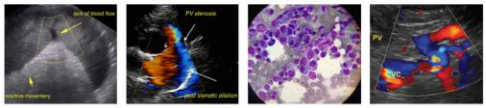

PATIENT

Lily Voutsas

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12yr

WEIGHT

11.5lb

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

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PRESENTING CLINICAL SIGNS

Hyporexic; lethargic. On Mirtazapine transdermal 3.75 mg/0.05 mg, 2 rotations q 24-48 h PRN. Amylase 2119, hemoglobin 16.4, platelet count 198, lymph 770

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. Bilateral pinpoint medullary mineral was present. The renal medullary volume was subjectively reduced. A cortical infarct was present in the cranial left kidney. The left kidney measured 3.9 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 cm width.

Spleen

The spleen exhibited possible medial folding of the caudal spleen which is not indicative of underlying pathology. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

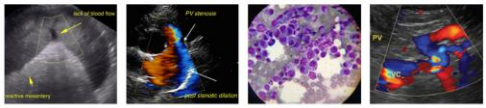
Liver/Gallbladder

The liver presented overtly normal in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The parenchyma exhibited evidence of remodeling with a moderate coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.24 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall



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measured 0.22 cm width. The jejunum wall measured 0.18 cm width. The ileocolic wall measured 0.25 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The left pancreatic limb was mildly prominent in size with asymmetrical contour and non-homogenous mildly hypoechoic parenchyma compared to adjacent mildly hyperechoic left peripancreatic omentum. The pancreas base and right limb exhibited normal size and capsule contour with non-uniform increased right pancreatic limb echogenicity compared to adject non-reactive omentum.

Free Abdomen

No omental masses or peritoneal effusion was present.

Intermittent mildly prominent to enlarged colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 0.72 cm.

ULTRASONOGRAPHIC FINDINGS

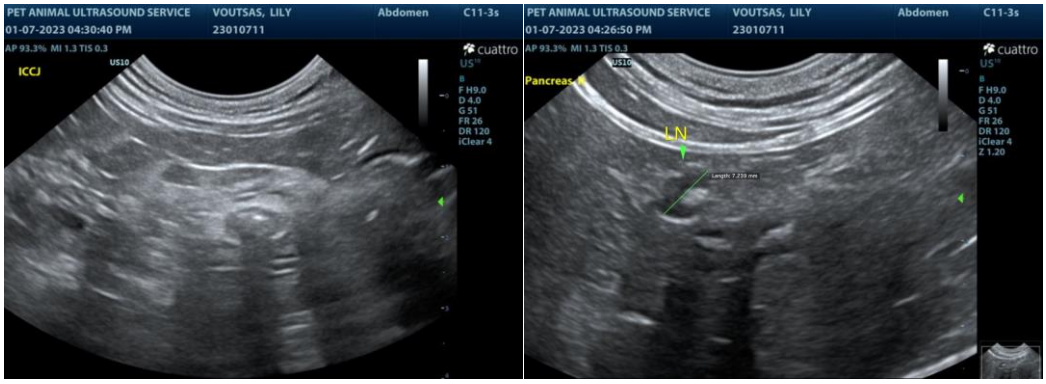
- Chronic to chronic active pancreatitis pattern
- Urinary bladder sediment
- Chronic renal changes exhibiting pinpoint medullary mineral and left kidney cortical infarct
- Hepatic parenchymal remodeling exhibiting mild parenchyma hyperechogenicity-nonspecific
- Sonographically unremarkable GI tract
- Minor benign/reactive colic lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation associated with eh pancreas is recommended. The hepatic presentation may indicate low-grade chronic hepatopathy given the short half life of hepatic enzymes in cats i.e., low-grade cholangiohepatitis, lipidosis, fibrosis or other hepatopathy. If there is evidence of hepatic enzyme elevations, a screening hepatic FNA cytology could be considered. UA +/- C/S if evidence of inflammatory sediment is suggested.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended for further assessment of the pancreas and assessment for underlying/emerging intestinal disease as a contributing factor.

Empirically, as needed GI support and therapy for chronic to chronic active pancreatitis is recommended.



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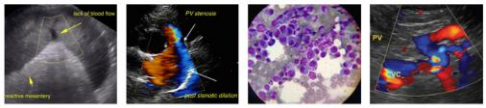

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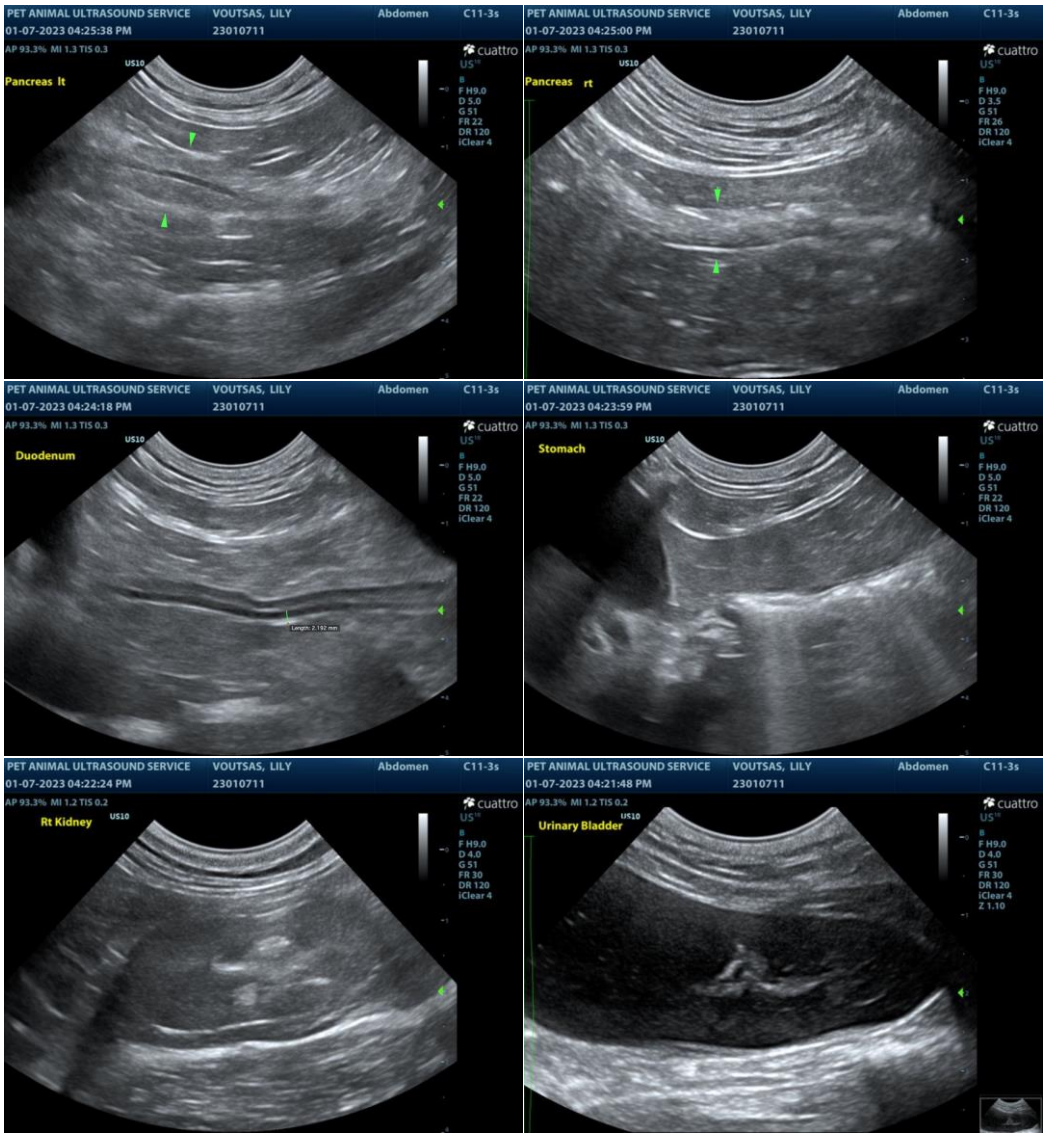

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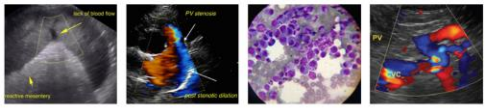

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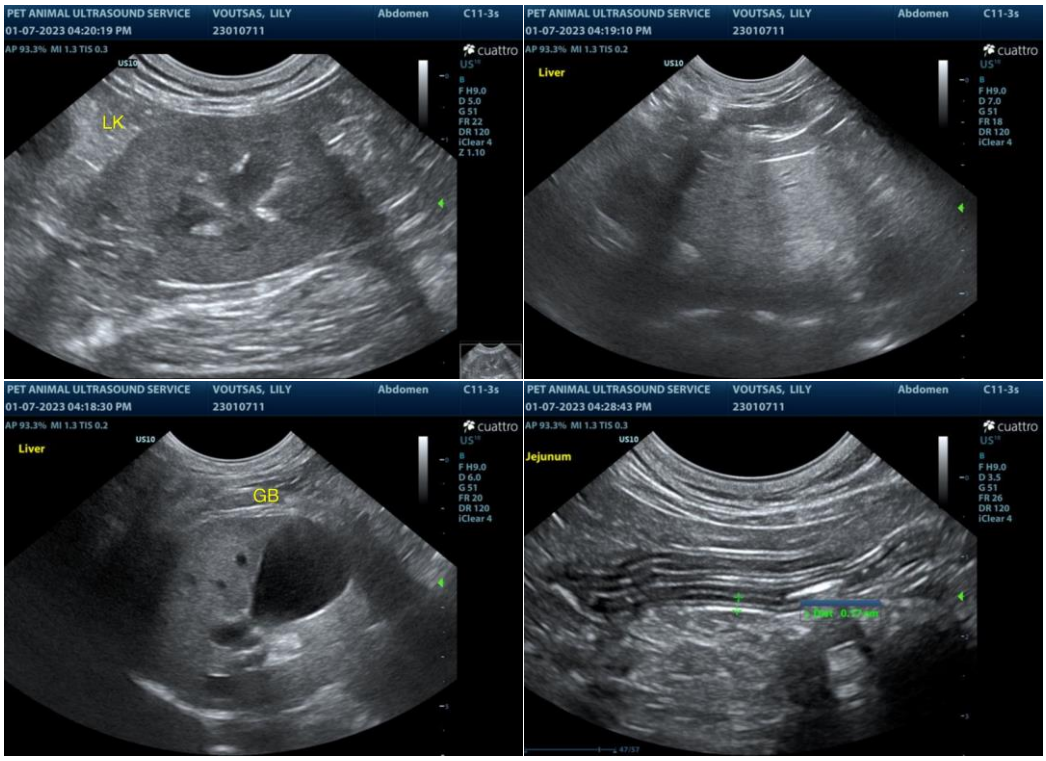

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com