



PATIENT

Rusty Ciccotto

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

18.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Animal Care Centers
of Flanders-

REFERRING VET

Dr. Hallihan

INVOICE

13216

DATE

2/1/22

PRESENTING CLINICAL SIGNS

recheck- hx of pancreatic abscess initially drained on 12/28/21 (13 ml fluid). cultured as enterococcus. Concern over renal due to elevated values

Abnormal PE/Chem/CBC/UA Results: gluc 273, BUN 46, Cre 1.85

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.

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 mild loss of corticomodullary symmetry and definition expected for the age of the patient. Scant pyelectasia was present in the right kidney. Small cortical infarctions were present in both kidneys. The left kidney measured 3.9 cm in length. The right kidney measured 4.5 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 0.45 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.6 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 1.0 cm width.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 presented intact yet subjective mild prominent wall layering adjacent to the pancreas base and left pancreatic limb. The lumen of the stomach was empty without evidence of stasis. The gastric body wall width measured 0.25 cm.



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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 jejunum wall with measured 0.25 cm.

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

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Pancreas

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Moderately sized, previously noted pancreatic abscess subjectively involving the majority of the left pancreatic limb extending into the area of the pancreas base was present measuring approximately 4.5 cm x 4.2 cm. Associated regional reactive to Inflamed mesentery was present around the pancreatic abscess. Concurrent hypoechoic to heterogeneous pancreatic parenchyma with marked pancreatic duct dilation was present. Pancreatic duct dilation measured 0.85 cm diameter. No overt evidence of pancreatic duct mucus or calculi was noted

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Free Abdomen

No free fluid or evidence of overt lymphadenopathy was present.

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18.5 lbs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Persistent pancreatic abscess with regional inflamed mesentery, generalized chronic pancreatitis pattern with marked pancreatic duct dilation
- Mild chronic renal changes with small cortical infarctions, minor subjectively static right kidney pyelectasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided drainage of the pancreatic abscess for culture and sensitivity was performed without complication. Based on culture and sensitivity results, aggressive antibiotic therapy and as-needed supportive care is warranted with sonographic monitoring of the pancreatic abscess. Potential for underlying necrosis or nonobvious neoplasia cannot be definitively excluded.

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If recurrent abscess formation, surgical options with surgical consultation could be considered. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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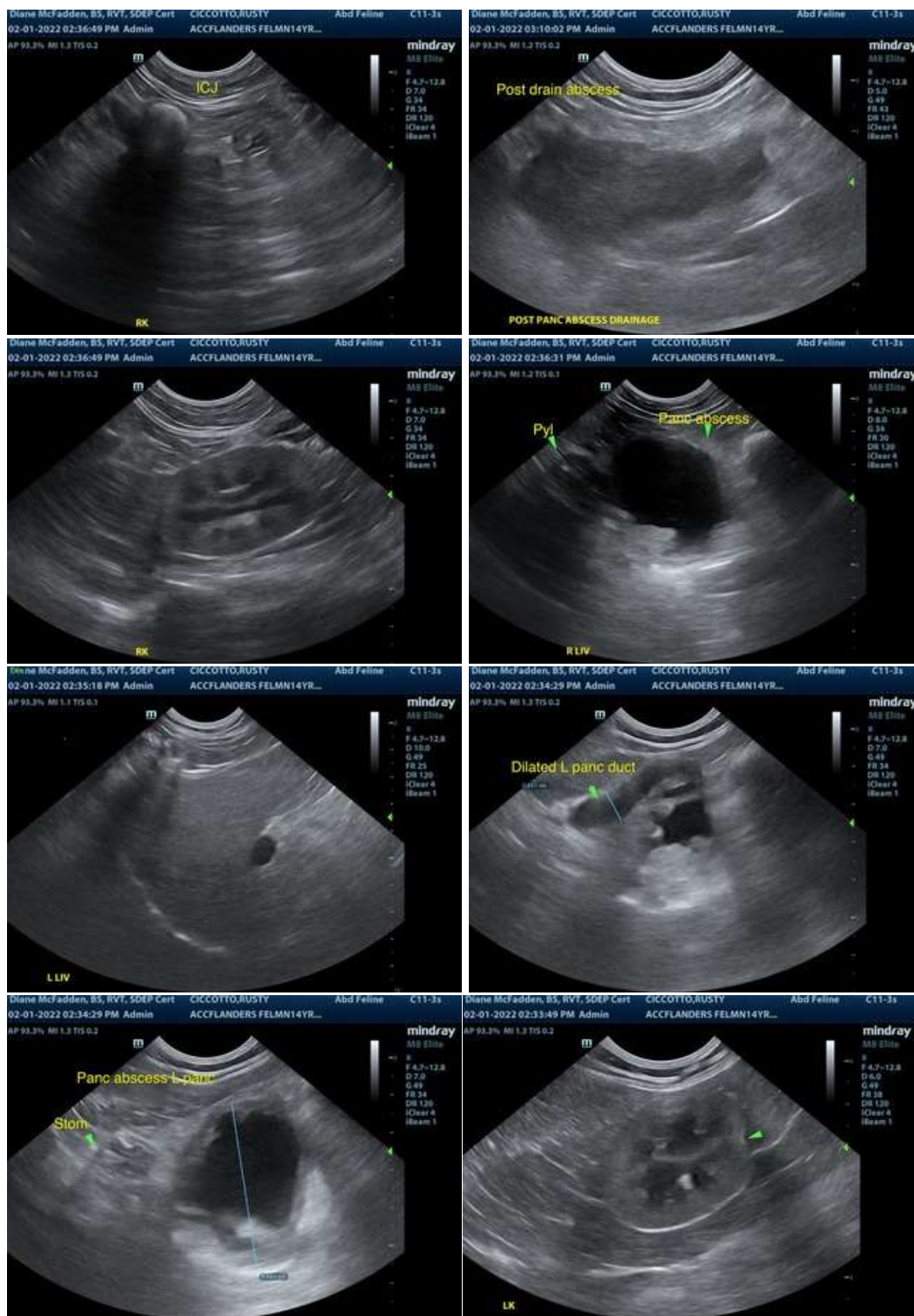
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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