SonoPath
Clinical Sonography & Telecytology
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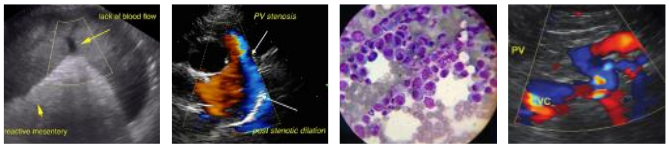


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
McPhee Carpenter

SPECIES
Feline

BREED
DSH

SEX
M/N

AGE
14 years

WEIGHT
5.75 kg

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

IMAGING PERFORMED BY
Dave Stasiuk RDMS, RDCS

HOSPITAL NAME
Glamorgan Animal Clinic

REFERRING VET
Glamorgan Animal Clinic

INVOICE
16418

DATE
3/21/23

PRESENTING CLINICAL SIGNS

Vomiting. weight loss. Inappetence.

Very high Spec fPL. Rule out pancreatitis.

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. Left kidney lateral cortical infarct was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 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 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

Spleen

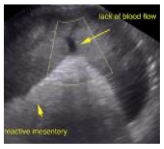
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

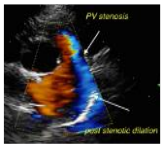
Liver/ Gallbladder

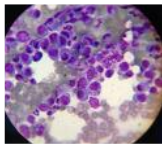
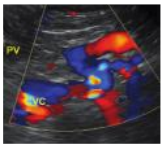
The liver was subjectively normal in size, structure, and contour. The liver parenchyma exhibited overall normal echogenicity with minor parenchymal remodeling. A solitary, small, thinly walled, nondisruptive intraparenchymal cyst was present in the ventral caudal liver measuring 0.85 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild echogenic gallbladder debris. The cystic and common bile ducts were normal. No evidence of gallbladder inflammatory criteria was noted.

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 0.25 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 duodenum wall measured 0.25 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.30 cm width.

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

Pancreas

The pancreas exhibited generalized moderate to variable enlargement with capsule asymmetry and nonhomogeneously hypoechoic indistinctly nodular pancreatic parenchyma and mild evidence of peripancreatic hyperechoic omentum and potential for scant perihepatic free fluid. Moderate left limb pancreatic duct dilation was present.

Free Abdomen

No omental masses or overt lymphadenopathy were present.

ULTRASONOGRAPHIC FINDINGS

- Variably enlarged to irregular, nonhomogeneous to hypoechoic nodular pancreas
- Structurally normal gastrointestinal tract
- Minor hepatic parenchymal remodeling with solitary benign ventrocaudal intraparenchymal cyst
- Mild gallbladder debris
- Chronic renal changes with left kidney lateral cortical infarct

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the pancreas is suggestive of active to chronic active pancreatitis. Potential for pancreatic neoplastic criteria, which may present in a similar sonographic manner, cannot be definitively excluded. Assuming normal clotting status and using a 25-gauge needle, pancreatic FNA cytology could be considered for further clarification. Assessment of cobalamin and folate levels, as well as assessment of hepatic enzyme elevations, if not recently done, to assess for occult intestinal or Triad disease as contributing factors to the patient's weight loss is warranted.

Empirically, therapy for active to chronic active pancreatitis with as-needed supportive care, assessment of clinical response, and possible recheck sonogram would be reasonable. Monitoring for evidence of hypothermia or hypocalcemia is suggested, as these may be negative prognostic indicators in cats with pancreatitis.

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

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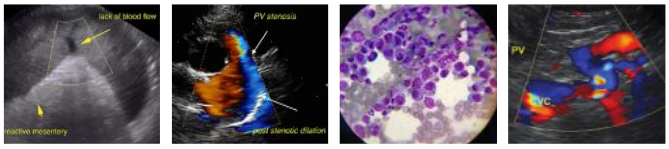

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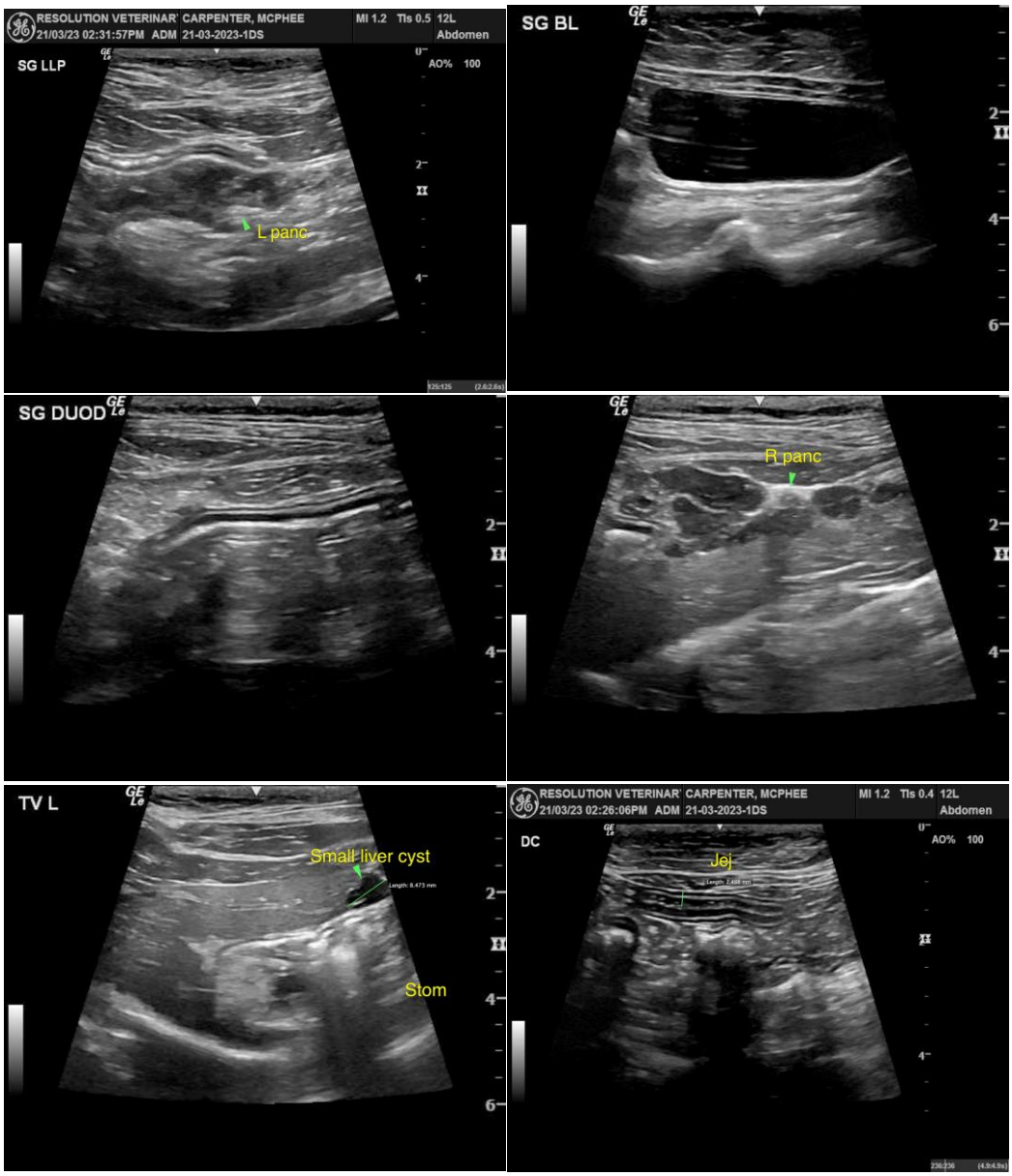
two groups of matched control cats also diagnosed with pancreatic disease that either had abdominal organs other than the pancreas aspirated (control FNA, n = 63) or no aspirates performed (control no FNA, n = 61). The complication rate within 48 h of the ultrasound and/or aspirate procedure did not 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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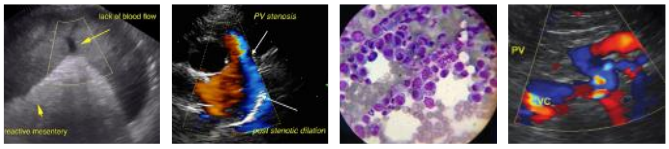

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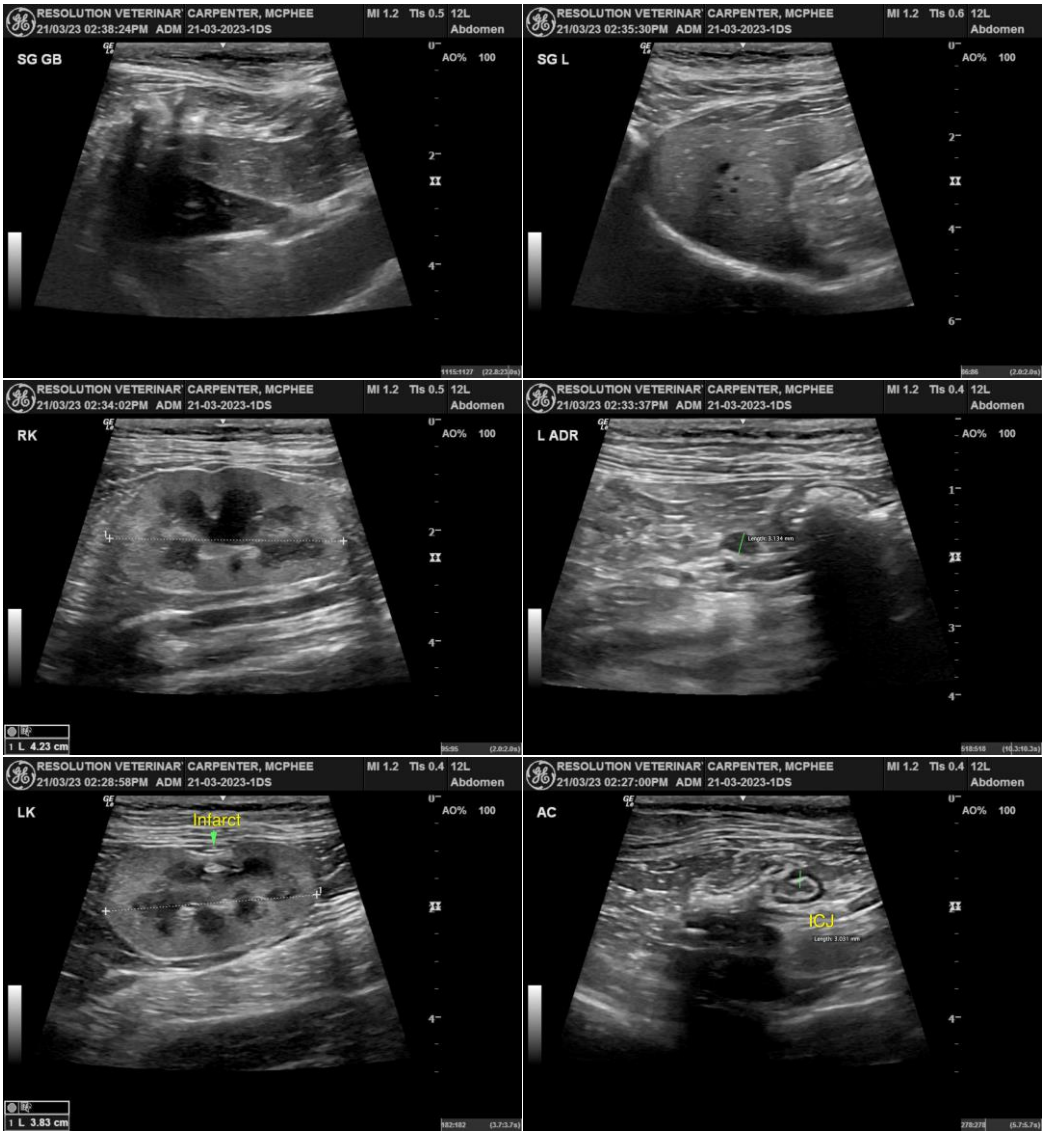

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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