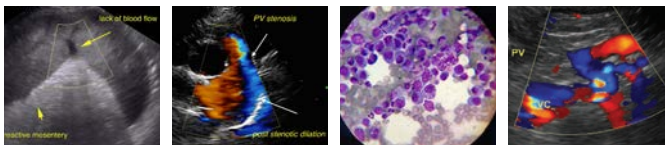
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Ozzie Bleau

SPECIES
Feline

BREED
Devon Rex

SEX
Neutered Male

AGE
9 Years

WEIGHT
4.5 kg

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

IMAGING PERFORMED BY
Dr. Belan

HOSPITAL NAME
Healing Traditions AC

REFERRING VET
Dr. Gerrow

INVOICE
39105

DATE
6/29/22

PRESENTING CLINICAL SIGNS

Previous scan July 27 2021 report attached. History of chronic intermittent vomishion. Previous scan pancreatitis and IBD and enlarged left adrenal.
Abnormal PE/Chem/CBC/UA Results: Moderate elevated lipase and lipememic serum

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. Mild non-dependent particulate to pinpoint hyperechoic urinary bladder sediment present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.5 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. No evidence of neoplastic criteria. The left adrenal gland measured 0.37 cm. The right adrenal gland measured 0.28 cm.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.82 cm. 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-dependent, yet non-organized, mildly hyperechoic debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental non-shadowing ingesta/chyme present in the small intestine. No evidence of obstruction or foreign material. Duodenum wall measured 0.23 cm. Jejunum wall measured 0.25 cm.

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

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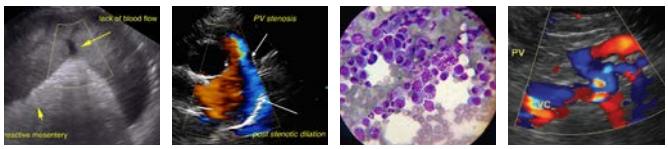

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Pancreas

The left and right pancreas exhibited mild prominent size with primarily maintained symmetrical capsule contour with subtle areas of focal capsule asymmetry. Primarily uniform to mildly non-homogeneous hypoechoic parenchyma noted in both the left and right pancreatic limbs. A solitary subtle hypoechoic nodule was present in the left pancreatic limb measuring 0.45 cm in diameter.

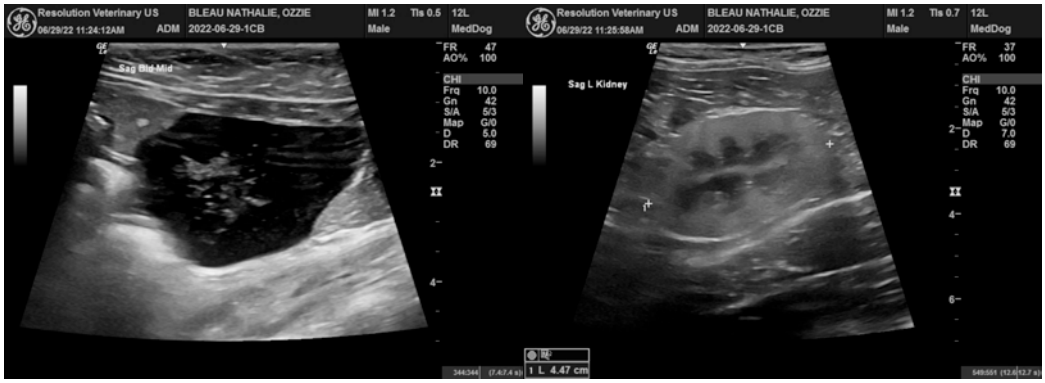
ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis pattern with focal to possible intermittent, non-disruptive, subtle hypoechoic pancreatic nodules.
- Overtly normal gastrointestinal tract with gastric and segmental small intestinal ingesta/chyme.
- Mild gallbladder debris
- Overtly normal left adrenal gland
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The chronic intermittent vomiting in this patient is suspected to be secondary to chronic active pancreatitis. The previously noted and current subtle pancreatic nodules are non-specific, yet not overtly consistent with neoplastic criteria. Suspected areas of pancreatic nodular hyperplasia. Potential for concurrent structurally insignificant inflammatory gastroenteropathy cannot be definitely excluded. Further assessment with a GI panel to include PLI, TLI, cobalamin and folate is warranted. Hydrolyzed to low-fat diet and as needed gastrointestinal support would be reasonable. Recheck sonogram may be considered if persistent/progressive vomiting or evidence of weight loss to assess for progressive signs of pancreatitis or inflammatory gastrointestinal mural changes.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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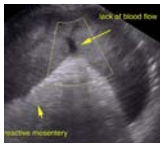
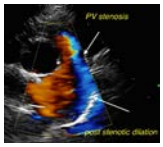
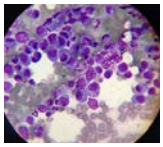
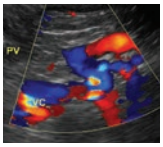

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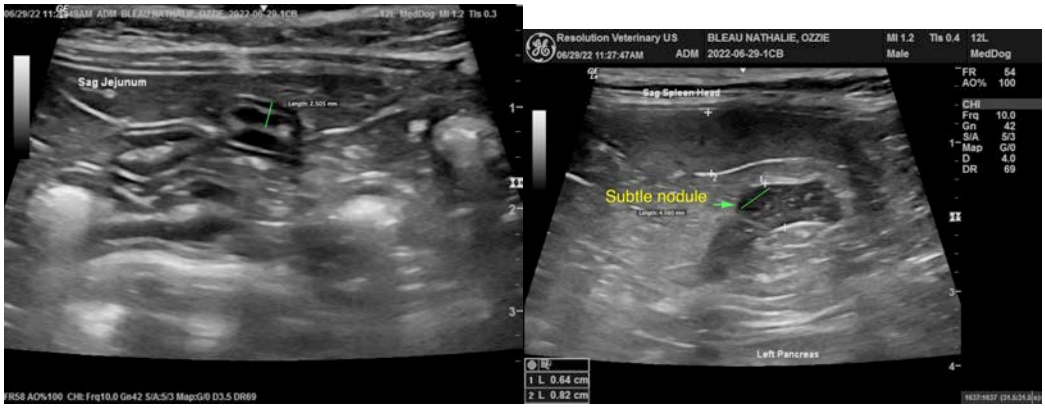

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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