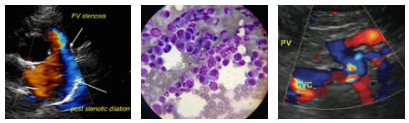
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
3/22/22

PATIENT
Squirt Debonis

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
7/16/12

WEIGHT
13.2 lbs

INTERPRETED BY
Lisa Carioto, DVM, DVSc, Diplomate ACVIM

HOSPITAL NAME
Aberdeen VC

REFERRING VET
Dr. Fritz

INVOICE
97081

PRESENTING CLINICAL SIGNS

Increased drinking and urinating. Elevated liver enzymes and protein in the urine.
Current Medications: Clindamycin Drops.
Lab Results: Mild elevation in WBC, PMN, Monocyte. Elevation in bi carb and anion gap, Low Chloride, Elevated AST, ALP, High CK, Urine protein 2+, USG 1.012.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 (3.67 cm) for the patient's weight and the capsule is smooth. The cortex is isoechoic to the spleen. 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 hyperechoic, but most likely due to the surrounding, hyperechoic pancreas.

The right kidney is within normal limits in size (4.2 cm) for the patient's weight and the capsule is smooth. The cortex is isoechoic to the spleen. 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 very mildly hyperechoic, which is attributed to the surrounding, hyperechoic pancreas.

Adrenal Glands

The left adrenal gland measures 0.47 cm at the cranial pole, 0.34 cm at the caudal pole and 1.42 cm in length. 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 0.47 cm at the cranial pole, 0.52 cm at the caudal pole and 1.14 cm in length. 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. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

It is difficult to determine whether or not the liver is enlarged. It is isoechoic to the falciform fat and is diffusely hyperechoic, but homogenous. The borders are smooth, but mildly rounded. No abnormalities are observed with the hepatic vessels. Overt signs of an inflammatory, infiltrative or regenerative process are not evident.

A trivial amount of gravity-dependent echogenic material/debris (sludge) is present within the lumen. This is most likely clinically insignificant, however, cholestasis cannot be excluded based on Squirt's elevated ALP enzyme activity. Signs of cholecystitis are not appreciated.

Gastrointestinal

The gastric wall and pylorus are normal in thickness. There is no loss of definition of the normal architecture of the wall layering. No obvious abnormalities are observed with its peristalsis.

The small intestinal wall thickness is within normal limits and there is no evidence of dilation. However, mild mucosal fogging of some of the loops of bowel in the region of the left limb of the pancreas is observed. Despite the fogging and the fact that they are at the high end of the normal reference range, the definition of the wall layers is preserved. The colonic wall is not thickened and mural detail is considered normal. There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction.

Pancreas

The left limb of the pancreas is diffusely hyperechoic with hypoechoic nodules dispersed throughout its parenchyma. The surrounding mesenteric fat is not hyperechoic. The pancreatic duct is not dilated. It is difficult to determine whether or not these changes are associated with intra-acinar edema or hypoechoic nodules and fibrosis resulting from chronic pancreatitis. Neoplasia cannot be excluded.

The right limb of the pancreas has a similar appearance to the left, although it is not as severe.

Other

Lymph nodes: No abnormalities are observed.

An echogenic structure, measuring 4.4 mm in diameter x 5.8 mm in length, is observed ventral to the ventral bladder wall. It appears to be soft tissue in origin and is not attached to surrounding organs. A Bate's body is suspected.

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- Differentials for the diffuse hepatic hyperechogenicity include cholangitis/cholangiohepatitis, cholestasis, with or without a secondary bacterial infection, as well as ascending inflammation secondary to pancreatitis, and possibly underlying hepatic lipidosis.

- The pancreatic changes are not suggestive of acute pancreatitis. However, Squirt may be showing signs of pancreatitis that are in the midst of resolution, in addition to scar tissue owing to previous episodes of pancreatitis. Subtle signs of intestinal inflammation are also present in the region surrounding the pancreas, therefore, triaditis cannot be excluded.

- Chronic renal degenerative changes are suspected and likely early chronic renal disease based on the low urine specific gravity.

- The suspected Bates body in the region of the urinary bladder is not considered clinically significant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

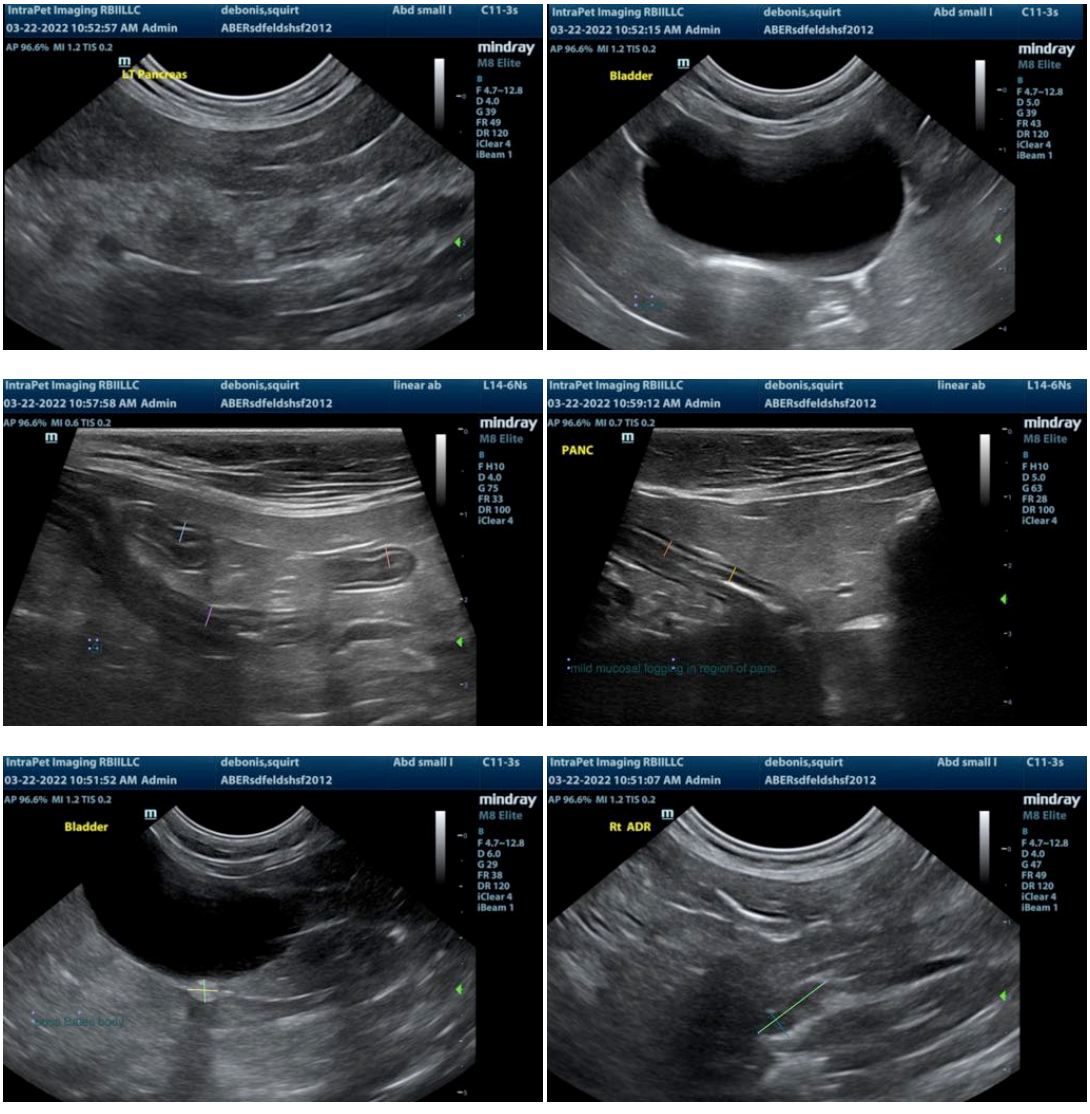
A spec fPL is recommended to exclude the possibility of pancreatitis.

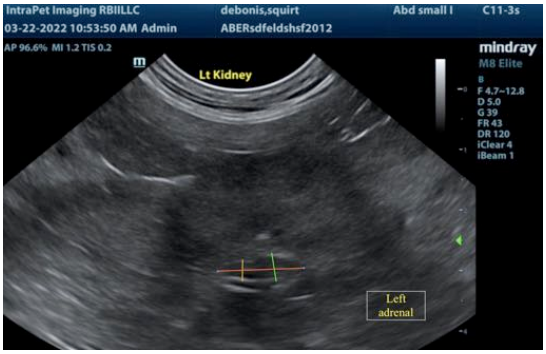
Analgesia is strongly recommended to determine whether or not Squirt's clinical signs of PU/PD are psychogenic, i.e., secondary to pain due to pancreatitis.

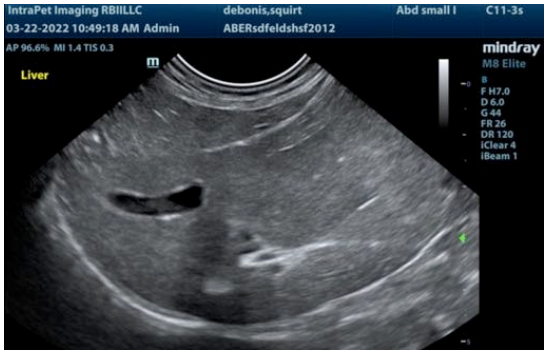
A urine culture and sensitivity is recommended to ensure the UPC is not a false positive due to an underlying infection.

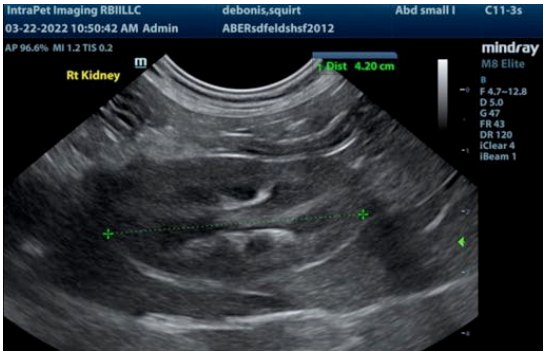
Squirt should be monitored for weight loss and loss of muscle mass. A SDMA is suggested to obtain a baseline to determine the severity of and monitor chronic renal disease.

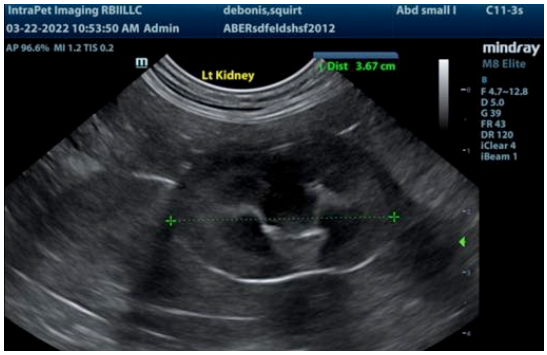
Depending on the results of the spec fPL and Squirt's clinical signs, a FNA of the pancreas is suggested.











The information and recommendations provided are based on the images presented by the referring veterinarian. 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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