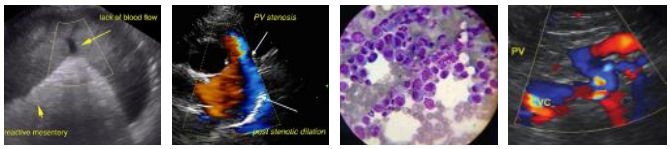
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

John Sheane

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13yr

WEIGHT

5.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dave Stasiuk

HOSPITAL NAME

Resolution Veterinary Ultrasound

REFERRING VET

Dr. Mizen

INVOICE

11133ag

DATE

07/12/2022

PRESENTING CLINICAL SIGNS

History: Inappetence. Weight loss. Sarcopenia. Increased GGT and Lipase. Chronic pancreatitis. Possible neoplasia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild nondependent particulate sediment. 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 was 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. The left kidney measured 4.2 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.79 cm in width at the level of the hilus.

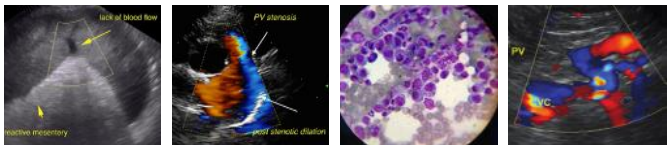
Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. No hepatic masses noted.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 measured 0.25 cm in width.



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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 jejunum wall measured 0.22 cm in width. The ileocolic wall measured 0.31 cm in width.

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

Pancreas

The pancreas was mildly prominent in size with areas of capsule asymmetry and isoechoic nonhomogeneous to mildly hypoechoic parenchyma with generalized pancreatic duct dilation.

Free Abdomen

Unspecified nodular omentum present in the area of the pancreas base adjacent to the stomach and medial to the liver was present. Scant to mild volume peritoneal free fluid was noted. No overt lymphadenopathy or peritoneal effusion was present.

A transdiaphragmatic view of the caudal thorax revealed a possible hypoechoic mass cranial to the diaphragm surrounded by possible aerated lung measuring 2.7 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Bilateral mild chronic renal changes
- Chronic pancreatitis pattern
- Unspecified to nonuniform nodular cranial mesentery to nodular lesion
- Scant to mild volume peritoneal free fluid
- Possible caudal thoracic mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view chest radiographs suggested if not done to assess for evidence of thoracic pathology.

The patient's clinical signs may be secondary to chronic to chronic active pancreatitis with mild inflammatory effusion. However, pending thoracic radiographs, concern for possible intra-abdominal neoplasia i.e. lymphomatosis or similar is warranted. If possible abdominal effusion analysis +/- C/S if evidence of inflammatory cells is suggested. Potential FNA of the atypical cranial abdominal omentum +/- pancreatic FNA could be considered. A guarded prognosis pending additional diagnostics.

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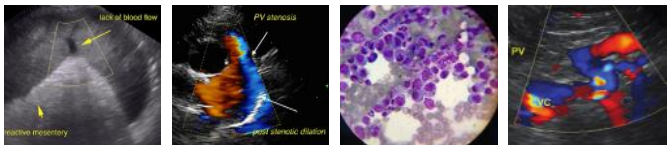

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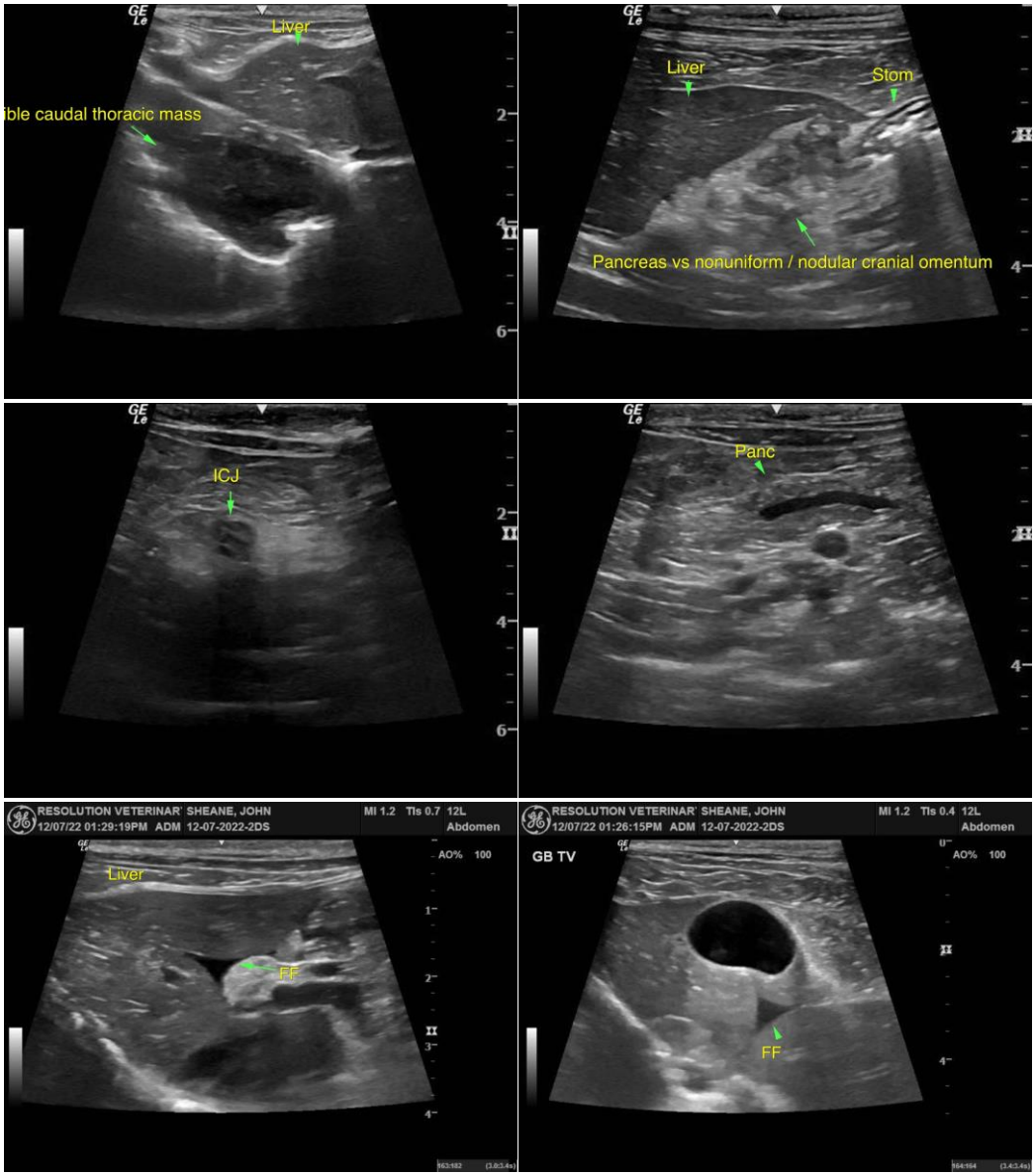

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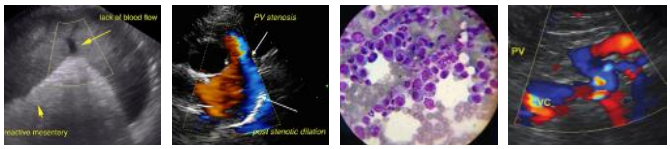

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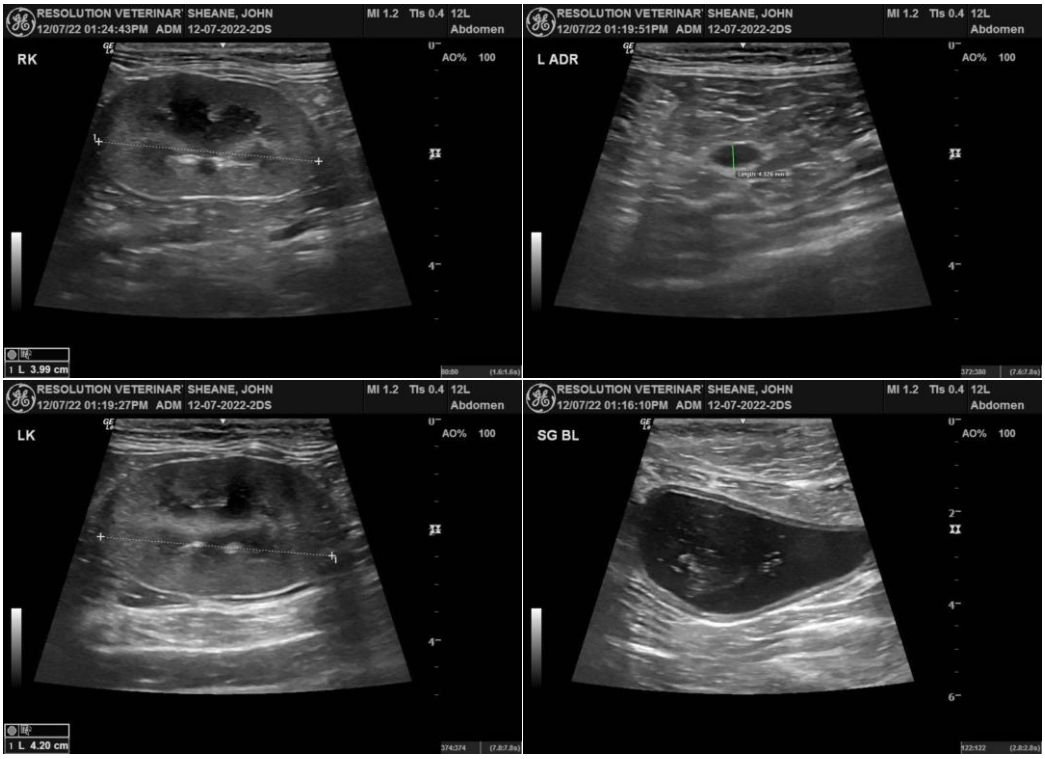

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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