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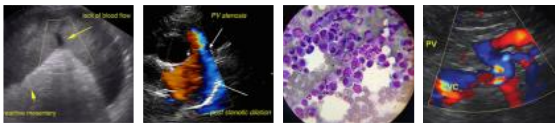


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

PJ Piccioni

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

17 y

WEIGHT

7.62 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Eugene AH

REFERRING VET

Dr. Polk

INVOICE

16386

DATE

3/15/23

PRESENTING CLINICAL SIGNS

Painful cranial abdomen. Current Medications Cerenia 4mg, Pred 5 mg Primary Question/Differential to Be Answered in This Exam Cause of general ADR, suspect pancreatitis or enteropathy. Neoplasia is on my r/o list.

Abnormal PE/Chem/CBC/UA Results: retic hgb 13.7, neutrophils 16,288, SDMA 19, Crea 2.7, BUN 47, ALT 234, BNP 479, USG 1.014, UPC 1,

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 asymmetrical 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia was present. Moderate right kidney hydronephrosis was noted with fluid dilation extending mildly into the right kidney lateral diverticuli. No evidence of left or right ureter obstructive pattern was noted. Pinpoint medullary mineral was noted. The left kidney measured 3.1 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

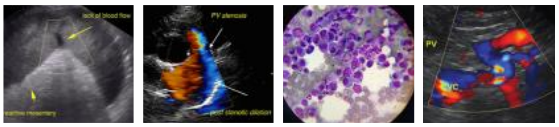
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31cm width.

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 0.97 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was mildly enlarged with a symmetrical capsule contour exhibiting normal hepatic parenchyma echogenicity with moderate coarse echotexture. The gallbladder was non-distended in size containing anechoic content with mild echogenic gallbladder debris. Generalized torturous mild to moderate common bile duct dilation was noted extending from the mildly dilated cystic biliary duct



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caudally to the level of the duodenal papilla. Subjective mild thickened duodenal papilla was noted. The common bile duct dilation measured approximately 0.66 cm diameter subjectively.

Gastrointestinal

The stomach presented intact wall layering with mildly prominent wall layering noted in the area of the pylorus. Minor retained pyloric fluid was noted.

The small intestine presented intact wall layering with propensity for prominent wall layering in the duodenum and segmental jejunum without evidence of loss of intestinal wall layering, intestinal masses, or obstructive criteria. Mild duodenal ileus was present. The duodenum wall measured 0.30 cm width. The jejunum wall measured 0.29 cm width. No overt pathology was noted in the area of the ileocolic junction, measuring 0.31 cm.

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic, perihepatic, and peri intestinal hyperechoic omentum. No overt evidence of neoplasia.

Free Abdomen

No free fluid, omental masses, or evidence of omental lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

- Chronic nephropathy with mild left kidney pyelectasia and moderate right kidney hydronephrosis
- Cholangitis / cholangiohepatitis hepatobiliary pattern
- Chronic active pancreatitis
- Suspect inflammatory enteropathy including mild duodenitis, subjective mildly thickened duodenal papilla (nonspecific)

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. No overt evidence of post renal obstructive criteria was noted.

Screening hepatic FNA cytology, assuming normal clotting status and using a 25-gauge needle, could be considered for further clarification and potential identification of inflammatory cell type if present.

Given the lack of reported cholestasis or icterus, post hepatic obstruction is considered less likely. However, clinical monitoring for evidence of progressive cholestasis or icterus and sonographic reassessment of the common bile duct and duodenal papilla, if clinically indicated, is recommended.

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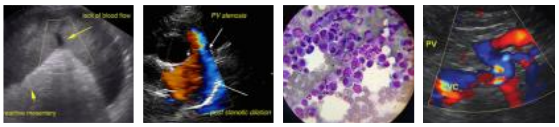

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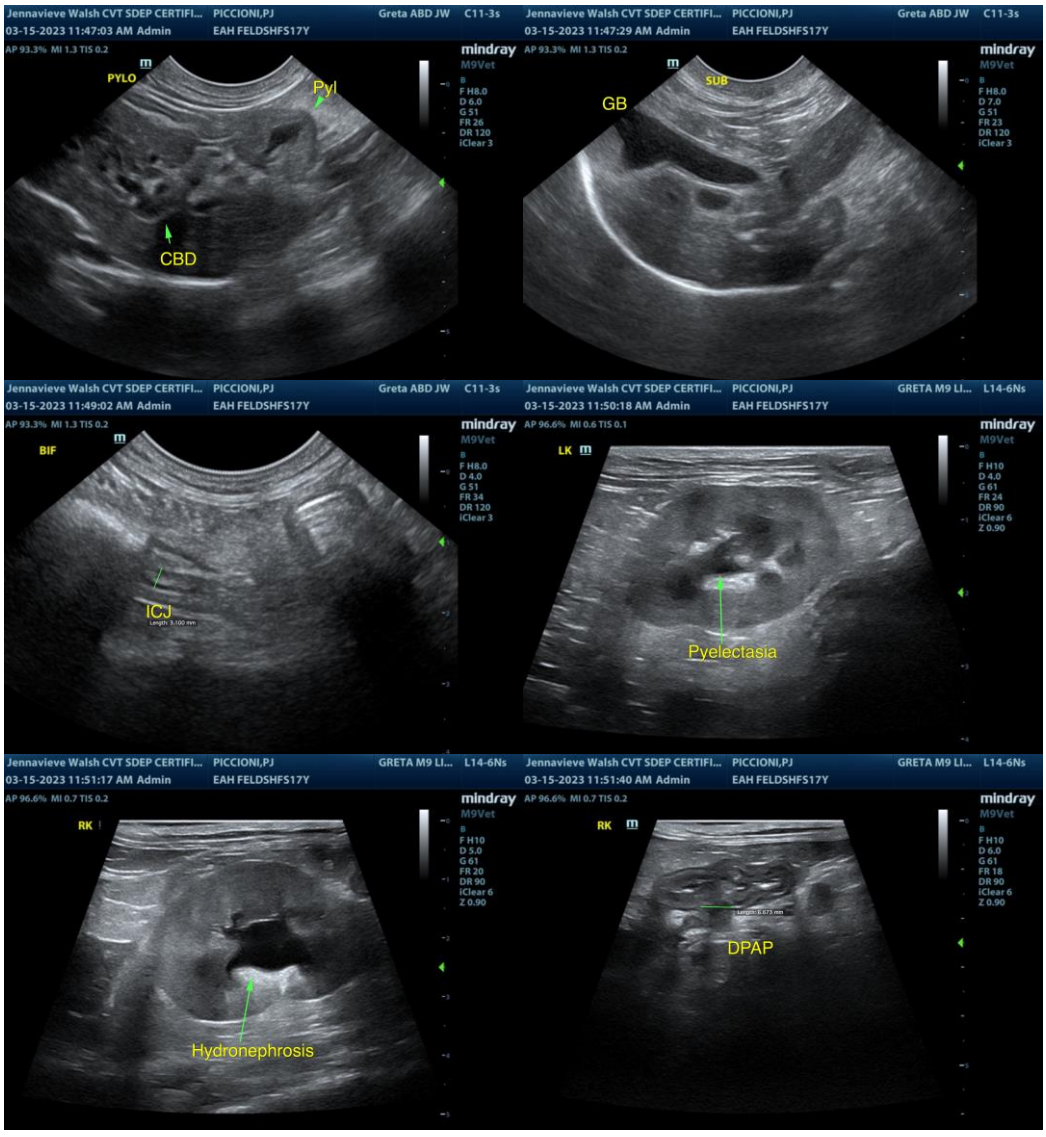
No definitive evidence of intraabdominal neoplastic criteria was present. Chronic Triad Disease may be a consideration in this patient if progressive gastrointestinal signs or weight loss are noted, as the current Prednisolone may be masking intestinal mural changes. Empirically, as-needed gastrointestinal support and therapy for cholangiohepatitis / pancreatitis and/or Triad Disease with an assessment of clinical response could be considered.



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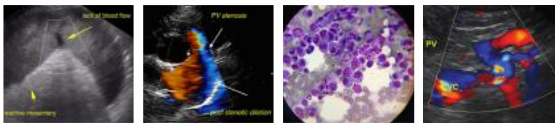

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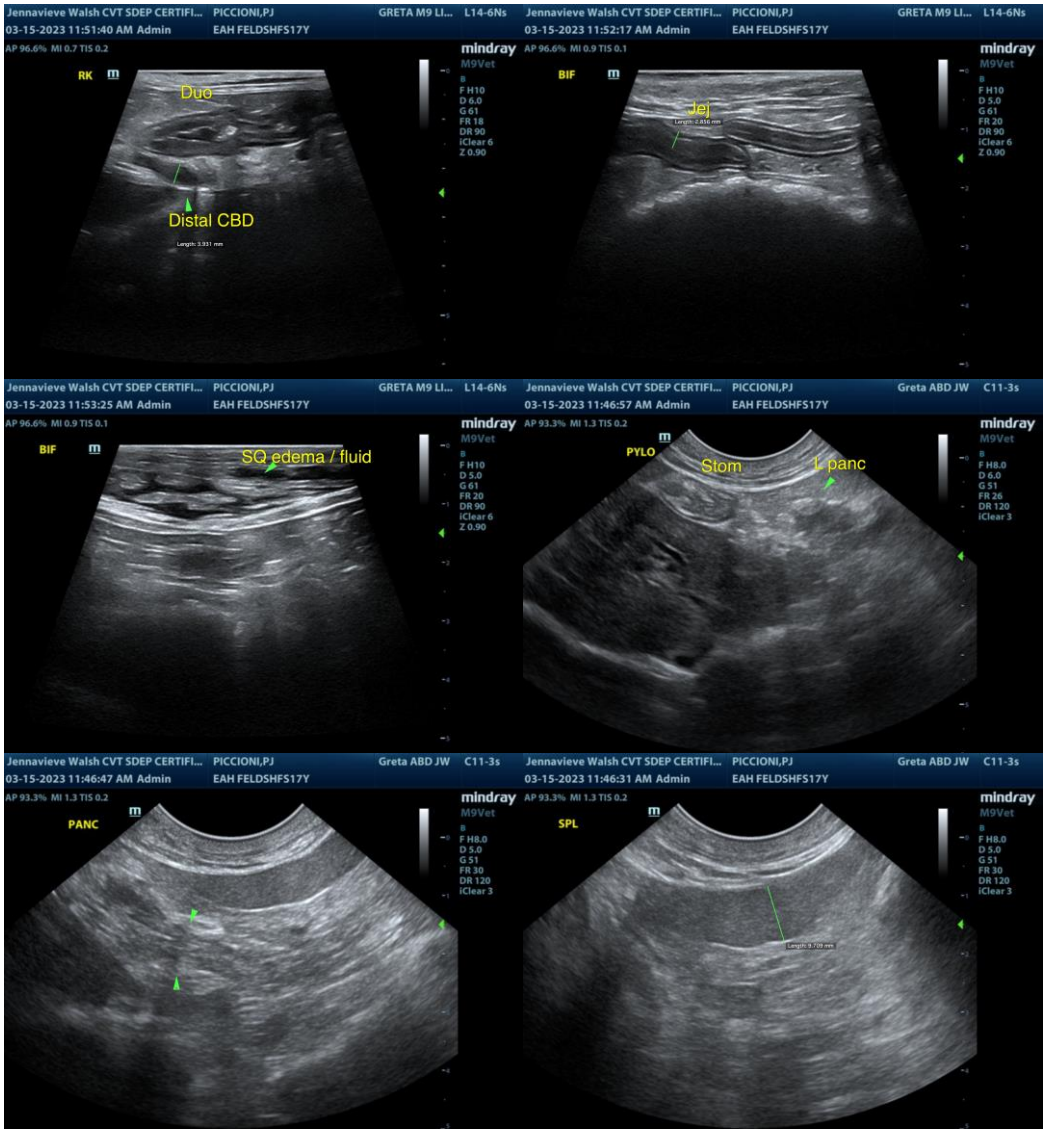

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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