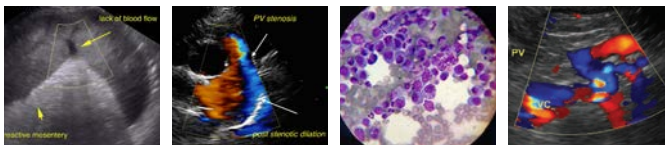
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Zola Dunbar

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
10 Years

WEIGHT
5.5 kg

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

IMAGING PERFORMED BY
Dr. Sarah Barthelemy

HOSPITAL NAME
Crowchild Trail VC

REFERRING VET
Dr. Rondot

INVOICE
42081

DATE
10/14/22

PRESENTING CLINICAL SIGNS

Vomiting and general discomfort started 2 weeks ago. Vomiting improved initially but now back to 4x per day. Appetite is still normal but seems painful.

Abnormal PE/Chem/CBC/UA Results: Labs NSF. Spec Fpl pending. Abdominal pain on exam.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with echogenic 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 (4.13 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 (4.03 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is large and rounded with scalloped edges, measuring 1.5 cm in width at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

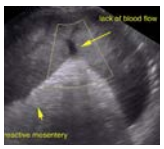
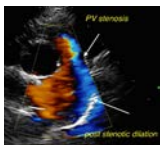
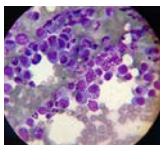
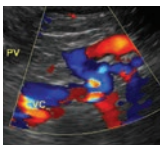
Liver

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 is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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 masses or focal lesions were observed.

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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. Duodenum wall measures 0.27 cm. Jejunum wall measures 0.21 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 mild pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a prominent pancreaticoduodenal lymph node measuring 0.46 cm in diameter. The omentum is hyperechoic primarily in the left cranial abdomen, but it is generally hyperechoic in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

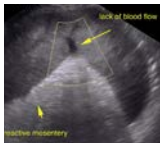
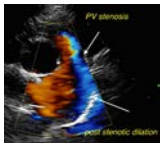
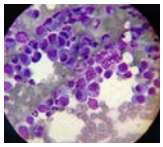
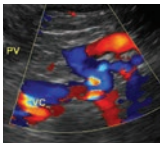
- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Large irregular, somewhat swollen appearing spleen – The spleen is significantly enlarged. Consider such differentials as congestion (right-sided heart disease, pericardial disease, sedation), infarction, infiltrative disease, torsion, etc.
- Hypoechoic, mottled pancreas with significant inflammation in the left cranial abdomen – The pancreatic changes are most consistent with mild 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.
- Moderate dilation of the gastric lumen with fluid/ingesta – Correlate with feeding history. Visualization of the pancreas in the left cranial quadrant was impaired by shadowing gastric material.
- Cranial abdominal lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is large and somewhat irregular, almost swollen in appearance. An obvious cause for this is not apparent. Recommend color flow of the spleen to better evaluate the vasculature and perfusion of the spleen. Additionally, recommend a fine needle aspirate if coagulation parameters permit.

The pancreas is somewhat poorly defined and obscured by some shadowing from gastric ingesta. There is significant inflammation in the left cranial abdomen and a prominent lymph node in the region. There is visible pancreas in that area, which could be a source of inflammation, but this is not definitive. Correlate findings with an fPLI and recommend treatment for pancreatitis.

There is a large to moderate amount of echogenic debris in the urinary bladder. Recommend a urinalysis

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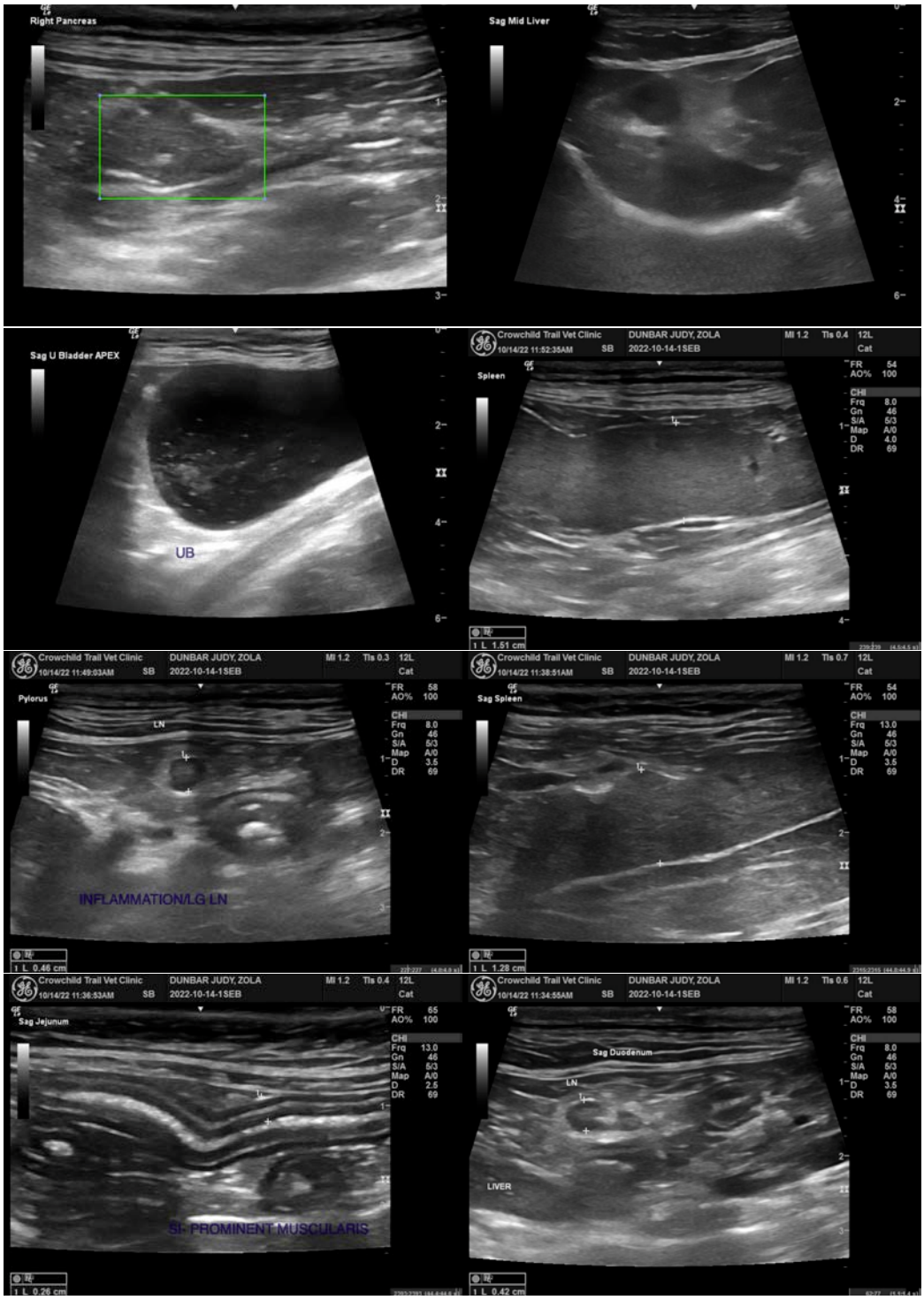
and culture.

Recommend close monitoring of this patient. If she clinically deteriorates, recommend reevaluation with ultrasound. If evaluation of the spleen with power color flow is concerning for possible infarction or torsion, you could consider exploratory, but recommend obtaining samples of the pancreas, lymph nodes, etc. at that time.



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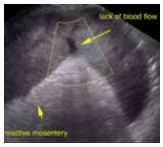
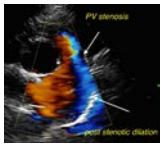
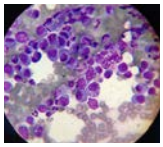
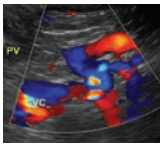

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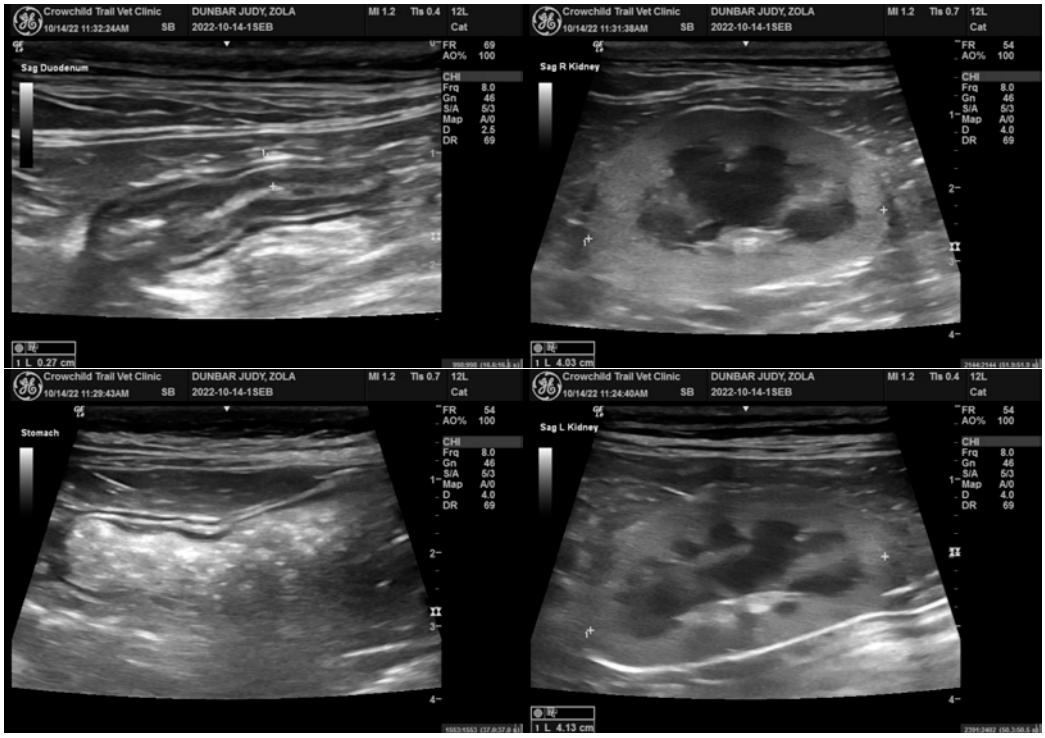

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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