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Clinical Sonography & Telecytology
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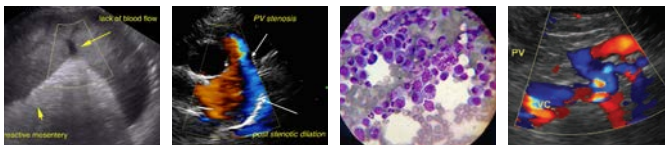

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Madge Beedle

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 3 Months

WEIGHT

9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook – SDEP Certified Clinical Sonographer

HOSPITAL NAME

River's Edge PMC

REFERRING VET

Dr. cora Hollomon

INVOICE

26313

DATE

10/15/21

PRESENTING CLINICAL SIGNS

Presents for anorexia, vomiting. has been ADR for the past 2-3 months, worsening in the past 5-7 days. indoor/outdoor. On PE pt is dehydrated (5-7%) with dental disease and oral discomfort, abdominal discomfort, back pain with increased panniculus response. Since going home on empirical therapies, O states P has declined significantly. Has not eaten since yesterday morning. Current Medications: Administered SQF and cerenia yesterday, Rx clindamycin and gabapentin TGH
Abnormal PE/Chem/CBC/UA Results: See attached - CBC - monocytes 1.10, otherwise WNL Chem/Lytes - glucose 382, creatinine 0.6 (low), chloride 111 UA - USG > 1.050, pH 8.0, protein 100 mg/dL, glucose 100 mg/dL, ketone 15 mg/dL, UBG 4 mg/dL BLD 50 Ery/uL See attached radiographs - round structure in mid abdomen caudal to liver

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 4.3 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The adrenal glands measured 0.44 cm in width each.

Spleen

The spleen was overall normal in size measuring 0.85 cm in diameter and exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal hyperechoic and variably sized nodules were present throughout the cranial to caudal parenchyma. 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. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver was normal in size and overall contour. Uniform mildly echogenic parenchyma with mild coarse echotexture. No overt splenic masses or nodules. The gallbladder appeared distended in size and subjectively divided into two discernable parts, consistent with bilobed gallbladder, which is a normal patient variant in a cat. The single cystic biliary duct was dilated, extending into generalized moderate yet variable common bile duct dilation, extending caudally to the level of the large cystic mass in the area of the right pancreatic limb and duodenum.

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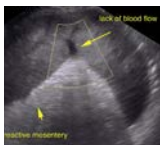
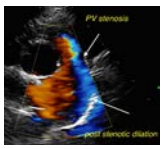
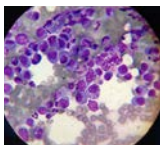
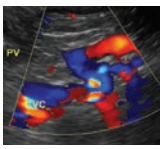

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Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. Pylorus wall measured 0.35 cm.

The jejunum and ileum to the level of the colon were sonographically unremarkable.

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

Pancreas

The discernable pancreas exhibited mild prominent size with asymmetrical contour and non-homogeneously nodular parenchyma. Example of pancreatic nodule measured 1.6 cm x 1.2 cm.

Free Abdomen

A moderately size, primarily ovoid, non-homogeneous cystic mass was noted in the area of the right pancreatic limb as well as potentially associated with the duodenum and likely involving the area of the duodenal papilla. The mass measured approximately 4.6 cm x 3.0 cm. Regional associated echogenic mesentery along with small pockets of scant regional free fluid noted around the mass as well as along the caudal liver margins.

Several mildly prominent, non-homogeneous pancreaticoduodenal lymph nodes exhibiting subjective abnormal width to length ratio >0.5 were present. Example of lymph node measured 0.64 cm in diameter. The duodenum adjacent to the cystic mass exhibited mild prominent wall layering measuring 0.32 cm.

PRIMARY FINDINGS

- Moderately size cystic mass in area of right pancreatic limb and duodenum, likely involving the duodenal papilla.
- Concurrent nodular discernable pancreas
- Distended, subjectively bilobed gallbladder with concurrent variable yet moderate common bile duct dilation to the level of the cystic mass
- Associated pancreaticoduodenal lymphadenopathy and regional peritonitis

SECONDARY FINDINGS

- Multifocal variably sized hyperechoic splenic nodules – non-specific, suspect multifocal myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the submitted lab work was not consistent with post-hepatic obstruction, concern for emerging post-hepatic obstruction (given the moderate yet variable common bile duct dilation and presence of the cystic mass in the area of the duodenal papilla) is warranted. The mass is suspected to be primarily pancreatic in origin, although potential for duodenal origin may be possible. CT assessment of the mass and regional structures for further clarification and potential surgical planning is ideal and recommended if possible. 3-view chest radiographs recommended while a Fructosamine level may be considered.

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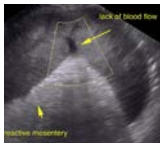
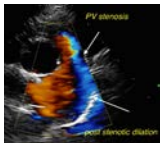
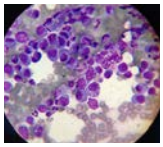
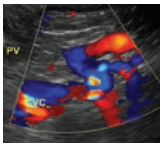

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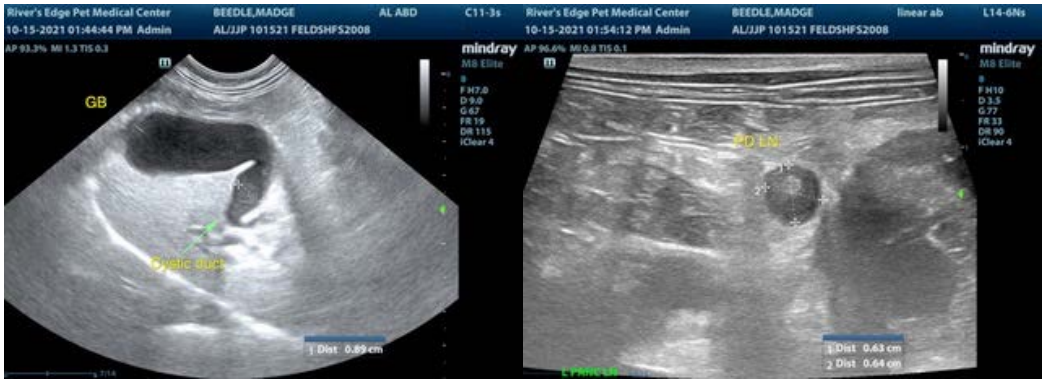

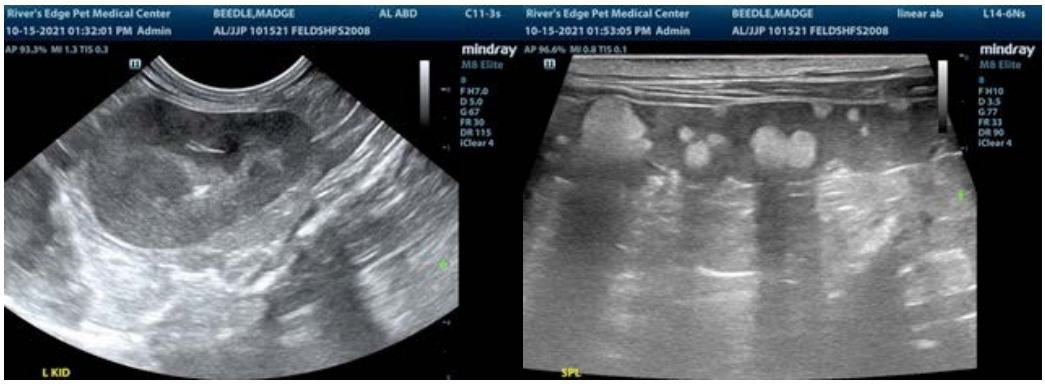

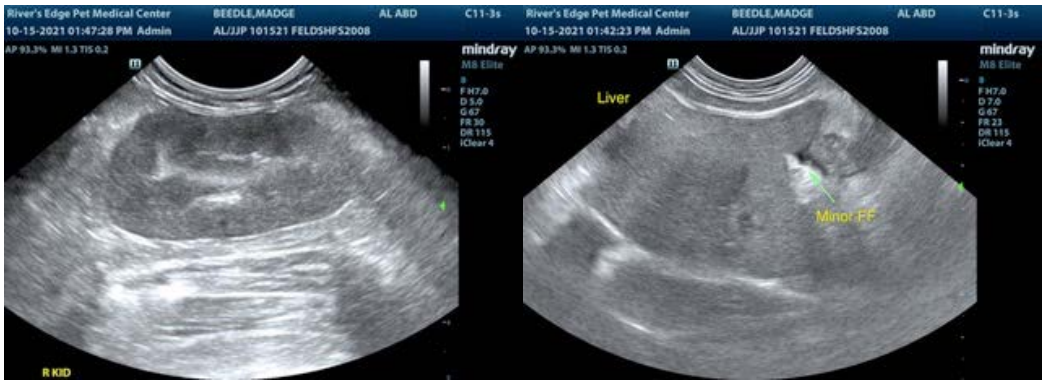

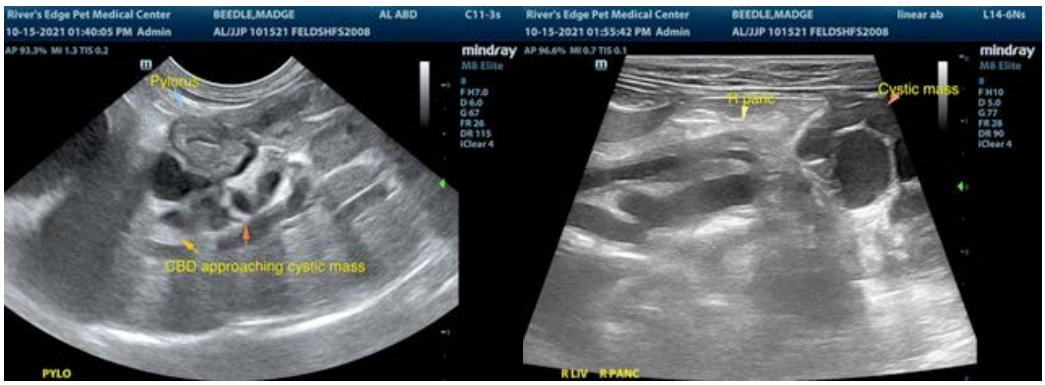

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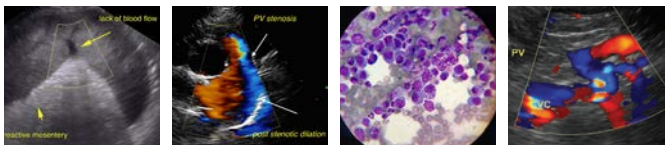

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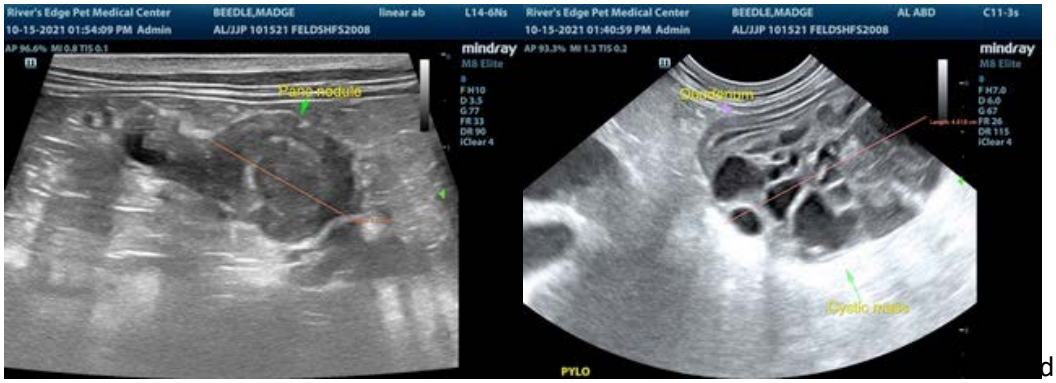

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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