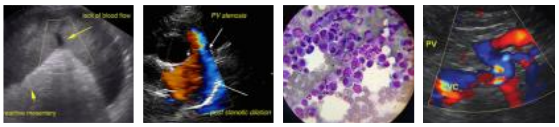


PATIENT

Jasmine Buenz

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8 years

WEIGHT

9.28 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Salem AC

REFERRING VET

Dr. Crane

INVOICE

15143

DATE

10/7/22

PRESENTING CLINICAL SIGNS

P presented for acute vomiting after eating a corn husk. Hx of chronic kidney disease On PE, P was icteric, dehydrated and had moderate generalized muscle atrophy.
Abnormal PE/Chem/CBC/UA Results: CBC - Leukocytosis, lymphopenia 0.7, elevated granulocytes 21.3, v HCT 24.3, v PLT 109 Chem12+lytes - ^BUN 57.7, ^Cre 3.3 ^TP 8.6, ^globulin 5.6 ^ALT > 1000 , ^ALP 268, ^GGT 42, ^T bili 13.0 fPL - strongly abnormal, icteric should not affect result Blood smear - plt 8.3 hpf, mature neutrophils predominating USG - 1.018 T4 pending U/A pending Current Medications Buprenorphine, Cerenia, Metronidazole Radiographic Findings Abdominal rads (right lat, left lat, and V/D views) - large amount of formed stool with gas prevent in colon, stomach appears empty, no FBs or obstructive gas patterns present, kidneys appear symmetrically small with smooth margins

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 was noted.

The area of the aortic trifurcation was free of pathology.

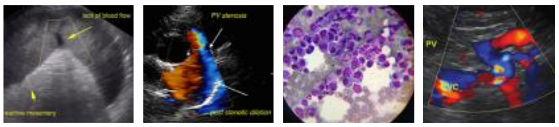
Borderline to mild subnormal size with asymmetrical margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint dystrophic mineral was noted in the left kidney. The left kidney measured 2.1 cm in length. The right kidney measured 3.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical 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, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.75 cm width at the level of the hilus.



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Liver/ Gallbladder

The liver presented mildly enlarged in size. The hepatic parenchyma was mildly hypoechoic compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. Potential minor lobar biliary tree dilation was noted. No hepatic masses or nodules were noted.

The gallbladder was non-distended in size with primarily anechoic luminal content, without evidence of luminal debris. The gallbladder walls were sonographically normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The common bile duct was indistinctly visualized with subjective minor proximal common bile duct dilation, measuring 0.30 cm. No obvious or visualized diffuse or significant common bile duct dilation was evident.

Gastrointestinal

The stomach presented mild wall thickening secondary to mild echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic pyloric fluid. The pylorus wall width measured 0.40 cm.

The duodenum exhibited intact yet mildly prominent wall layering with minor duodenal corrugation. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.22 cm width.

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

Pancreas

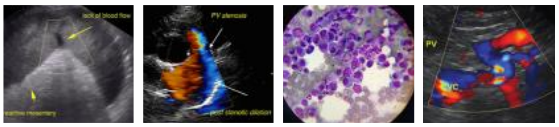
Diffuse enlargement of the generalized pancreas with ill-defined, hypoechoic to heterogeneous parenchyma and asymmetrical contour was present. The surrounding omental fat around the enlarged to hypoechoic pancreas was echogenic indicative of reactive change, adhesions, focal peritonitis, or saponification. Mild localized free fluid was present around the abnormal pancreas. Regional hypoechoic mesentery was present

Free Abdomen

Small pockets of scant cranial to caudal abdominal free fluid were noted. No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Active pancreatitis with regional peripancreatic to cranial abdominal peritonitis
- Acute hepatopathy - metabolic, reactive, vacuolar hepatopathy, concurrent inflammatory hepatobiliary disease, i.e., cholangiohepatitis, less likely occult neoplasia, all potentials
- Nondistended gallbladder, minor proximal common bile duct dilation - no obvious post hepatic obstructive criteria
- Gastroduodenitis



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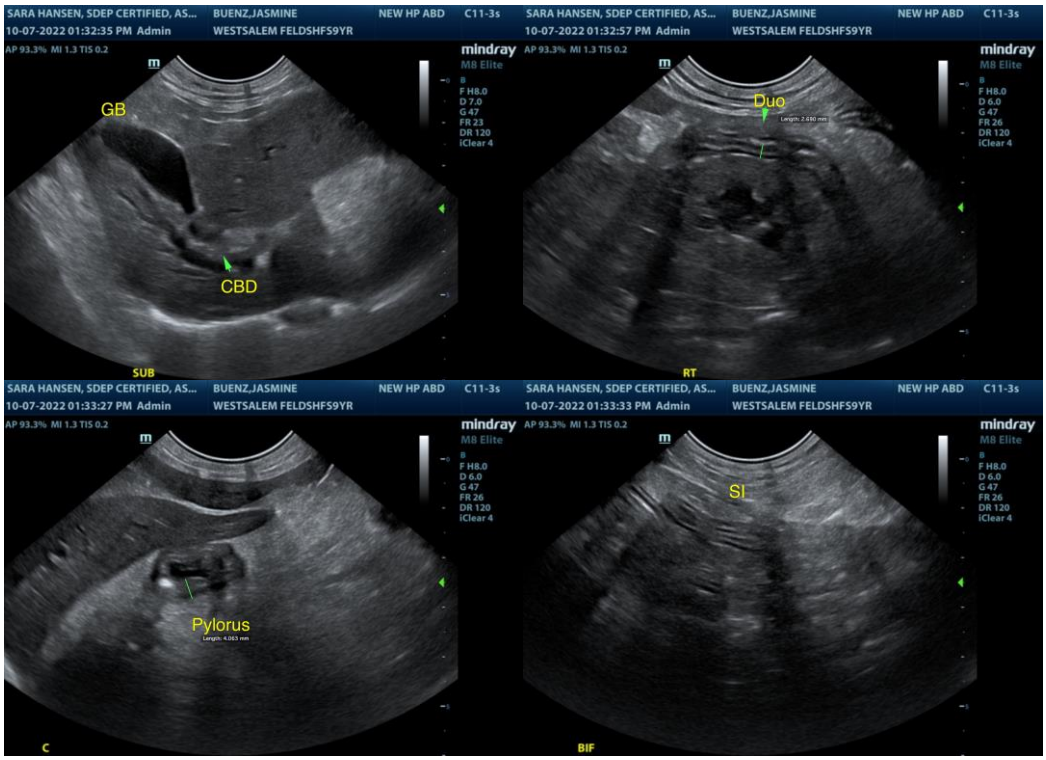
- Bilateral chronic degenerative renal changes with borderline to mild subnormal bilateral renal size - consistent with chronic nephropathy in line with history

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Minor potential for pancreatic neoplasia, which may present in a similar sonographic manner as active inflammation, may be considered. Screening FNA cytology, assuming normal clotting status and using a 25-gauge needle, primarily to assess for inflammatory cells and rule out occult hepatic neoplasia, are warranted.

Aggressive therapy for active pancreatitis with as-needed hepato-gastrointestinal support with monitoring of evidence of hypocalcemia or hypothermia, which may be negative prognostic indicators in cats with pancreatitis, is recommended. Recheck sonogram if persistent icterus is noted or if persistent / progressive clinical signs nonresponsive to therapy are noted. Screening BP is advised. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. A guarded prognosis is indicated.



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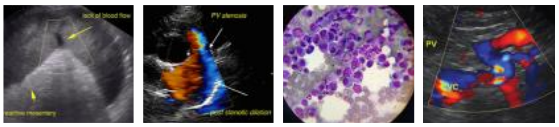

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AnimalSoundsNW.com 541-357-9423

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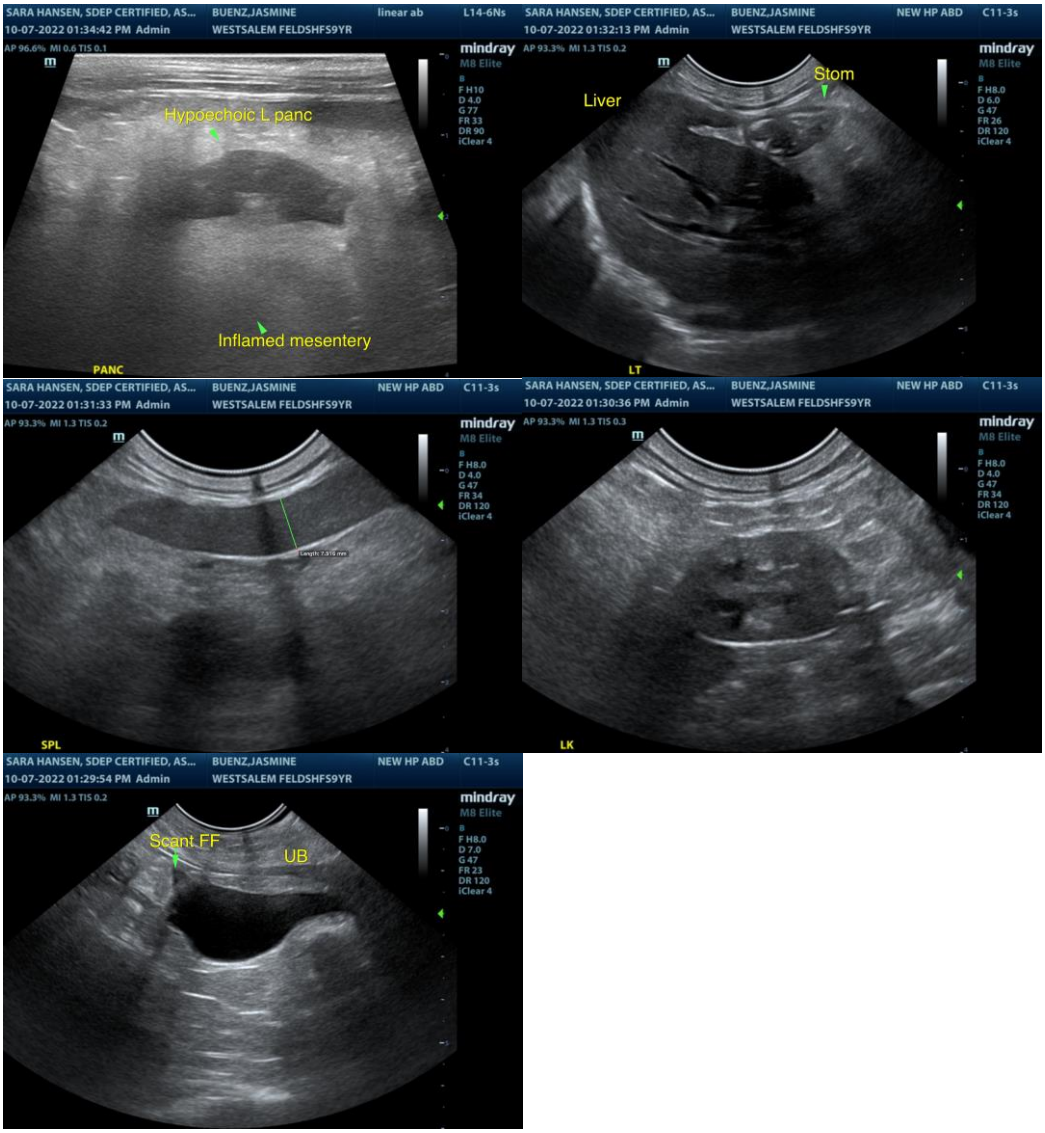

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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