

PATIENT

Hobbs McClellan

PRESENTING CLINICAL SIGNS

SPECIES

Feline

went to ER over the weekend due to vomiting- LABS normal (no Cpl done)- Rads show no FB- however AUS was recommended to r/o linear FB- Owner is very worried about a possible obstruction. Patient did eat but did vomit a little since ER visit- mild sedation for AUS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

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.

SEX

Neutered Male

The left kidney has a normal shape and size (3.52 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

N/A

The right kidney has a normal shape and size (3.3 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

9 Pounds

Adrenal Glands

The left adrenal gland is normal in size measuring 0.32 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.

INTERPRETED BY

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

The right adrenal gland is normal in size measuring 0.53 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Spleen

The spleen is normal/borderline large in size (1.19 cm in width at the level of the hilus), 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.

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North Hills VC

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is an ill-defined isoechoic nodule visualized measuring 1.49 cm.

REFERRING VET

Dr. David Bagget

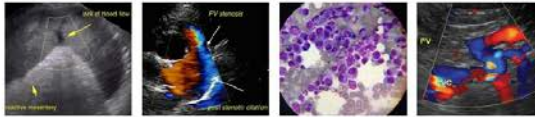
The gallbladder lumen is moderately distended. The wall of the gall bladder is slightly thickened with a mildly irregular surface with adherent debris. Luminal contents are primarily anechoic. The cystic and common bile ducts appear dilated and tortuous with some intraluminal mucoid debris

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Hobbs McClellan and thickened wall. The common bile duct measures 0.37 cm in diameter. Additionally, there is hyperechoic mesentery surrounding the bile duct.

SPECIES *Gastrointestinal*

Feline The stomach contains minimal luminal contents. It measures as mildly thickened in some areas, up to 0.46 cm in thickness with some variability due to the presence of rugal folds. The distinction of gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No focal masses or lesions are observed. Findings would be most consistent with gastritis, although other differentials are possible.

BREED

DSH

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 measured 0.26 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Neutered Male

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.

AGE

N/A

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 pancreatitis.

WEIGHT

9 Pounds

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a prominent left sublumbal lymph node visualized measuring 1.0 cm x 0.54 cm. Mesenteric lymph nodes are prominent, measuring 0.36 cm and 0.39 cm. The gastric lymph node is visualized at 0.80 cm. The omentum is of increased echogenicity around the pancreas and bile duct.

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PRIMARY FINDINGS

IMAGING BY

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- Prominent, hypoechoic pancreas with prominent pancreatic duct and surrounding hyperechoic mesentery – 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.

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- Mildly heterogeneous liver with isoechoic nodule – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidoses or other hepatopathy.

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- Mildly thickened gallbladder wall with dilated thickened/inflamed bile duct – Findings are most consistent with cholecystitis.

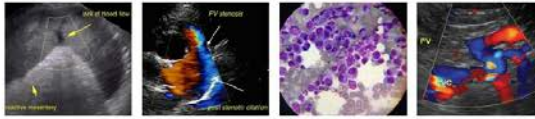
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- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is

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Hobbs McClellan considered less likely.

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SECONDARY FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Borderline large spleen – The spleen appears normal but measures as slightly enlarged. This could be normal in a larger cat.
- The stomach wall subjectively appears mildly thickened – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas appears prominent and inflamed, most consistent with active acute pancreatitis. Recommend a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.

Additionally, the gallbladder has a mildly thickened wall with a tortuous dilated gallbladder and some mucoid debris. There is inflammation surrounding the bile duct, and concern for concurrent cholecystitis/partial post-hepatic biliary obstruction. Recommend treatment for cholecystitis/pancreatitis with IV fluid support, IV antibiotics, Ursodiol, nausea and pain medications. If symptoms are not improving with medical management, consider serial re-imaging.

There is no evidence of a GI foreign body, but correlate with abdominal radiographs, as this cannot be definitively determined based on ultrasound alone.





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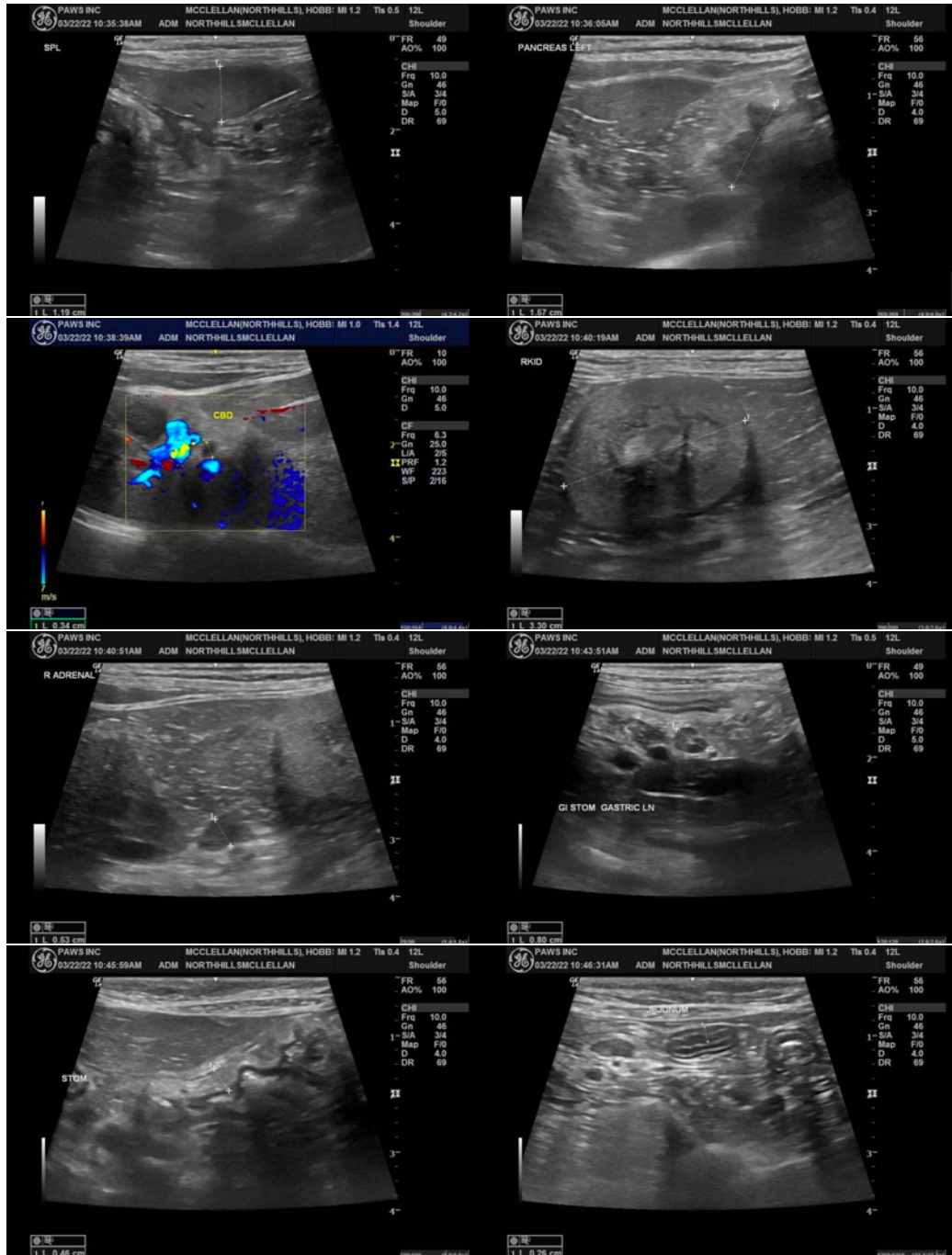
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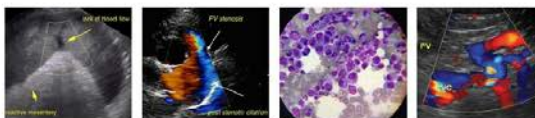
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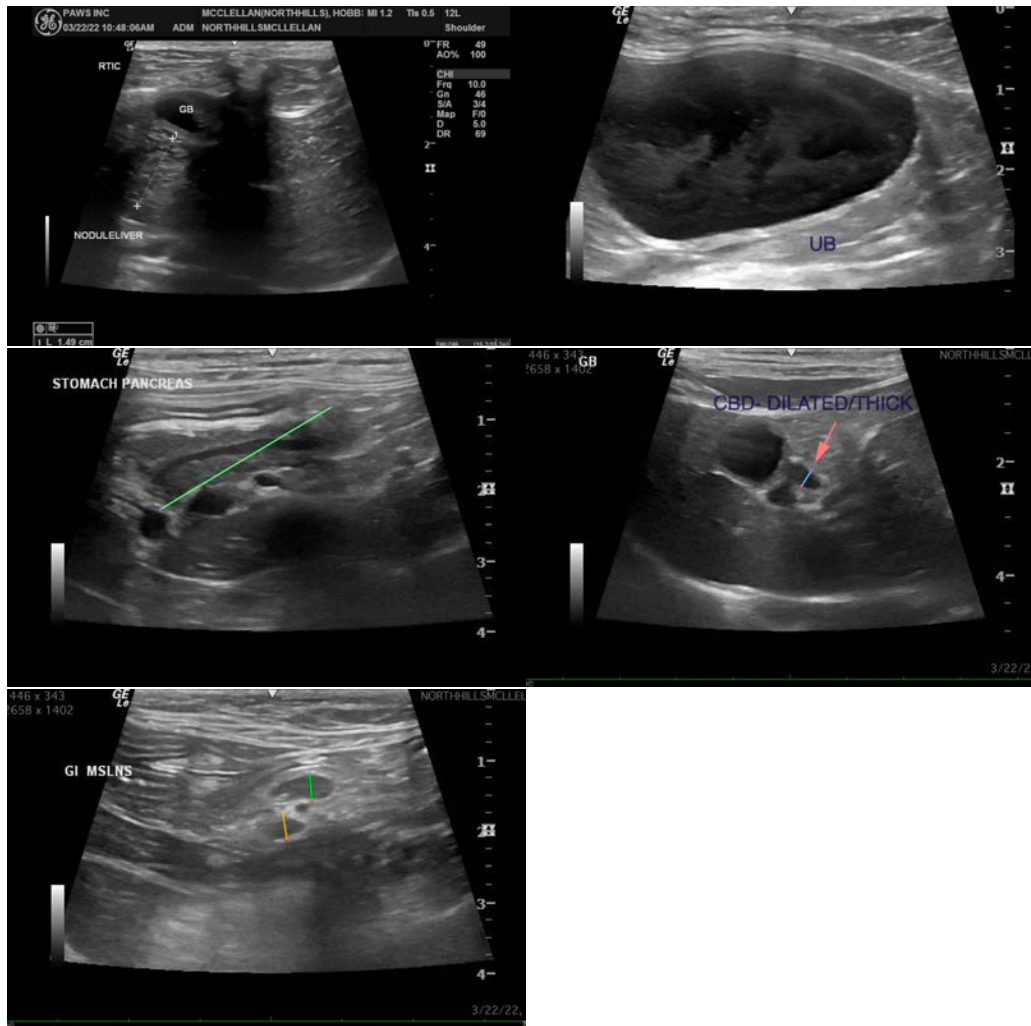
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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