



PATIENT

Belle Quinn

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

Spayed Female

AGE

12 years

WEIGHT

14 lbs

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Dr. Parrish

HOSPITAL NAME

Local Mobile VS

REFERRING VET

Dr. Parrish

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DATE

4/11/22

PRESENTING CLINICAL SIGNS

P has been more skittish & lethargic, her appetite has been decreased and seems to be painful. O said P seems to be walking more gingerly and doesn't want to be touched, when touched she more grumbly than she normally is.

Abnormal PE/Chem/CBC/UA Results: mild discomfort on cranial abdominal palpation elevated GGT and elevated globulins--> likely biliary hyperplasia/inflammation. All other values on BW WNL -BW (CBC/chem/lytes) -cerenia 1 mg/kg SQ -butorphanol 0.4 mg/kg IM -sq fluids (200 mls LRS) -gabapentin 100 mg capsules- 1 cap q8-q12 PRN for pain(20 caps)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of cystoliths, polyps or a mass. Free floating sediment is present, however, obvious signs of cystitis are not noted.

Aortic bifurcation/trifurcation No abnormalities observed.

Kidneys

The **left** kidney measures 3.56 cm. 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. There are no signs of mineralizations, nephroliths or pyelectasia. The surrounding mesentery is hyperechoic medially where the pancreas is.

The **right** kidney measures 3.90 cm. 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. There are no signs of mineralizations, nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Adrenal Glands

The **left** adrenal gland measures 0.37 cm in diameter x 0.78 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.30 cm in diameter x 0.62 cm in length. No abnormalities are noted with the gland's 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 (9.6 mm), architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.



PATIENT *Liver*

Belle Quinn There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous; however, it is mildly hyperechoic i.e. it is isoechoic to mildly hyperechoic to the falciform fat. No abnormalities are observed with the hepatic vessels visualized.

SPECIES

Feline The gallbladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material within the GB or edema surrounding it. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

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Gastrointestinal

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Spayed Female 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.

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The duodenum is within the normal limits in thickness (0.21 cm). Although the definition of the wall layers of the small intestines is well preserved, fogging of the mucosa, particularly the jejunum, is present. Mild thickening of the jejunum is noted, measuring between 0.24 cm – 0.30 cm. The ileo-cecal-colic junction is within normal limits and the surrounding mesentery is not hyperechoic. Abnormally dilated loops of bowel are not observed. The mesentery surrounding the stomach and in the left cranial abdomen is mildly hyperechoic. The colonic wall is not thickened and mural detail is considered normal. There are no obvious signs of a mass, foreign body or an obstruction in the gastrointestinal tract.

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Pancreas

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The left pancreas is mildly to moderately hypoechoic and enlarged and has irregular contours. The surrounding mesentery is mildly to moderately hyperechoic. An anechoic to hypoechoic structure, measuring 1.3 cm in diameter x 0.62 cm in length, is observed amongst the parenchyma. It is most compatible with a cyst that is avascular, when evaluated with Doppler. A smaller hypoechoic nodule measuring 3.3 mm in diameter x 3.6 mm in length is observed adjacent to the larger cyst. This nodule may be due to nodular hyperplasia or regeneration. The pancreatic duct is not considered pathologically dilated. Pinpoint hyperechoic foci are noted throughout the parenchyma. Portions of the left pancreas are homogenous and very mildly hypoechoic to the surrounding mesentery. These findings are highly suggestive of active pancreatitis. Overt signs of neoplasia are not noted.

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The right limb of the pancreas is very mildly hypoechoic to the surrounding mesentery. It is mostly homogenous and is not enlarged. Overt signs of pancreatitis are not present, however, very mild active pancreatitis cannot be excluded.

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Other:

Lymph nodes No abnormalities are observed.

Abdominal effusion is not visualized.

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ULTRASONOGRAPHIC FINDINGS

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The free floating sediment within the lumen of the urinary bladder is most likely composed of mucus, crystalline material and exfoliated cells. The debris is likely clinically insignificant given the lack of



PATIENT	inflammatory changes to the bladder wall. However, findings should be correlated with clinical signs and a urinalysis.
Belle Quinn	Very mild degenerative changes of both kidneys, which are suggestive of age related degeneration.
SPECIES	The diffuse hyperechogenicity of the liver, in conjunction with Belle's history, are suggestive of cholangitis/cholangiohepatitis. Hepatic lipidosis secondary to hyporexia is likely contributing to the hyperechogenicity.
Feline	
BREED	Active pancreatitis is suspected based on the abnormalities observed with the left limb and the surrounding mesentery. Smoldering pancreatitis may be present in the right limb. Nodular hyperplasia and areas of fibrosis are considered secondary to age and possibly to previous episodes of pancreatitis, respectively. There are no signs of neoplasia.
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SEX	The most likely cause of the anechoic to hypoechoic structure within the left limb of the pancreas is a cyst; however, an abscess of phlegmon cannot be excluded and may require follow-up ultrasounds.
Spayed Female	The intestinal changes are suspicious for inflammatory bowel disease. There are no overt signs of infiltrative disease.
AGE	In conclusion, sonographic abnormalities are suggestive of triaditis. Obvious signs of neoplasia are not observed.
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INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	Analgia for visceral pain, such as buprenorphine, +/- gabapentin, is suggested, as well as other supportive care, including anti-emetics, appetite stimulants and subcutaneous fluids. It is possible that analgesics will be sufficient.
IMAGING PERFORMED BY	A veterinary prescription brand hypoallergenic diet, whether hydrolyzed or novel protein is suggested. Multiple diets may be required, including only canned food, as some individuals cannot digest dry. The kibble may be soaked if an all canned diet is cost prohibitive. However, the most important factor is that Belle continues to eat to prevent weight loss and sarcopenia.
Dr. Parrish	Secondary ascending bacterial infections of the liver and bile are common. Although unlikely, a pancreatic abscess cannot be excluded. Although indiscriminate use of antibiotics is not normally recommended, one could start treatment with a broad-spectrum antibiotic and assess clinical response.
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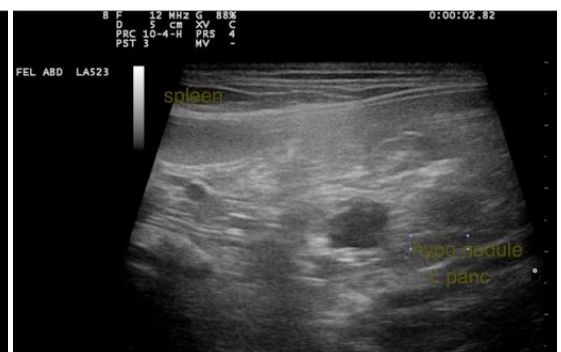
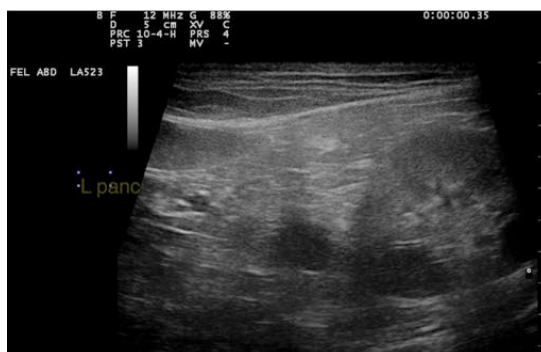
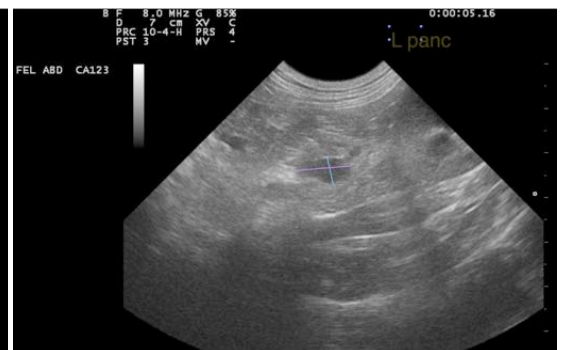
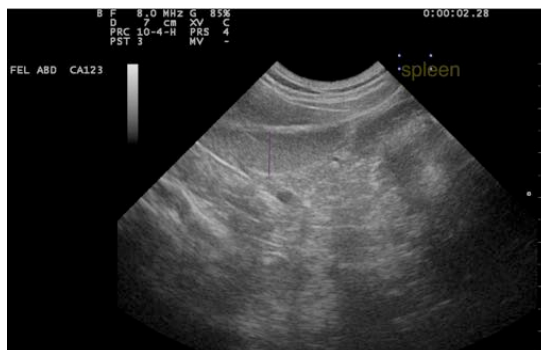
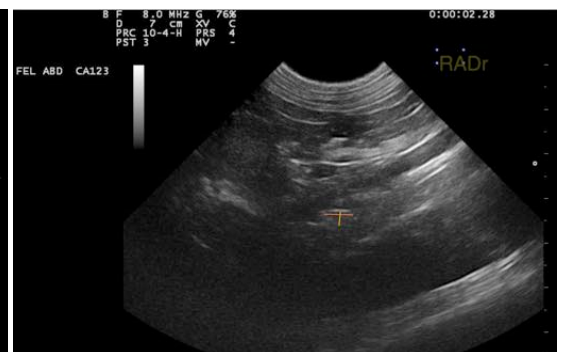
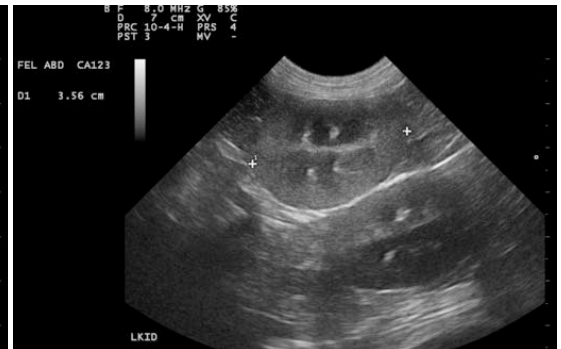
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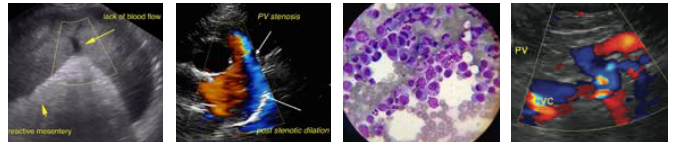
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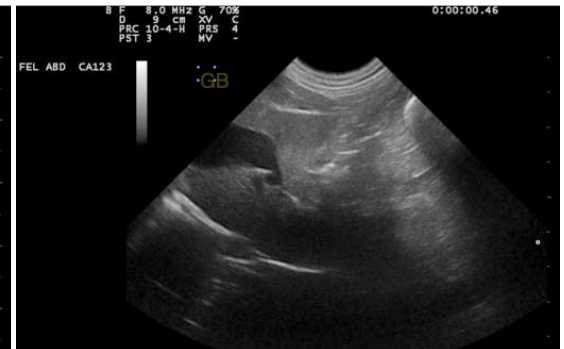
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com