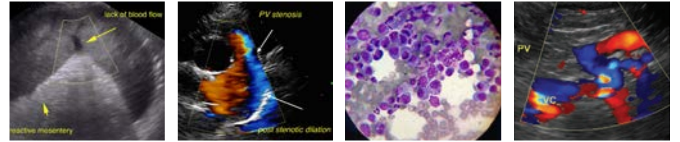

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1-800-838-4268 info@sonopath.com

PATIENT

Penny Brasser

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 8 Months

WEIGHT

12.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Katie Buss

HOSPITAL NAME

Kings Vet Hospital

REFERRING VET

Dr. Katie Buss

INVOICE

33153

DATE

12/1/21

PRESENTING CLINICAL SIGNS

Recent history of pancreatitis and diarrhea and very early renal disease. Currently on Gabapentin, Buprenorphine , and Prednisolone.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 3.4 cm. The right kidney measured 3.5 cm.

Adrenal Glands

The adrenal glands were not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.65 cm in width. 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.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

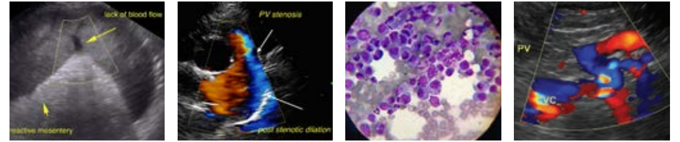
The visualized gastric walls were normal. Gastric body wall measured 0.20 cm. The lumen of the stomach contained moderate echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

The small intestine exhibited intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio, yet segmental propensity for mild mural hypertrophy and mild segmentally prominent muscularis layer. The small intestine contained generalized non-shadowing digesta/chyme. Jejunum wall measured up to 0.29 cm in several segments. No effusion. No overt lymphadenopathy.

The visualized colon exhibited sonographically unremarkable wall layering containing semiformed to soft feces, suggestive of diarrhea.

Pancreas

The left limb of the pancreas was mildly prominent in size with symmetrical contour, mild non-homogeneously echogenic parenchyma with focal intraparenchymal, mildly hypoechoic nodule. The nodule in the left pancreas measured 0.85 cm diameter.



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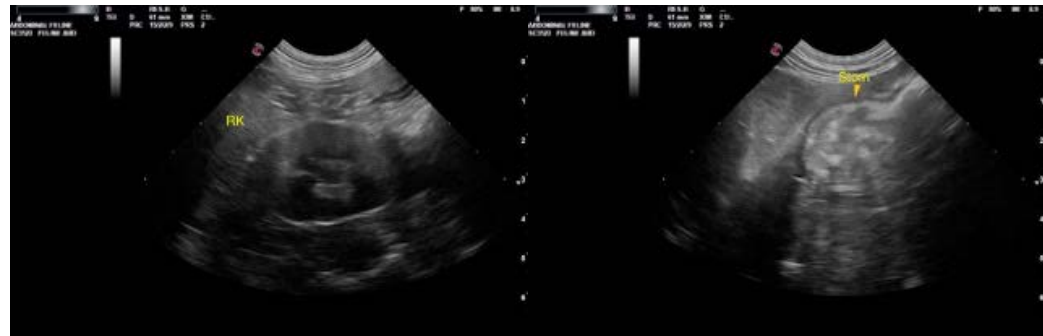
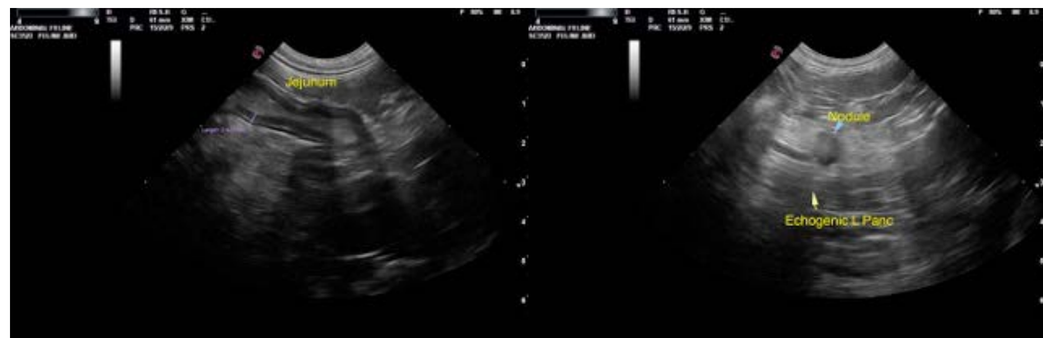
ULTRASONOGRAPHIC FINDINGS

- Echogenic left pancreas with focal intraparenchymal nodule – consistent with chronic pancreatitis with the possibility of emerging pancreatic fibrosis and suspected focal nodular hyperplasia. No overt evidence of pancreatic neoplastic criteria.
- Gastric ingesta
- Segmentally prominent yet intact small bowel wall layering with segmental to generalized digesta/chyme
- Bilateral mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastrointestinal ingesta is non-specific and may correlate with recent meal ingestion. However, if documented NPO, some degree of potential gastrointestinal stasis or inefficient peristalsis may be possible. Dietary indiscretion/food intolerance, occult parasitism (if the patient is indoor/outdoor), or relatively structurally insignificant chronic inflammatory bowel (which may often coincide with chronic pancreatitis) may be possible. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate +/- diarrhea PCR panel. The current Prednisolone use in this patient may potentially be masking intestinal mural changes. A hydrolyzed diet and/or higher fiber diet and high colony count probiotic such as proviable may prove beneficial.





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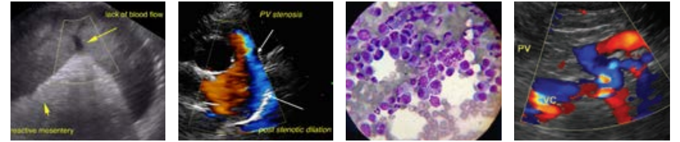

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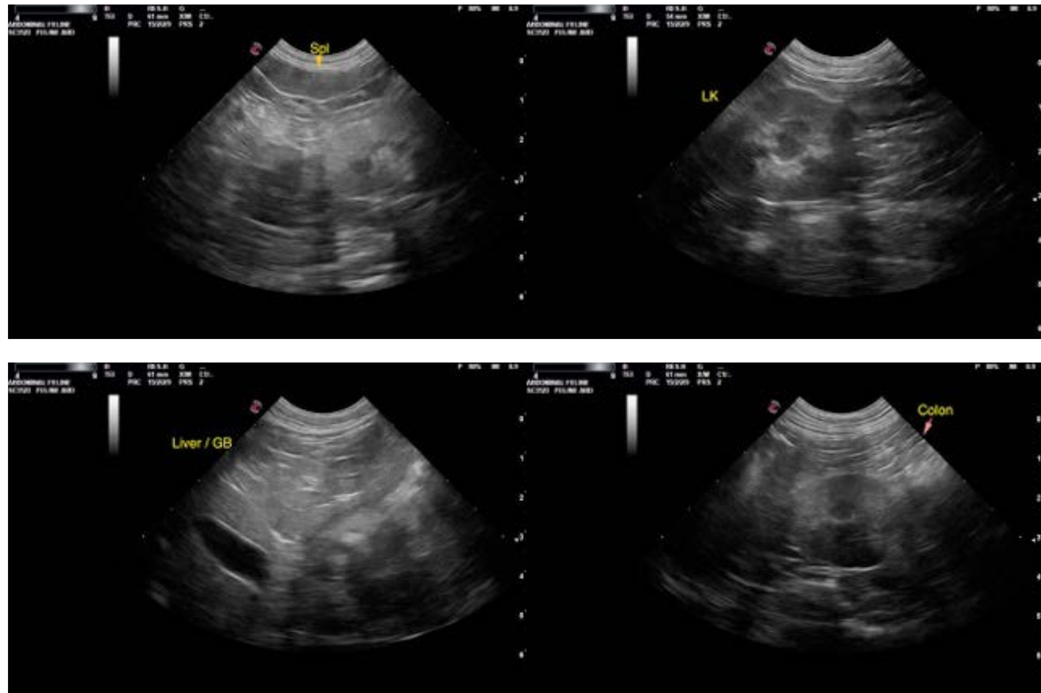

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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