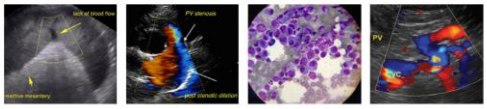
PAUS
Pet Animal Ultrasound Service



SonoPath
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PATIENT
Liam Paliotta

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
12 years

WEIGHT
12.4 lb

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

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Norfolk County VS

REFERRING VET
Amelia Ragon, DVM

INVOICE
14354

DATE
7/21/22

PRESENTING CLINICAL SIGNS

Two episodes of pancreatitis (4/21, 6/22), recently elevated creatinine and liver enzymes. Recently presented 6/22 for vomiting and treated supportively as an outpatient. Spec - 7.3, creat - 2.0, ALT - 237, AST – 183

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 urinary bladder or proximal urethral criteria was noted. The proximal urethra exhibited potential for mild decreased tone to a depth of 2.0 cm. This Is a nonspecific finding if no evidence of incontinence.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild pyelectasia was noted in both kidneys. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.45 width and the right adrenal gland measured 0.48 width.

Spleen

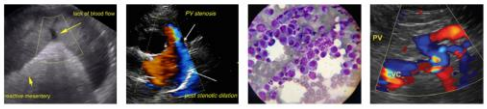
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 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 thin walls and primarily anechoic luminal content. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction.

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 0.27 cm.



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The small intestine presented intact yet segmental to generalized prominent wall layering owing to propensity for segmental to generalized prominent muscularis layer. The duodenum wall measured 0.32 cm width. The jejunum wall measured 0.29 cm width. The ileocolic wall measured 0.37 cm width.

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

Pancreas

The pancreas was mildly prominent in size yet maintained symmetrical capsule contour with nonhomogeneous, subtle hypoechoic to hyperechoic pancreatic parenchyma. Minor pancreatic duct dilation was noted.

Free Abdomen

Intermittent jejunocolic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 2.4 cm x 0.65 cm. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonspecific chronic renal changes with bilateral pyelectasia
- Mild hepatopathy - benign, mild cholangiohepatitis probable
- Chronic to chronic active pancreatitis pattern
- Intact yet segmental to generalized prominent small bowel walls - suggestive of inflammatory enteropathy / IBD

Secondary Findings

- Bilateral focal minor adrenal dystrophic mineral - normal age-related variant in a cat, not pathological

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited mild mural changes which, although potential for patient variant, is suggestive of underlying inflammatory / IBD criteria. However, this is a nonspecific finding, given the lack of reported additional clinical signs such as diarrhea or weight loss. Triad Disease could be a potential in this case, given hepatic and pancreatic presentation. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

The bilateral pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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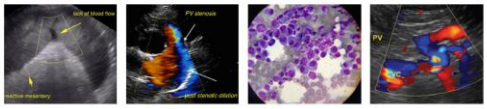

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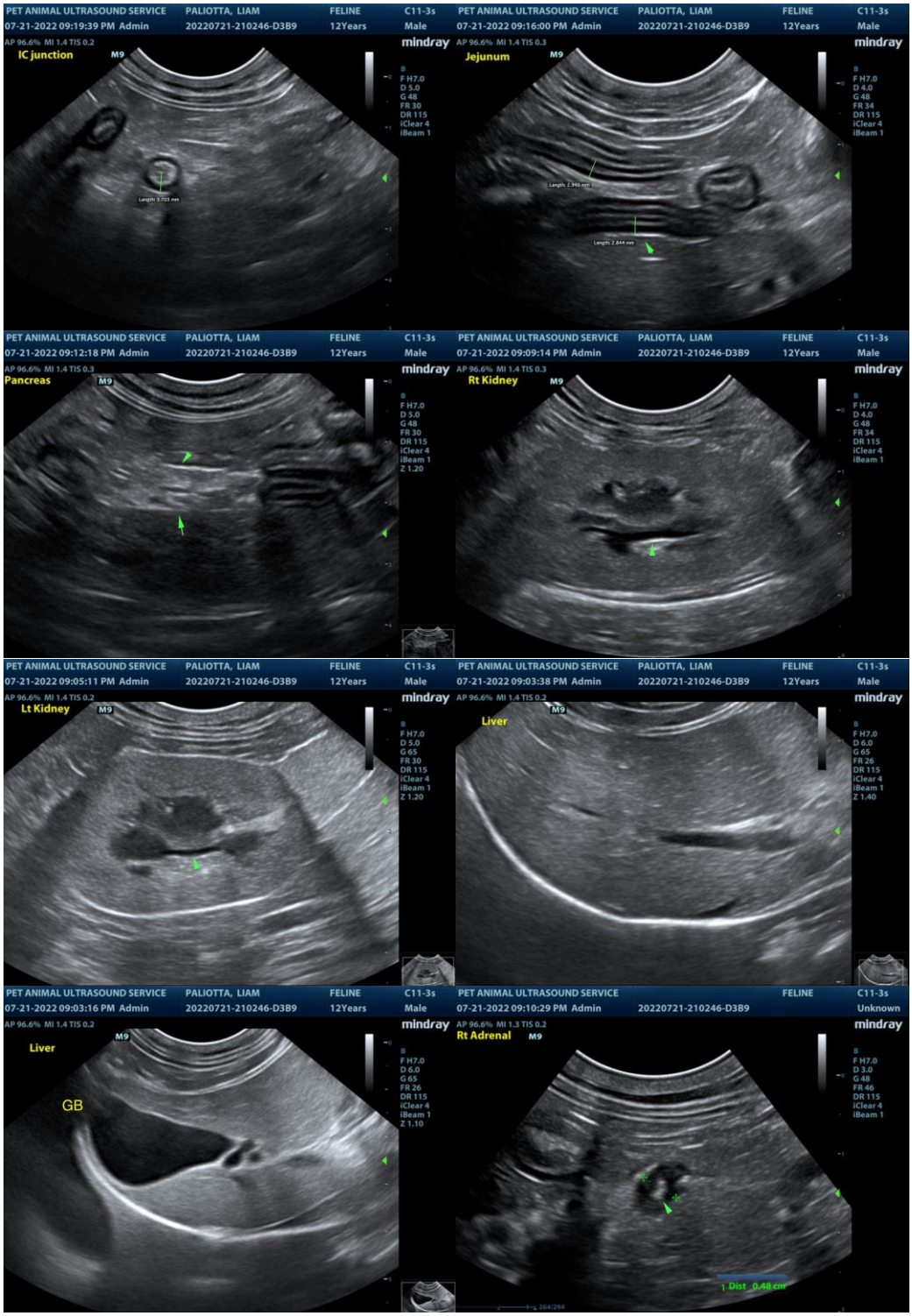

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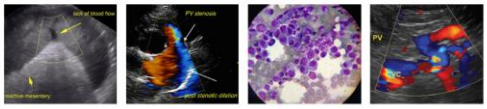

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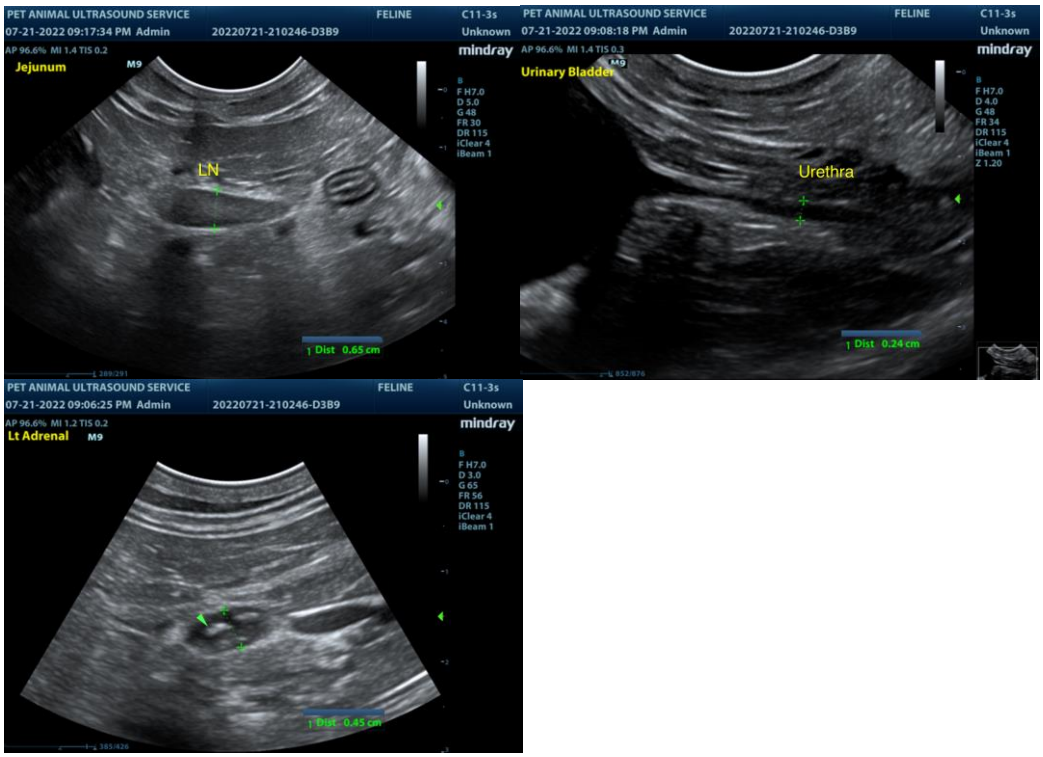

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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