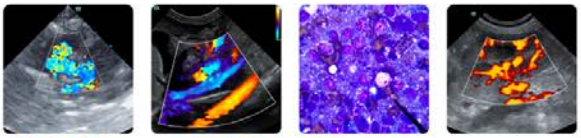

PATIENT

Nutmeg Tricano

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

10 Years 2 Months

WEIGHT

9.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Bergen County Veterinary Center

REFERRING VET

Dr. Halloran

INVOICE

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PRESENTING CLINICAL SIGNS

Patient ADR - dec. appetite, looks dumpy, vomiting. Hx of IBD pattern pancreatic nodule, abdomen feels doughy. Brief AFAST concerning for free fluid, mid abdominal mass, hypoechoic mesentery/pancreas. Meds: Prednisolone 5 mg q48h, Gabapentin post dental. Today added Cerenia, Unasyn, B Complex in fluids.

Abnormal PE/Chem/CBC/UA Results: WBC 32.9 k/ml, Neut 30.4 k/ml, Chem mostly unremarkable-glucose 184 mg/dl, Globulins 5.7 g/dl, normal pancreatic lipase, HCT 32%,. USG 1.047

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.34 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 (4.31 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 0.30 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.

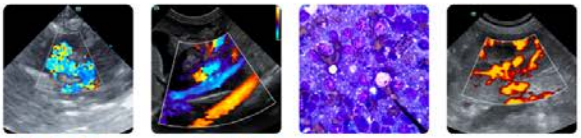
The right adrenal gland is normal in size measuring 0.41 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.75 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 large in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a hypoechoic nodule visualized towards the caudal aspect of the liver measuring 1.22 cm x 1.1 cm.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate fluid. 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 layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.25 cm. Jejunum wall measures 0.27 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 left limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a moderate amount of free abdominal fluid. There is a significant diffuse mesenteric lymphadenopathy present with clusters of large, hypoechoic lymph nodes. In the cranial abdomen there is a lymph node measuring 0.75 cm x 0.74 cm. In the mid abdomen there are mesenteric lymph nodes measuring 0.72 cm x 0.51 cm, 0.61 cm x 0.17 cm,1.45 cm x 2.37 cm. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Pancreatic changes most consistent with chronic pancreatic remodeling and chronic active pancreatitis.
- Large liver with a hypoechoic nodule – Possible differentials for a large liver include infectious/inflammatory disease, metabolic disease (vacuolar hepatopathy, lipidosis, etc.), congestion, and neoplasia. The hypoechoic nodule could represent a benign or neoplastic lesion.
- Moderately fluid distended stomach – Correlate with feeding history. This could represent delayed gastric emptying, less likely a partial outflow tract obstruction (none clearly visualized).

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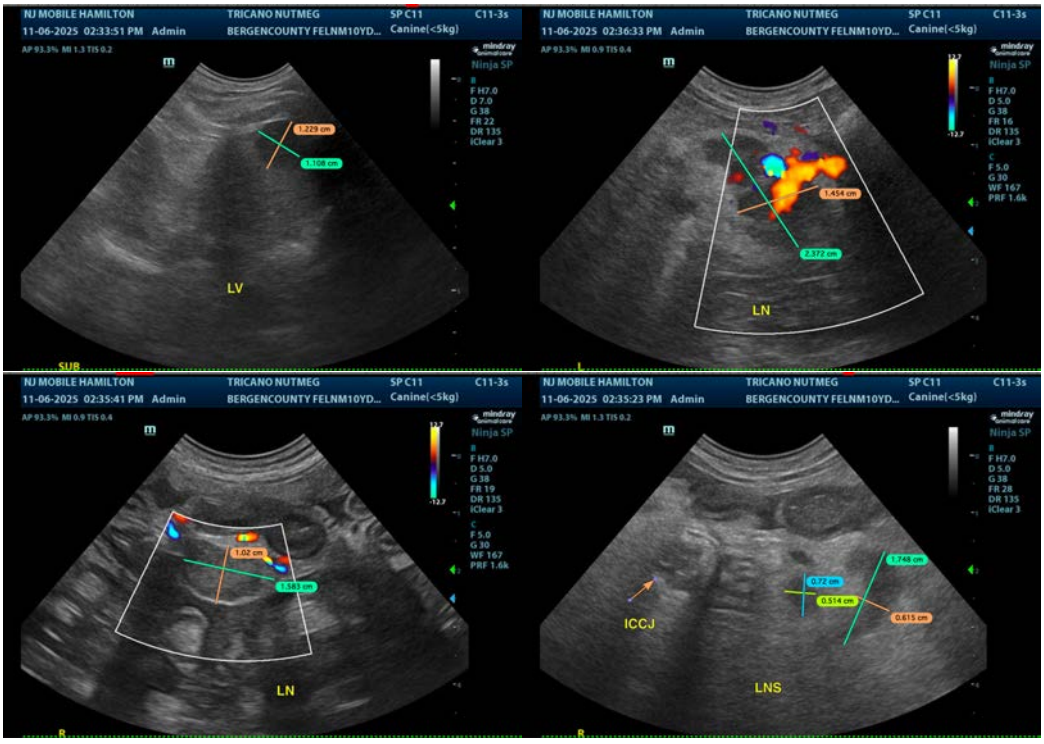
- Mildly thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

- Moderate free abdominal fluid and moderate mesenteric lymphadenopathy – Findings are most consistent with highly reactive or early neoplastic lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a moderate amount of free abdominal fluid. Recommend fluid analysis and cytology to further evaluate. The small intestine appears diffusely thickened, largely with intact wall layering. This is suspected to be secondary to inflammation, although edema, neoplastic infiltration, etc. could also be a factor. Additionally, there are significantly enlarged mesenteric lymph nodes. If a safe window for sampling is available, a fine needle aspirate of a mesenteric lymph node could be considered, as well as a fine needle aspirate of the liver nodule/liver.

Further evaluation of the GI tract and the pancreas could be considered with GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate. Recommend empirical treatment for pancreatitis. If further diagnostic and supportive care do not result in improvement, further evaluation may be warranted, including cardiac evaluation, 3-view thoracic radiographs, and possibly even surgical explore to obtain biopsies. Prior to this, consider repeat imaging, looking for the progression of today's lesions on ultrasound.



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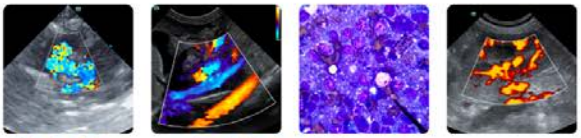

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SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

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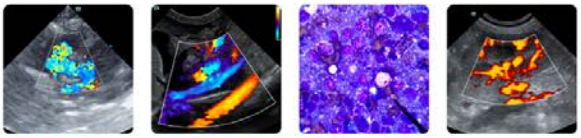

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com