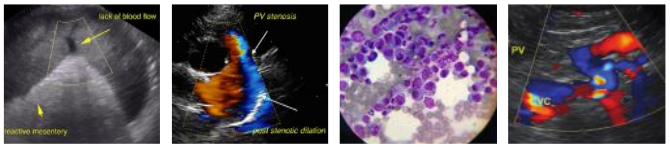
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Callie Wisdom

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

A. Rodriguez

INVOICE

14644

DATE

8/18/22

PRESENTING CLINICAL SIGNS

Diabetic on and off steroids due to chronic URI.
Abnormal PE/Chem/CBC/UA Results: Glu: 353, Amy: 1089 lipa: 3415, WBC: 22

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 with areas of asymmetrical contour and concurrent Indistinct hyperechoic cortical parenchyma were noted in the kidneys, consistent with cortical Infarcts. Moderate loss of corticomedullary border demarcation was noted bilaterally. The left kidney measured 3.5 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland and right adrenal gland were not definitively 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.

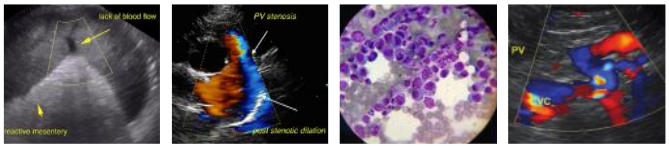
Liver/ Gallbladder

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 overt evidence of hepatic nodules or masses was 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. A minor amount of retained echogenic chyme was present.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Mild areas of small Intestinal ileus pattern consisting of mild fluid accumulation in the intestinal lumen were present without obstruction or foreign material.



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

Pancreas

The pancreas, specifically the area of the pancreas base and left pancreatic limb, exhibited severe enlargement with nonhomogeneous to mixed echogenic parenchyma. The left pancreatic limb measured 1.8 cm in width.

Free Abdomen

Regional peripancreatic to mid to cranial abdominal hyperechoic mesentery along with small pockets of scant peripancreatic to cranial peritoneal free fluid were present. Small omental cystic lesion subjectively containing anechoic fluid directly adjacent to and mildly caudal to the left pancreatic limb, was present.

ULTRASONOGRAPHIC FINDINGS

- Moderate to severely enlarged irregular nonhomogeneous pancreas - mixed pattern pancreatitis, neoplasia, necrosis possible
- Regional peripancreatic to mid cranial abdominal hyperechoic mesentery consistent with peritonitis
- Solitary peripancreatic omental cyst-like lesion - omental cyst, potential for focal omental necrosis or emerging abscess cannot be excluded
- Subjective mild gastroenteritis
- Bilateral chronic renal changes with cortical infarctions

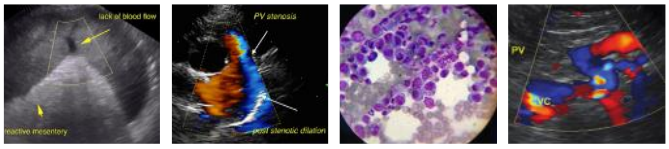
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation associated with the pancreas, as well as a Spec fPL, are warranted. Assuming normal clotting status, ultrasound-guided FNA of the pancreas using a 25-gauge needle is recommended for further assessment. A guarded prognosis pending pancreatic sampling.

As-needed gastrointestinal Support is recommended If gastrointestinal signs or clinical signs consistent with pancreatitis are present.

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



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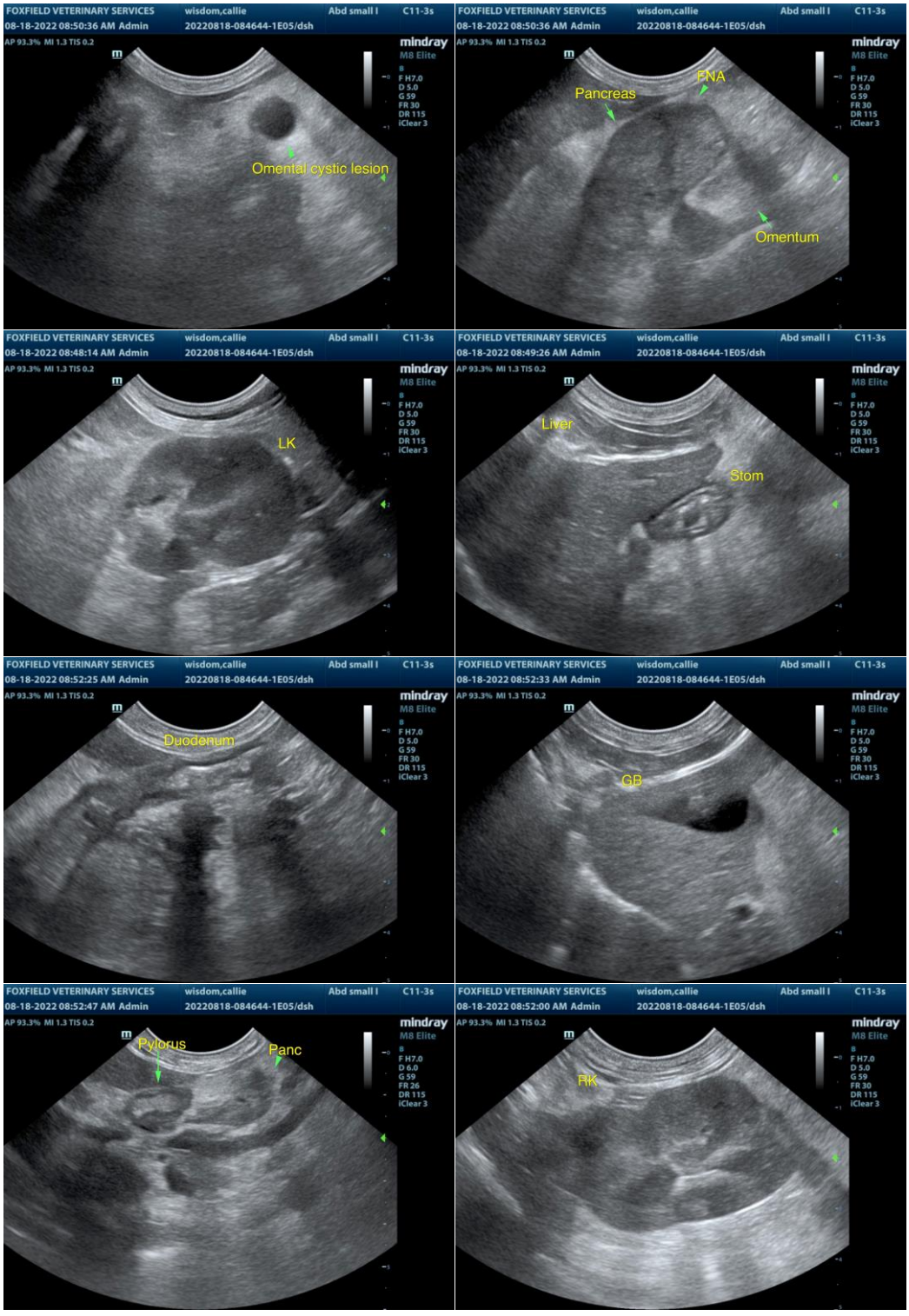
with histopathology, available in seven cases, was 86%. Pancreatic FNA in cats is a safe procedure requiring further investigation to establish diagnostic value.



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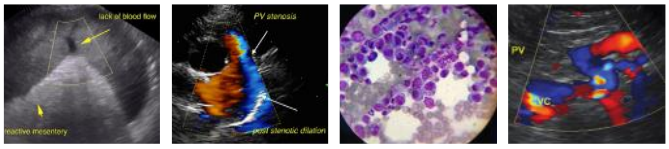

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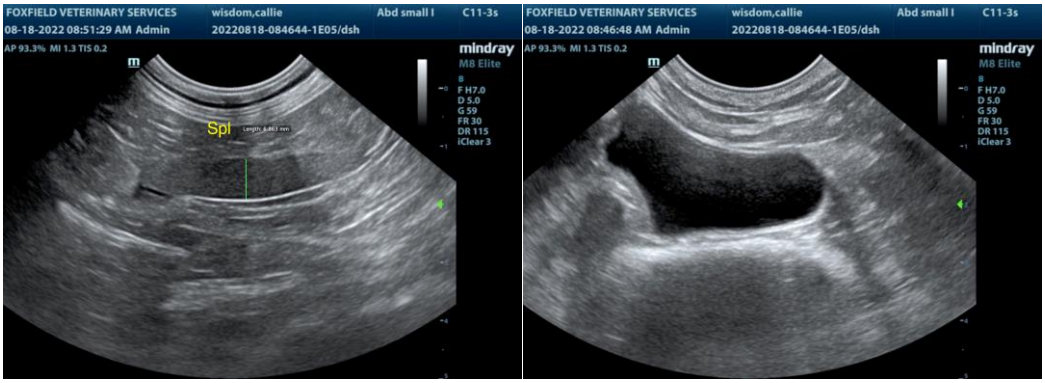

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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