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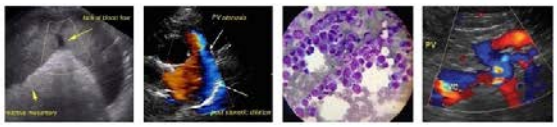

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Pickles Nojd

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

6.72 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Snelgrove VS

REFERRING VET

Dr. Ioannou

INVOICE

39231

DATE

7/6/22

PRESENTING CLINICAL SIGNS

Not eating well for a week and vomited up some bile Tender on cranial abdomen palpation Dental disease present
Abnormal PE/Chem/CBC/UA Results: Elevated Lipase and Monocytes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall appears relatively normal in thickness with some irregularity and some mineralization. There is an area of shadowing, hyperechoic material within the urinary bladder, measuring approximately 1.5 cm in length, consistent with either a stone or an area of accumulated mineralized debris. Correlate these findings with abdominal radiographs and urinalysis and culture. No overt mass effect was visualized, but an underlying neoplastic process cannot be entirely ruled out.

The left kidney has a normal shape and size (4.43 cm) with some shadowing mineralizations seen in the renal pelvis. Overall echogenicity is normal with adequate 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.

The right kidney has a normal shape and size (4.51 cm). Overall echogenicity is normal with adequate 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.36 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 0.49 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, 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 hypoechoic with hyperechoic mesentery surrounding. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder is not clearly seen. Correlate with bloodwork results.

Gastrointestinal

The stomach contains mild shadowing debris. 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.

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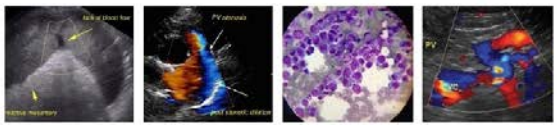

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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, particularly in the left limb. There is no evidence of nodules or cystic lesions. Prominent pancreatic duct noted measuring 0.35 cm. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

Free Abdomen

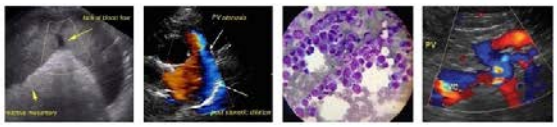
There is a scant amount of free abdominal fluid. There is no significant mesenteric lymphadenopathy noted, but there is generalized hyperechoic mesentery and a small amount of free fluid and edematous omentum. Changes are consistent with diffuse peritonitis (sterile or bacterial?). This inflammation appears prominent around the liver and pancreas.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic, shadowing material visualized within the urinary bladder – most likely consistent with a stone or collection of mineralized debris. Correlate with abdominal radiographs, urinalysis and culture.
- Prominent, hypoechoic pancreas with prominent pancreatic duct and surrounding hyperechoic mesentery – The pancreatic changes are most consistent with mild/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.
- Heterogeneous, hypoechoic liver with surrounding hyperechoic mesentery – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Small amount of shadowing material within the gastric lumen – Correlate with abdominal radiographs and feeding history. There is no evidence of an obstruction.
- Diffusely hyperechoic mesentery, particularly around the pancreas and liver, with a small amount of free abdominal fluid – The diffusely hyperechoic mesentery and abdominal effusion are changes consistent with peritonitis (either infectious or inflammatory). Recommend fluid analysis and culture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is the general impression of severe inflammation in the abdomen. Unfortunately, the source of this inflammation is not 100% clear. This could be secondary to pancreatitis, as the pancreas does appear hypoechoic and prominent. Additionally, it could be secondary to cholangiohepatitis, hepatitis, etc. With a lack of liver enzyme elevations, this seems somewhat less likely. Additionally, there is evidence of some mineralized material within the urinary bladder. Recommend urinalysis and culture



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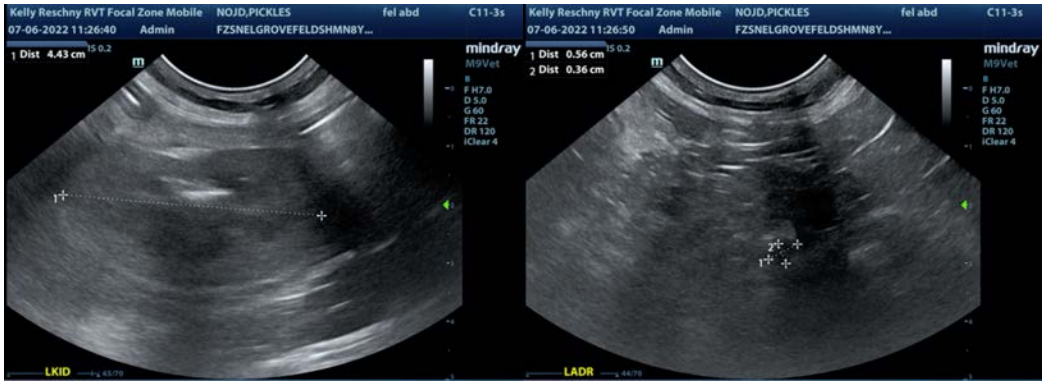
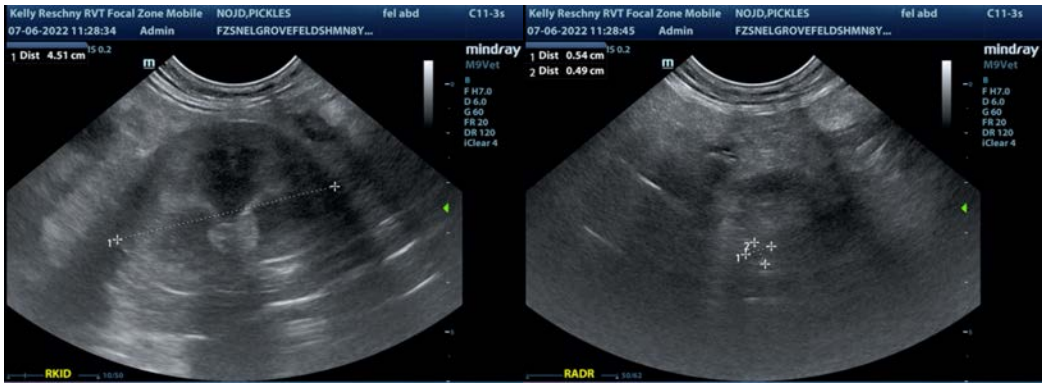
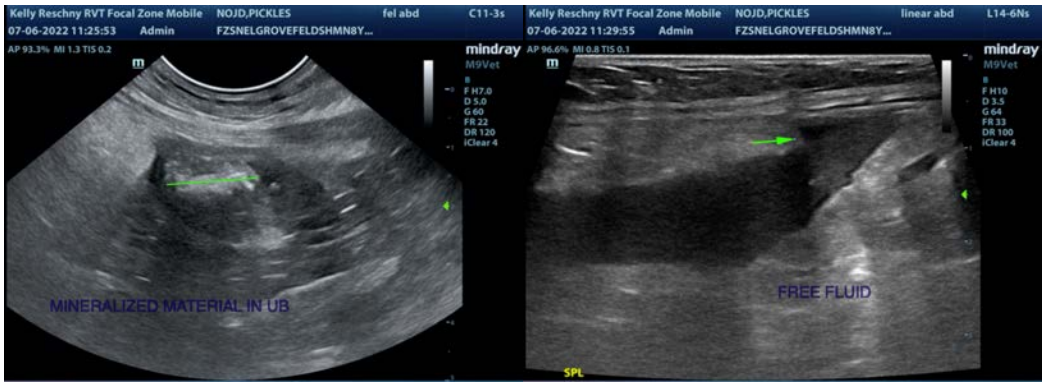
and radiographs to evaluate all of these areas. If possible, consider collecting a small amount of free abdominal fluid. Correlate these findings with a quantitative fPLI, and you could consider a fine needle aspirate of the liver if clinically appropriate. Recommend symptomatic treatment for pancreatitis in addition to antibiotics.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.







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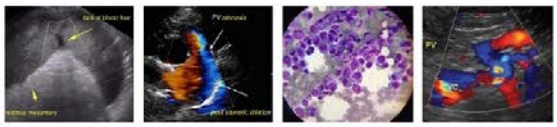

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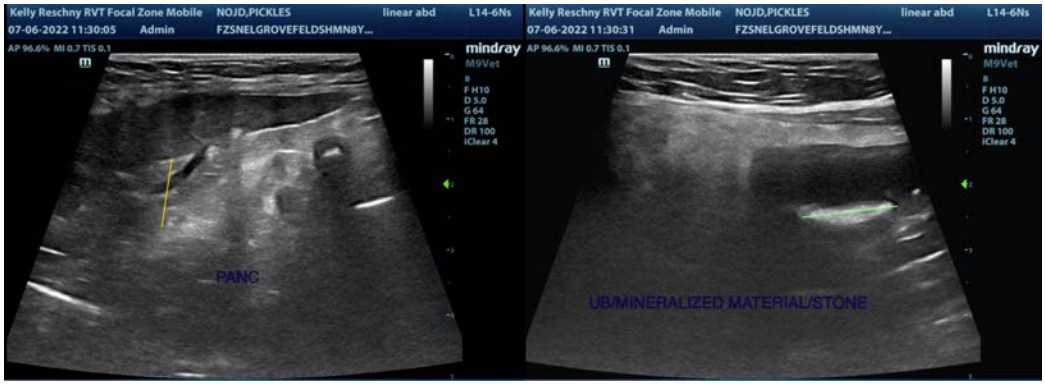

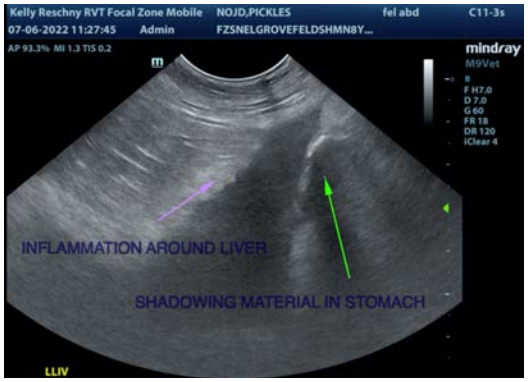

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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