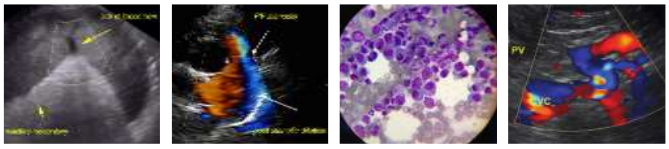
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Lucy Risdell

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16 years

WEIGHT

8.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional VH

REFERRING VET

Dr. Giammanco

INVOICE

13315

DATE

2/11/22

PRESENTING CLINICAL SIGNS

Assess kidneys, rule out GI lymphoma vs. other neoplasia. Current meds: prednisone, mirtazapine, Cerenia, Timolo/Dorzolomide.
Abnormal PE/Chem/CBC/UA Results: Anemia, azotemia, hyperthyroidism.

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 corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.3 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 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width.

Spleen

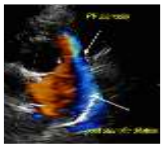
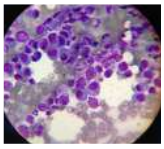
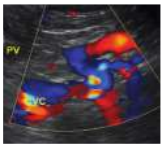
The spleen was subnormal in size likely owing to volume contraction exhibiting a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.57 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 wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.24 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 width measured 0.20 cm.

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

Pancreas

The pancreas exhibited generalized enlargement and asymmetrical contour with hypoechoic to nonhomogeneous parenchyma with generalized moderate pancreatic duct dilation. A solitary, mildly expansive, nonhomogeneous yet isoechoic pancreatic nodule was present in the area of the proximal left pancreatic limb to pancreas base measuring 1.5 cm in diameter.

Free Abdomen

Generalized reactive mesentery primarily around the pancreas with mild volume peritoneal free fluid was present. Transdiaphragmatic view of the caudal thorax revealed suspected scant to minor caudal pleural free fluid. No overt lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Active to chronic active pancreatitis exhibiting generalized pancreatic duct dilation and nonspecific nodule
- Generalized primarily peripancreatic reactive mesentery and mild volume peritoneal free fluid
- Suspect concurrent scant to minor pleural free fluid
- Overtly normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for focal emerging or potentially generalized pancreatic neoplasia, which may present in a similar sonographic manner as active to chronic active inflammation, cannot be excluded. Assuming normal clotting status, ultrasound guided FNA of the pancreas, specifically the area of the pancreatic nodule in the pancreas base if accessible and using a 25-gauge needle, could be considered for screening cytology.

Effusion analysis cytology +/- culture and sensitivity, if evidence of inflammatory cells, could also be considered.

A GI panel to include PLI/TLI/Cobalamin/Folate to assess for or rule out concurrent structurally insignificant gastrointestinal disease and further assessment of the pancreas Is warranted. Empirically, as-needed gastrointestinal support and medical therapy for active to chronic active pancreatitis is recommended. Three view chest radiographs are recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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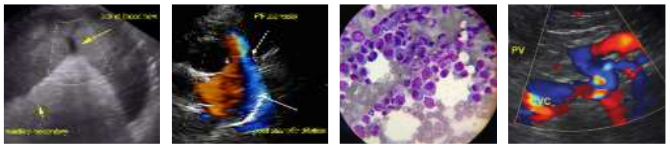

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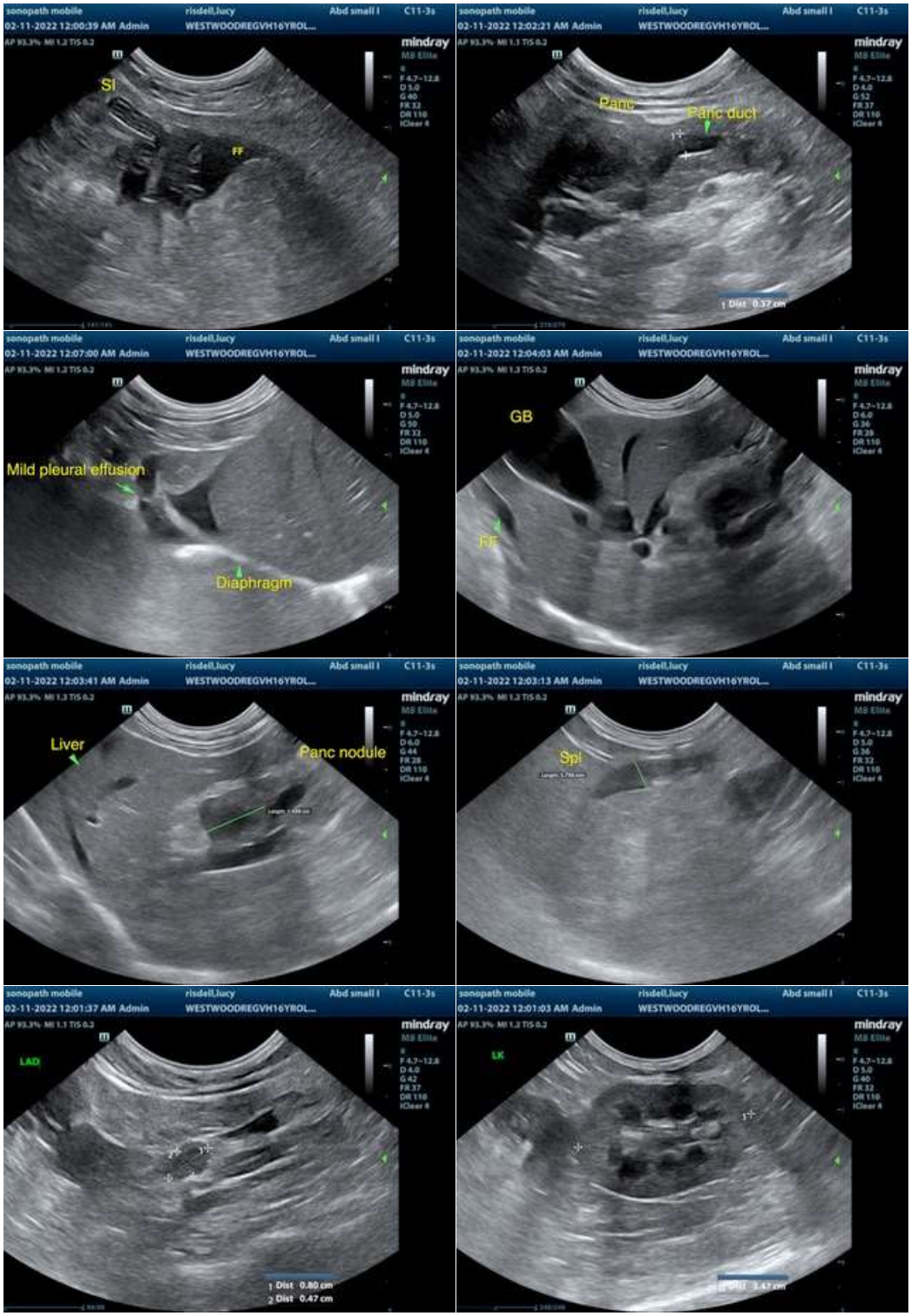

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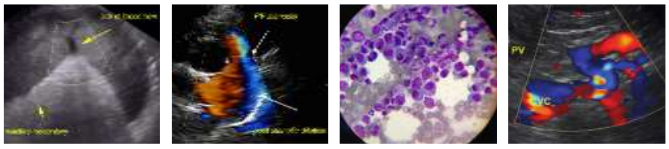

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

Crain SK, Sharkey LC, Cordner AP, Knudson C, Armstrong PJ. Safety of ultrasound-guided fine-needle aspiration of the feline pancreas: a case-control study. J Feline Med Surg. 2015 17(10):858-63.

The safety of fine-needle aspiration (FNA) of the feline pancreas has not been reported. The incidence of complications following ultrasound-guided pancreatic FNA in 73 cats (pancreatic aspirate [PA] cats) with clinical and ultrasonographic evidence of pancreatic disease was compared with complications in two groups of matched control cats also diagnosed with pancreatic disease that either had abdominal organs other than the pancreas aspirated (control FNA, n = 63) or no aspirates performed (control no FNA, n = 61). The complication rate within 48 h of the ultrasound and/or aspirate procedure did not differ among the PA cats (11%), control FNA (14%) or control no FNA (8%) cats. There was no difference in rate of survival to discharge (82%, 84% and 83%, respectively) or length of hospital stay among groups. The cytologic recovery rate for the pancreatic samples was 67%. Correlation with histopathology, available in seven cases, was 86%. Pancreatic FNA in cats is a safe procedure requiring further investigation to establish diagnostic value.