

PATIENT

Clyde Kowalski

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

12.9 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gallick

HOSPITAL NAME

Magnolia Springs VC

REFERRING VET

Dr. Melissa Gallick

INVOICE

14125

DATE

2/28/22

PRESENTING CLINICAL SIGNS

History: Pt has had diarrhea for a couple weeks, recently not wanting to eat as much, more lethargic, Abnormal PE/Chem/CBC/UA Results: Strong abnormal fpl, elevated pancreatic and liver enzymes, chronic diarrhea managed with pred and b12, high white cell count

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 were noted. Aortic trifurcation was normal.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Nonobstructive medullary renoliths were present. An example of right medullary renolith measured 0.50 cm in diameter. The left kidney measured 4.1 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left or right 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 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

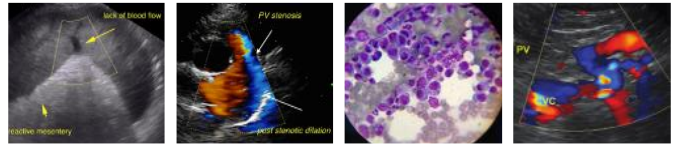
The liver exhibited mild to possible moderate generalized enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Focal to intermittent areas of nonobstructive biliary tree mineral present. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was subnormal in size potentially owing to the presence of gastric ingesta without overt pathology or evidence of posthepatic obstruction.

Gastrointestinal

The visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained moderate, primarily non-shadowing gastric ingesta without signs of obstruction or foreign material. The ventral gastric body wall measured 0.28 cm.

The small intestine presented intact wall layering with segmental to generalized propensity for prominent mucosa as well as indistinct increased mucosa echogenicity to minor mucosal fogging. The



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jejunum wall measured 0.27 cm - 0.33 cm. The duodenum wall measured 0.38 cm. No overt evidence of small intestinal masses.

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Normal visible colon wall layers were present with subjective semi-formed to soft feces in lumen.

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Pancreas

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The pancreas exhibited generalized marked to significant enlargement with asymmetrical contour and nonuniform hypoechoic to indistinctly nodular parenchyma. Focal, small pancreatic cyst was present. The pancreas measured approximately 2.0 cm in width. Associated, regional primarily peripancreatic reactive mesentery was present.

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Free Abdomen

No evidence of free fluid or significant lymphadenopathy.

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ULTRASONOGRAPHIC FINDINGS

AGE

- Bilateral, nonspecific chronic renal changes with nonobstructive medullary renolithiasis
- Hepatopathy with focal to intermittent, nonobstructive biliary tree mineral- subjectively benign
- Significant active pancreatitis pattern, exhibiting nonuniform, hypoechoic to indistinctly nodular, focally cystic parenchyma, associated primarily peripancreatic reactive mesentery
- Chronic enteropathy, exhibiting moderate duodenitis, retained gastric ingesta/chyme and generalized propensity for prominent to subtly echogenic mucosal layer

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Potential for pancreatic neoplastic, which may present in similar sonographic manner cannot be excluded. Assuming normal clotting status, ultrasound guided FNA of the pancreas, using 25-gauge needle, could be considered. Potential for chronic triad disease may be considered in this patient.

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In addition to current therapy, hydrolyzed or potential higher fiber diet trial and high colony count probiotics, such as Provable, may prove beneficial.

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If documented NPO, the presence of gastric ingesta may indicate some degree of gastric hypomotility. Reassessment of cobalamin levels (if not recently done) could be considered.

Sampling the pancreas

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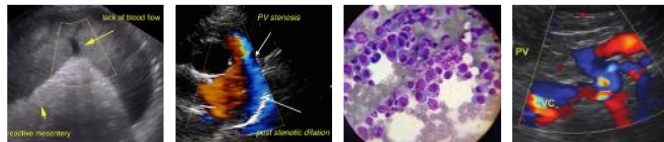
Crain SK, Sharkey LC, Corder AP, Knudson C, Armstrong PJ. Safety of ultrasound-guided fine-needle aspiration of the feline pancreas: a case-control study. J Feline Med Surg. 2015 17(10):858-63.

14125

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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

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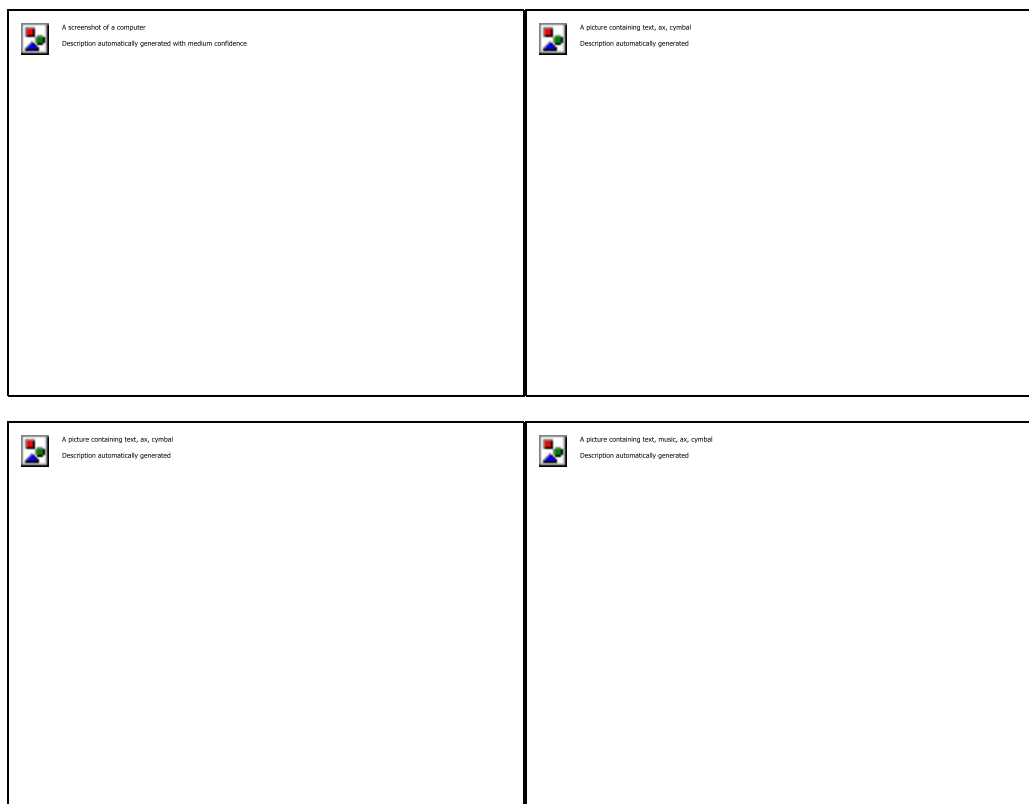
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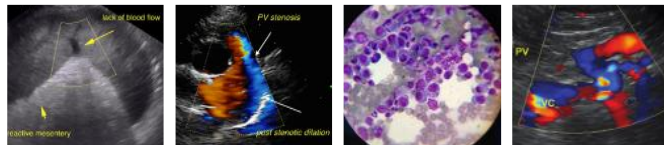
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two groups of matched control cats also diagnosed with pancreatic disease that either had abdominal organs other than the pancreas aspirated (control FNA, n = 63) or no aspirates performed (control no FNA, n = 61). The complication rate within 48 h 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.





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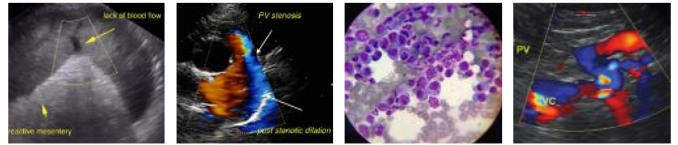
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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can be of any further assistance please contact me.

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info@SonoPath.com

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