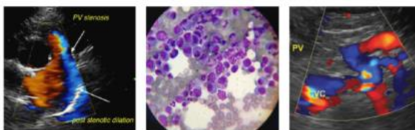


PATIENT

Ebony Staneva
267066

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

17 Years 10 Months

WEIGHT

4.5 kg

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

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

EVRC- Dr. Greer

INVOICE

14641

DATE

4/8/22

PRESENTING CLINICAL SIGNS

History: Several day history of lethargy, anorexia and vomiting (hasn't vomited since given cerenia a few days ago) Hx- Diabetes- not well controlled, Hyperthyroidism, CKD

Abnormal PE/Chem/CBC/UA Results: 4/6/22: CBC- WBC 39 (H), Neuts 34.2 (H), Bands 1.9 (H) Chem-BUN 57 (H), Crea 3.2 (H), Glu 455 (H) T4- 1.9 (N) Fructosamine 649 (H) Ua- USG 1.024, Glu 3+, Ketones neg, RBC 21-50/HPF, WBC 0-1/HPF

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. Primarily anechoic urine was present in the lumen. Primarily dependent to mildly nondependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. Aortic trifurcation was normal.

The right kidney was normal in size and overall contour. 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. Areas of nonobstructive medullary mineral were present. Minor right kidney pyelectasia was present. The right kidney measured 3.8 cm in length.

The left kidney was subnormal in size. Marked loss of corticomedullary border demarcation with moderate hydronephrosis was noted. Concurrent, mild generalized left hydroureter, exiting the left kidney, extending caudally to the approximate level of the urinary bladder was present. The left ureter dilation measured 0.18 cm. A definitive area of left ureter obstruction was not overtly evident. The left kidney measured 2.5 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm.

The right adrenal gland was not overtly visualized.

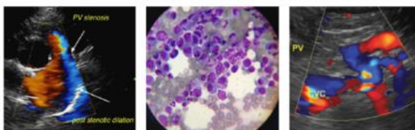
Spleen

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 revealed generalized 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. Intermittent, thinly walled intraparenchymal hepatic cysts were present.

The gallbladder was mildly distended with mild nonobstructive dilation of the proximal common bile duct. Primarily anechoic content was noted in the gallbladder with mild particulate sediment.



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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 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 measured 0.25 cm. The duodenum wall measured 0.25 cm. The ileocolic wall measured 0.25 cm.

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

Pancreas

The pancreas revealed generalized asymmetrical enlargement with nonuniform hypoechoic to nodular parenchyma, most notable in the left and right pancreatic limbs. Regional peripancreatic reactive mesentery was noted.

Free Abdomen

Subtle generalized reactive mesentery. Small intermittent scant pocket of peritoneal free fluid noted. No overt lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment with potential pyuria
- Left kidney subnormal size with moderate hydronephrosis, concurrent generalized mild left hydroureter
- Right kidney moderate chronic renal changes with nonobstructive medullary mineral and minor pyelectasia
- Hepatomegaly, exhibiting parenchyma hyperechogenicity and intermittent parenchymal cysts- consistent with metabolic/reactive/vacuolar (diabetic) hepatopathy, potential for lipidosis, inflammatory hepatopathy (i.e., cholangiohepatitis) or less likely neoplasia possible.
- Mild gallbladder debris with minor nonobstructive proximal common bile duct dilation
- Enlarged asymmetrical hypoechoic to nodular pancreas- active to chronic active pancreatitis with nodular hyperplasia, potential for neoplastic criteria.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatopancreatic FNA, using 25-gauge needles warranted for screening cytology. Urine culture and sensitivity, on sterile urine sample is recommended. Functionality of the left kidney is likely minimal, potential for emerging left ureter obstruction cannot be definitively excluded yet left ureter calculi, stricture or other pathology was not overtly visualized.

Empirically, hospitalization with stabilization of serum glucose levels along with conservative gastrointestinal support and medical therapy for active pancreatitis would be reasonable.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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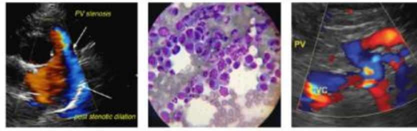
fredgromalak@gmail.com



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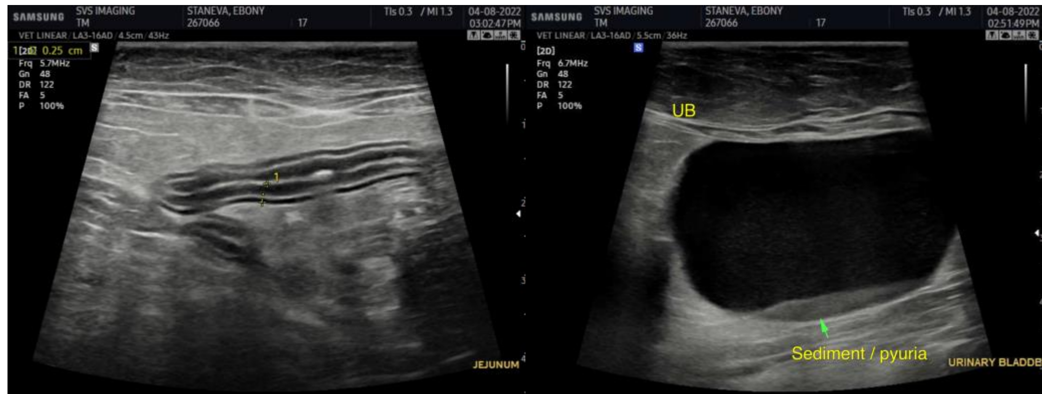

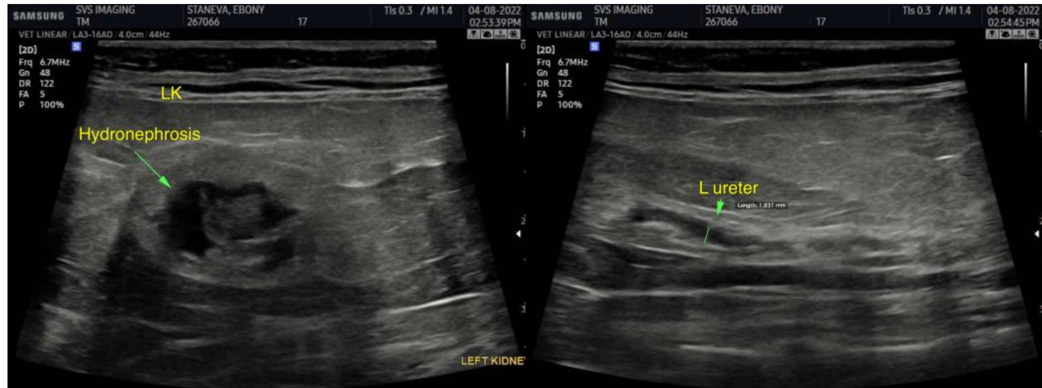

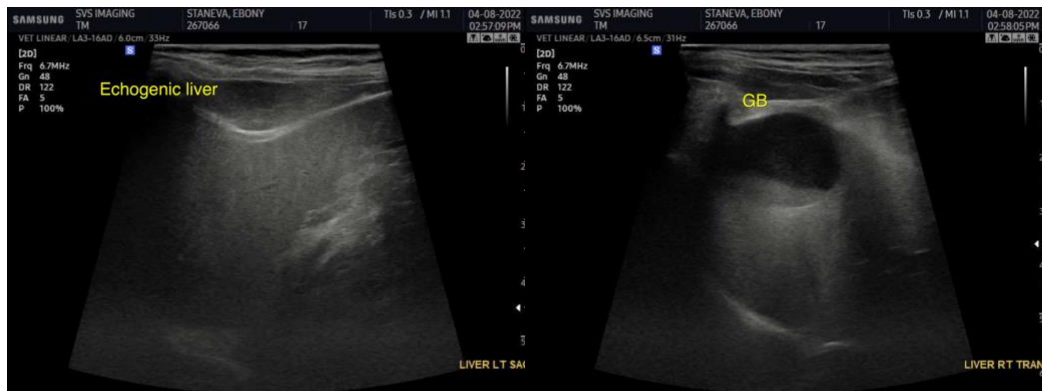

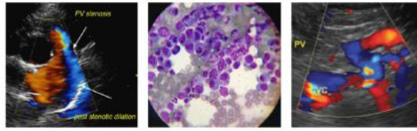

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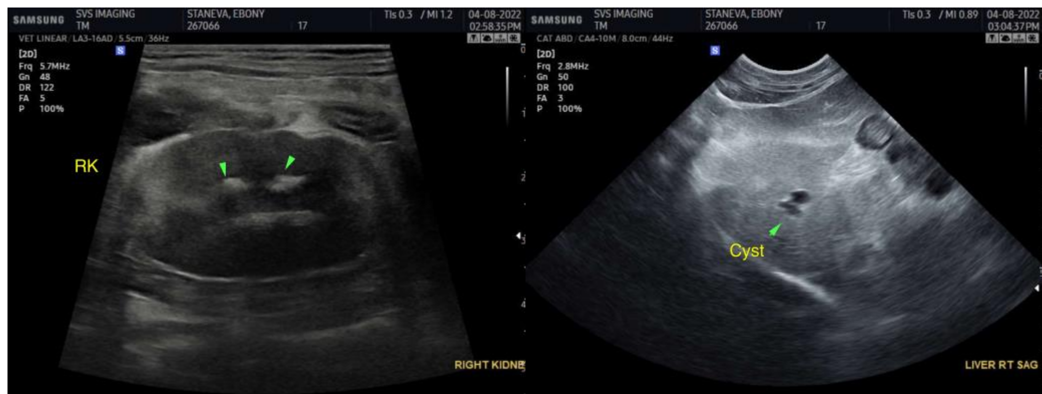

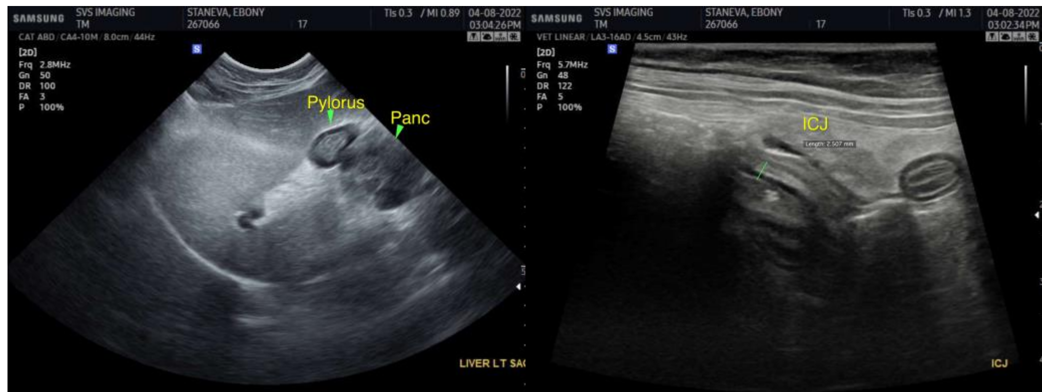

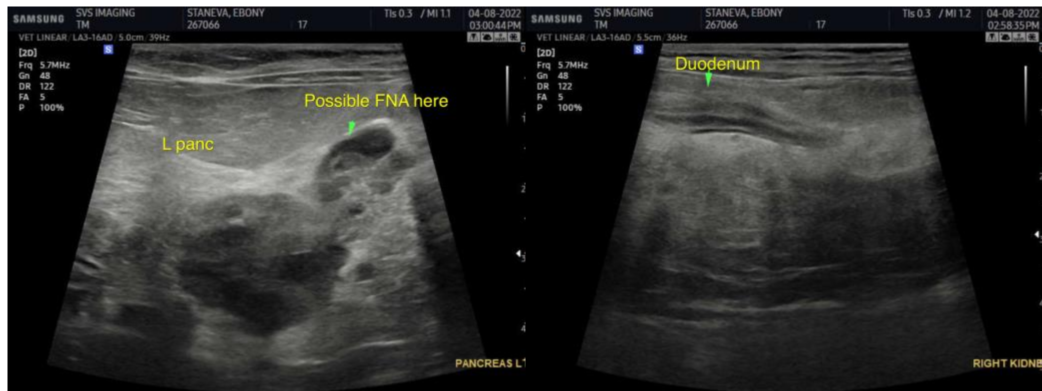

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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

Sampling the pancreas

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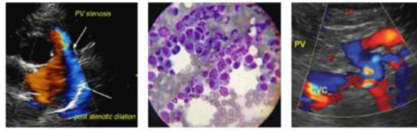

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Crain SK, Sharkey LC, Cordner AP, Knudson C, Armstrong PJ. Safety of ultrasound-guided fine-needle aspiration of the feline pancreas: a case-control study. J Feline Med Surg. 2015 17(10):858-63.

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.