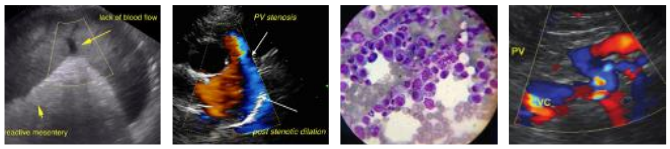
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Gnatalie Chamberlain

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

3.85

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Anna Wepprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Anna Wepprich

INVOICE

14391

DATE

3/20/22

PRESENTING CLINICAL SIGNS

History: Patient has not been eating or drinking for 3 days. History of fluctuating thyroid levels, with different doses of methimazole, has appt for I 131 with Dr. Decker. Presented to pDVM today which showed azotemia. P came in mild tachypnea to pDVM , kept on IVF, given Convenia during day. Presented tachypneic, mild open mouth breathing in upper respiratory pattern and nasal discharge FAST scan - no free fluid 3-19-22 Overnight pt became hypoglycemic, hypotensive. BG and BP responded to dextrose but pt remains lethargic. UA: USG 1.016 pH 7.0 WBC 28/HPF, RBC >50/HPF Rods present, Ca ox crystals present

Abnormal PE/Chem/CBC/UA Results: rDVM lab work: CBC: WBC 25.78 Neut 22.95 Lymp 1.13, Plts 97K HCt 29% Chem: Creat 4.5 BUN 106 Phos 10.3 Gluc 228 Na 165 TP 8.7 Tbili 2.5 3 view abd and thoracic rads: Normal thorax, gas filled intestines; suspect ileus , sent to radiologist

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

The left kidney is within normal limits in size for the patient's weight and the capsule is smooth. However, the cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Very small, punctate, mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is mildly hyperechoic. The left kidney measures 3.64 cm.

The right kidney is mildly enlarged in size for the patient's weight. The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. Very small, punctate, mineralizations of the diverticulae are present; a very small nephrolith is observed (acoustic shadowing is present), without pyelectasia. The surrounding mesentery is hyperechoic. The right kidney measures 4.28 cm.

Adrenal Glands

The left adrenal gland measures 0.42 cm x 1.1 cm. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

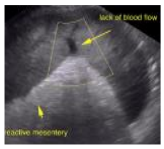
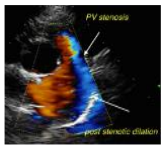
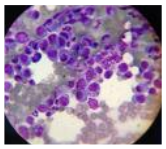
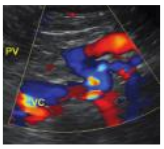
The right adrenal gland measures 0.53 cm x 1.24 cm. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. It is hyperechoic to both the liver and renal cortex. The capsule is smooth. No abnormalities are observed with its vasculature, i.e., congestion and thrombi are not identified. The spleen measures 9.4 mm.

Liver

There are no obvious signs of hepatomegaly, and its borders are smooth and sharp. The liver's echotexture is homogeneous, and it is within normal limits in echogenicity, i.e., it is hypoechoic to the

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falciform fat and the spleen. No abnormalities are observed with the hepatic vessels. Overt signs of an inflammatory, infiltrative or regenerative process are not evident. The hepatic lymph nodes are unremarkable.

The gall bladder wall appears to be within normal limits in thickness and echogenicity. There is no evidence of echogenic material (sludge) within the GB or edema surrounding it. The cystic and common bile ducts are not dilated or tortuous.

Gastrointestinal

The gastric wall and pylorus are normal in thickness. There is no loss of definition of the normal architecture of the layers of the stomach wall. No obvious abnormalities are observed with its peristalsis. A mild amount of fluid is present within the lumen of the stomach.

The duodenum is mildly thickened. The definition of the wall layers is preserved. The remaining loops of small intestines visualized are not thickened and architecture of wall layers remain well defined, however, some of the loops of bowel are dilated with anechoic fluid. No abnormalities are observed with the ileo-cecal-colic junction or its surrounding mesentery. The mesentery surrounding the dilated loops of bowel is mildly to moderately hyperechoic, which is in the same region of the left and right limbs of the pancreas. The colonic wall is not thickened, and mural detail is preserved. There are no obvious signs of a mass, infiltrative disease, foreign body, or an obstruction.

Pancreas

The left limb of the pancreas is diffusely hypoechoic. The surrounding mesenteric fat is moderately hyperechoic, suggestive of saponification. These findings are highly suggestive of pancreatitis. There are no overt signs of neoplasia.

The right limb of the pancreas is moderately to markedly hypoechoic. The surrounding mesenteric fat is also moderately to markedly hyperechoic, suggestive of saponification. These findings are highly suggestive of pancreatitis. There are no overt signs of neoplasia.

Other

Lymph nodes: No abnormalities are observed.

A trivial amount of fluid is present between the hepatic lobes and ventral to the apex of the urinary bladder.

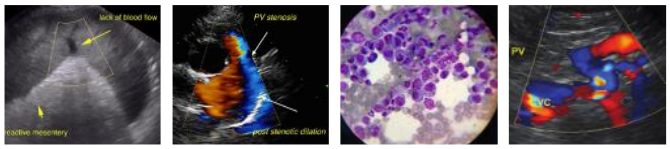
The mesentery surrounding the liver and stomach is moderately to markedly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Acute pancreatitis
- Secondary ileus of multiple loops of bowel
- The right kidney is larger than the left, which may be due to compensation, i.e., if the left kidney function is decreased, however, pyelonephritis of both kidneys cannot be excluded, particularly in light of the urinalysis results. Although the mesentery is hyperechoic, due to the pancreatitis, it may also be hyperechoic secondary to pyelonephritis.
- The very small amount of free fluid in the abdomen may be due to vasculitis, secondary to pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A culture of the urine is recommended and administration of enrofloxacin (intravenously) is



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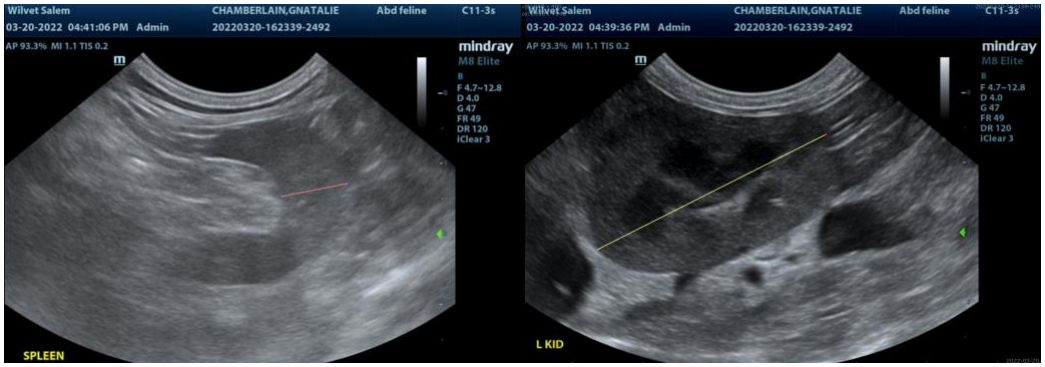
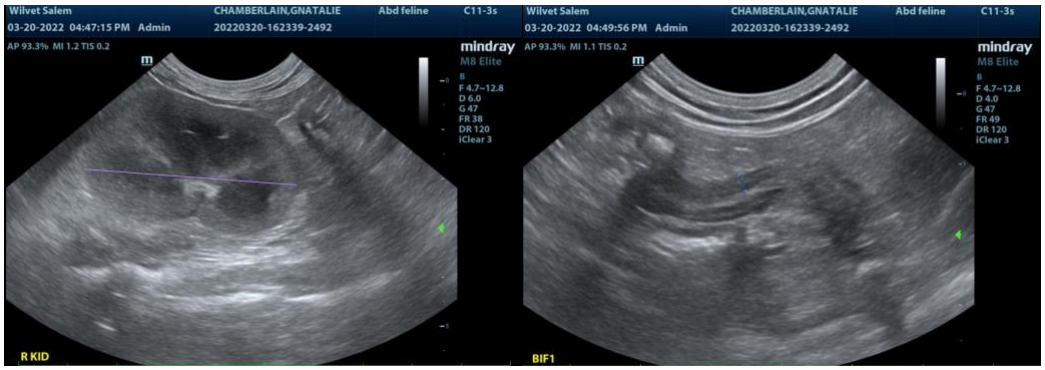
recommended, pending the results of the urine culture.

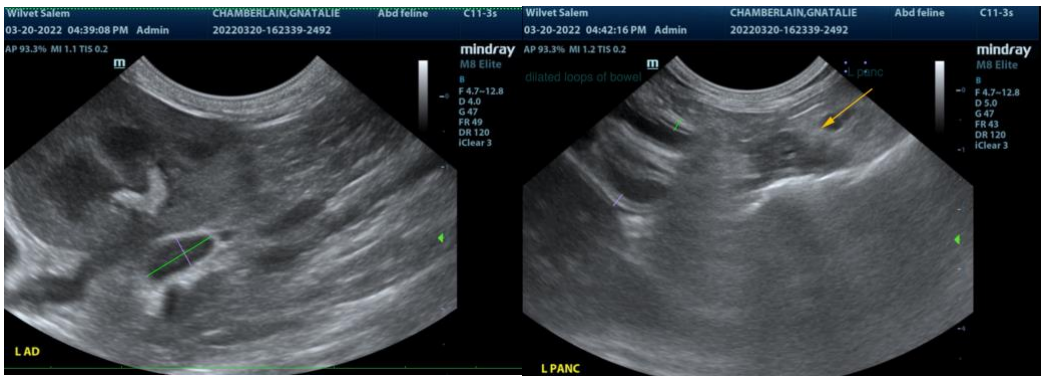
Analgesia, such as buprenorphine, is suggested every 8 hours, as well as continued intravenous fluids, followed by subcutaneous fluids, if necessary, at home.

An easily digestible diet is recommended, it does not have to be restricted in fat.

A nasoesophageal tube may be necessary to start trickle feeding or once she is stable, an esophagostomy tube may be considered if she is not consuming her daily caloric requirements.







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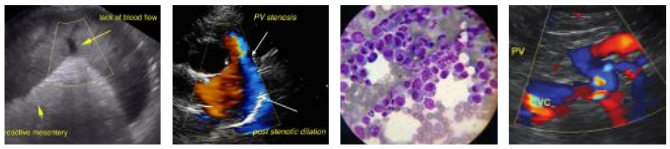

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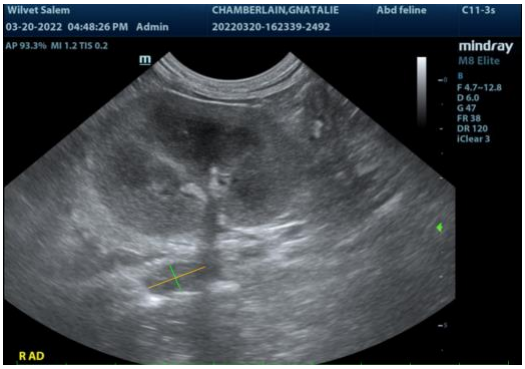

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com