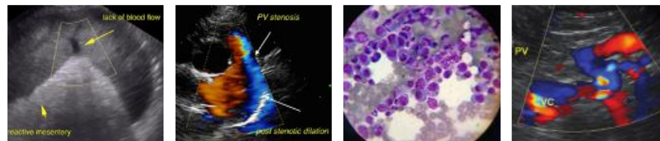

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1-800-838-4268 info@sonopath.com

PATIENT

Phantom Biddescombe

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

6yr

WEIGHT

8.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Andover Animal Hospital

REFERRING VET

Dr. Hummel

INVOICE

12492ag

DATE

12/20/2022

PRESENTING CLINICAL SIGNS

Presented 12/19/22 ADR x 3d, previous PU, vomiting bile.

Current meds: Cerenia sq. R/O Pancreatitis

Abnormal PE/Chem/CBC/UA Results: BUN 113 (30 H); Glucose 341 (later 180, 170). U/A-Glucose 25, ketones neg. , USG 1.055, cbc-wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.8 cm in length. The right kidney measured 4.1 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 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

Spleen

The spleen exhibited subnormal size with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma consistent with volume contraction measuring 0.54 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.

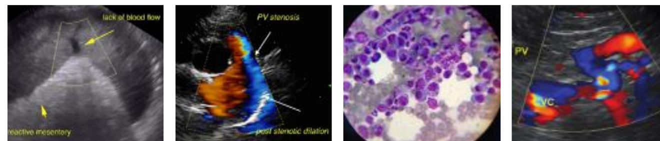
Liver

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 stomach exhibited moderate to significant distention with retained anechoic fluid extending into the pyloric outflow. No overt evidence of ileus, obstruction or foreign material.

The duodenum exhibited generalized moderate to variable distention with retained anechoic fluid exiting caudally to the level of the duodenal flexure. Intact duodenal wall layering was present. The jejunum to the level of the ileum exhibited primarily empty lumen and intact wall layering with 1:3 muscularis/mucosa ratio. Within a segment of the jejunum, moderately shadowing ingesta or echo was



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present without overt evidence of regional fluid dilated intestine. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful on subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. Regional hyperechoic peripancreatic omentum was present as well as mild pancreatic duct dilation.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

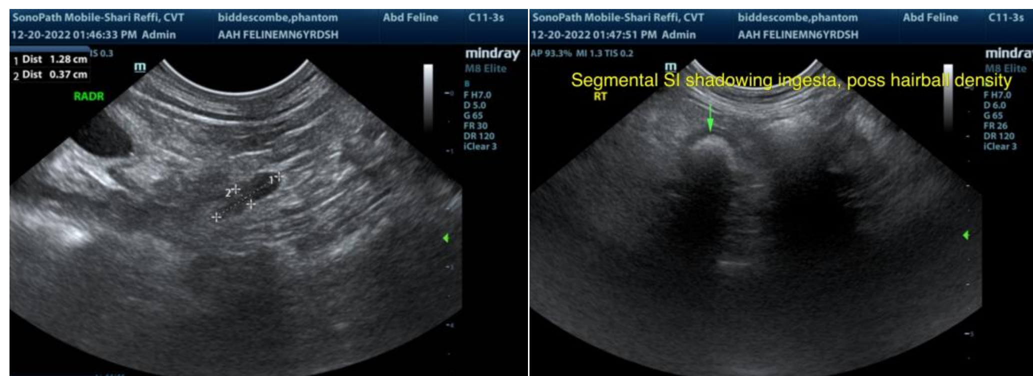
ULTRASONOGRAPHIC FINDINGS

- Pancreatitis with regional peripancreatic reactive to possible mild inflamed mesentery
- Moderate to marked hypomotile stomach and duodenum
- Segmental moderately shadowing jejunal echo, possible hairball density or similar
- Concurrent empty jejunoileum to the level of the ileocolic junction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's clinical signs and moderate to significant upper GI hypomotility may be owing to pancreatitis. The possibility of partially obstructive to potentially passing segmental jejunal foreign material suggestive of hairball density could be present resulting in some degree of obstructive pattern proximal. No overt evidence of primary renal pathology as a contributing factor was present. Given this presentation, hospitalization with 24 hour IVF and GI supportive protocol as well as therapy for pancreatitis and recheck sonogram to assess for progressive persistent gastroduodenal ileus and reassessment of the area of shadowing echo is recommended.

Exploratory laparotomy with gross inspection of the pancreas and with GI biopsies considered essential despite exploratory findings may be indicated if persistent clinical signs or evidence of persistent upper GI stasis.



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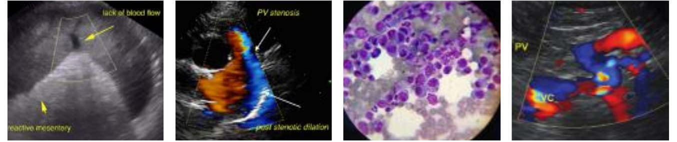

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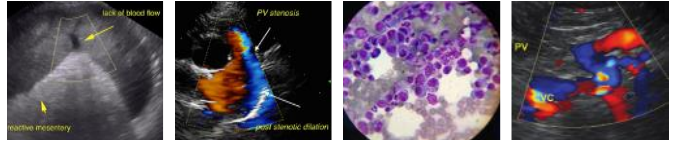
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com