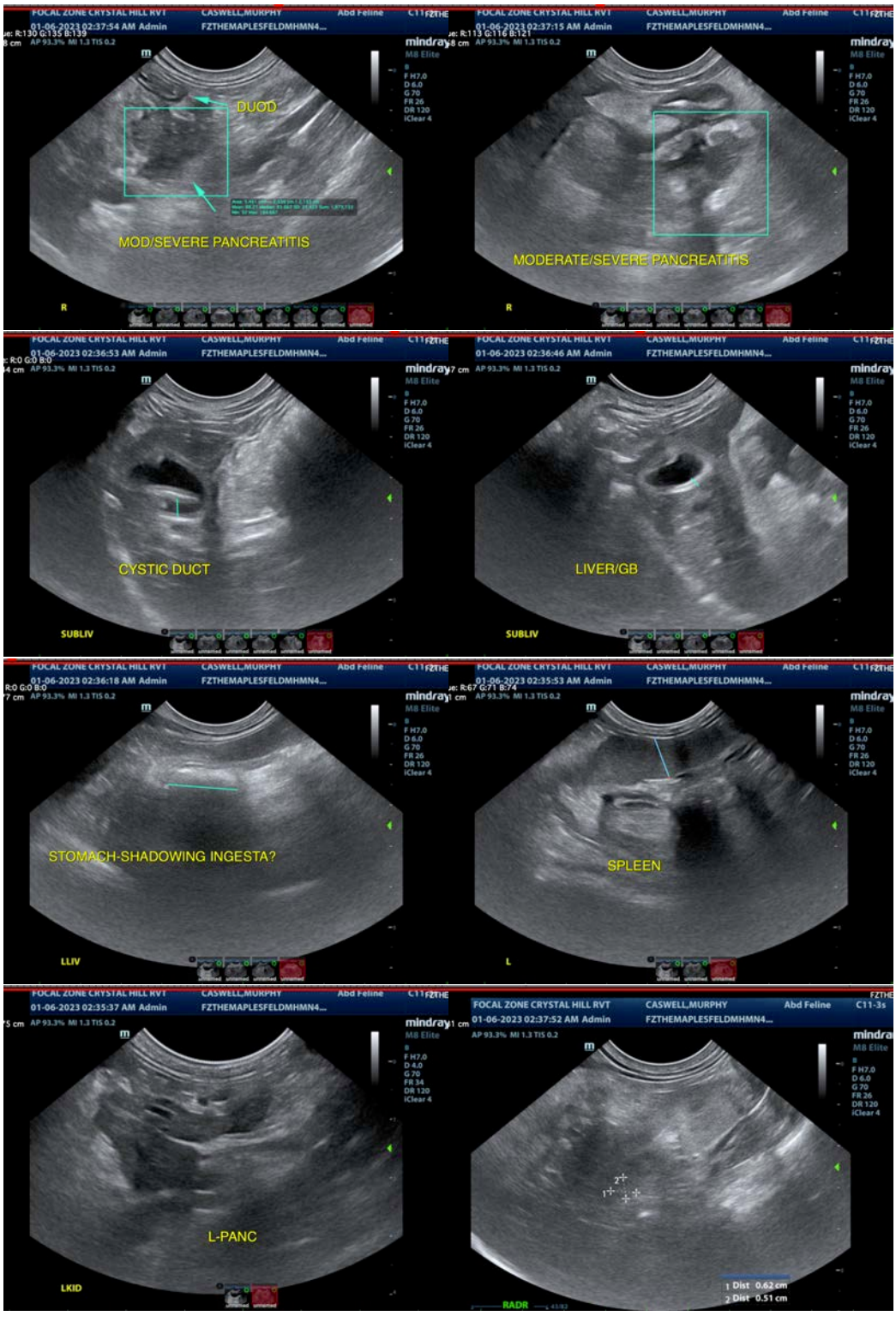
I suspect the stomach is dilated with ingesta and there is ileus secondary to the pancreatitis, but keep in mind the possibility of a hairball or other ingested material.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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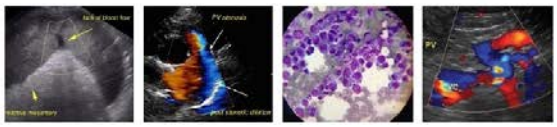

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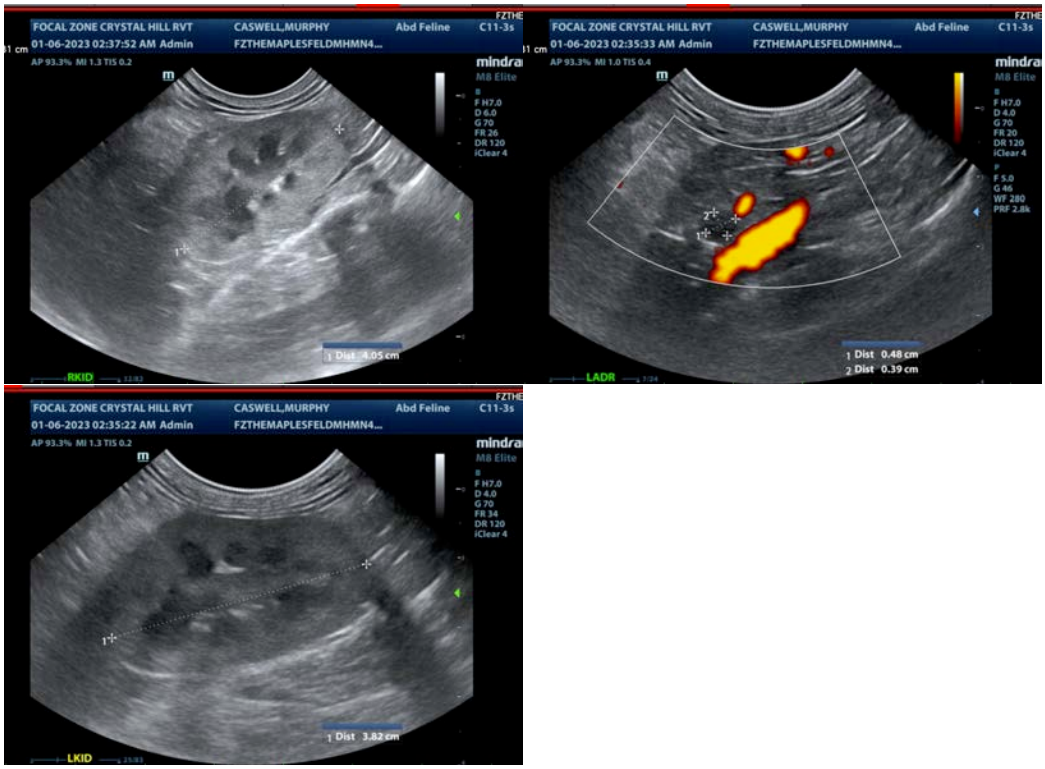

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com