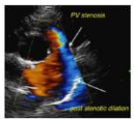
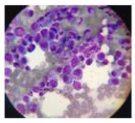
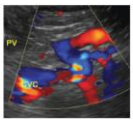




PATIENT

Baby Roll

SPECIES

Feline

BREED

DSH

SEX

NM

AGE

9 years

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hartmann

INVOICE

16182

DATE

2/16/23

PRESENTING CLINICAL SIGNS

Initially presented 2/13 for not eating, lethargic. Lab work revealed DKA + pancreatitis. Hospitalization has been done the last 3 days between here and the Animal Emergency Center. Supportive care (fluids, insulin, antibiotics, force feeding, pain control). Painful abdomen. Ultrasound showed large urinary bladder. Has not urinated in at least 12 hours. Unable to manually express bladder.

Abnormal PE/Chem/CBC/UA Results: 2/14 UA - Gluc 1000, Ket 15 2/13 BW - Fpl abnormal, Glu 374, BUN 14, ALT 134, T Bili 1.2, Chol 242 2/15 (At ER) - Neut 15.58, EOS 1.07, T Bili 3.5, BUN 15, CA 7.8, Glu 206, Na 140 Abdomocentesis: orange cloudy SpGr 1.015 Cystocentesis: clear yellow SpGr 1.015

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was distended in size with subjective normal tone and normal appearance to the urinary bladder walls without evidence of inflammatory or neoplastic criteria. Anechoic urine was present with no sediment or calculi. The trigone and cystourethral junction were free of obstructive pathology. The proximal urethra exhibited minor dilation and urine retention to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

Minor bilateral renomegaly was present. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and adequate corticomedullary border distinction was present. Mild pyelectasia to possible emerging hydronephrosis was present in both kidneys. The left kidney measured 5.0 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

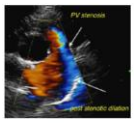
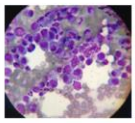
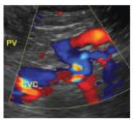
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

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.

Liver/ Gallbladder

The liver presented mild to moderate enlargement. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was empty without evidence of retained ingesta, fluid, or foreign material.

The duodenum exhibited prominent wall layering exhibiting intact to indistinct wall layer detail. Minor duodenal ileus was present extending to the level of the duodenal flexure. The jejunum and ileum to the level of the colon was sonographically unremarkable.

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

Pancreas

Diffuse enlargement of the left limb of the pancreas, pancreas base, and right pancreatic limb 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 peripancreatic to mid to cranial abdominal peritonitis was present.

Free Abdomen

Mild to moderate volume peritoneal free fluid was present. No omental masses or lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

- Distended urinary bladder and visible proximal urethra - possible post-urinary obstruction
- Active subjective moderate pancreatitis with associated peripancreatic to regional peritonitis, mild to moderate volume peritoneal effusion - secondary gastroduodenitis
- Diabetic hepatopathy pattern
- Bilateral pyelectasia to emerging hydronephrosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for pancreatic neoplastic criteria is thought less likely yet cannot be definitively excluded as moderate to significant pancreatic inflammatory changes and neoplastic criteria may appear similar. Further assessment may include peritoneal effusion analysis, cytology, +/- C/S if evidence of inflammatory cells.

Urethral catheterization is recommended given the lack of reported urination as the mild emerging bilateral hydronephrosis may be secondary to combination IV fluid therapy and lack of urination. Aggressive therapy for active pancreatitis with DKA protocol, analgesia, antibiotics if clinically indicated, as-needed gastrointestinal support, and an assessment of clinical and renal response, with close monitoring of body temperature and calcium levels as hypothermia and hypocalcemia may be

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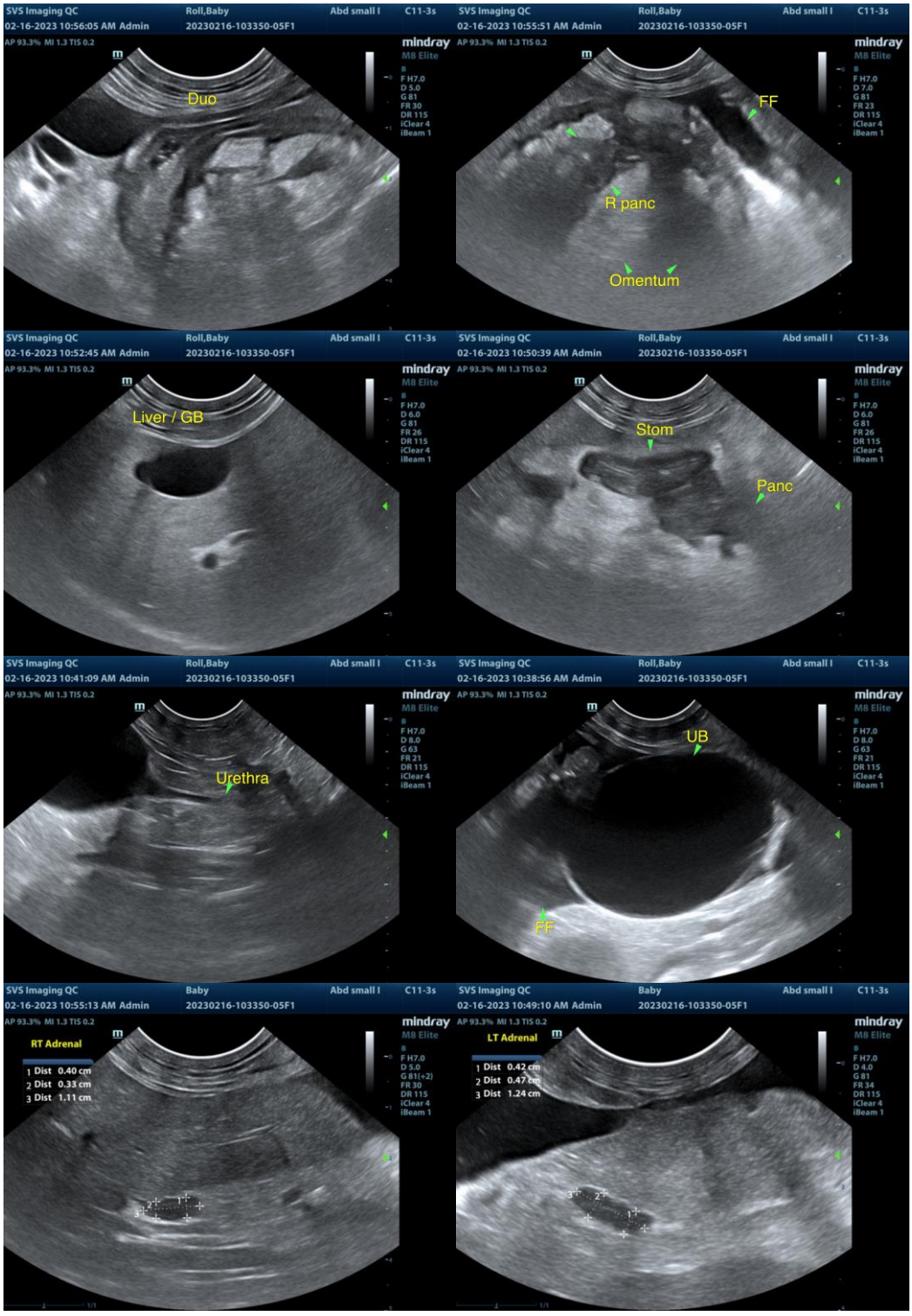
negative prognostic indicators in cases of pancreatitis in cats, is recommended. An extremely guarded prognosis is warranted.



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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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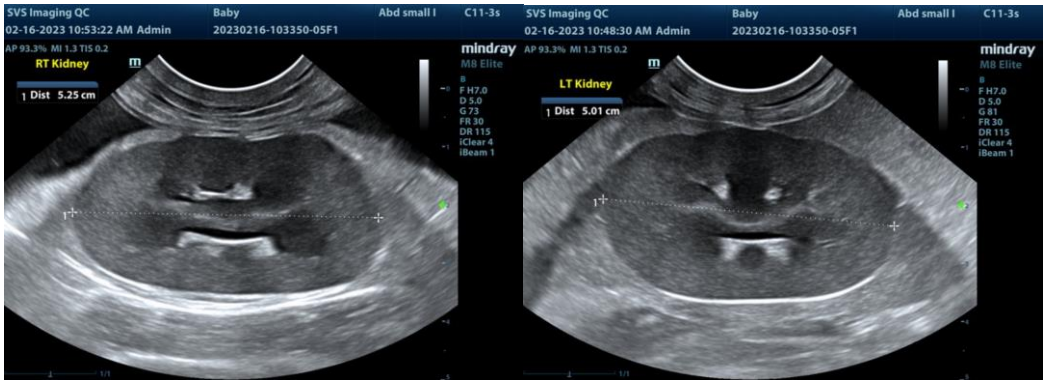

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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