

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Needo Welsh
Rescue cat found to be anemic on routine blood work. Sneezing at home but other wise fine. Eating and drinking fine. No coughing/Vomiting/Diarrhea.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Mycoplasma haemominutum - positive Gallbladder stones visible on x-rays.

BREED

DLH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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. Moderate non-dependent particulate 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.

AGE

14

The area of the aortic trifurcation was free of pathology.

WEIGHT

9.06

Normal renal size with asymmetrical margination was 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. The left kidney measured 3.7 cm. The right kidney measured 3.9 cm.

INTERPRETED BY

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

Adrenal Glands

The adrenal glands were not definitively visualized.

IMAGING PERFORMED BY

Dr. Cathleen Whitcraft

Spleen

The spleen measured 0.61 cm in width at the level of the mid spleen and 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.

HOSPITAL NAME

Craig Road AH

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. Mild lobar biliary tree mineralization was noted. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and anechoic luminal content. Moderate non-organized, mildly hyperechoic, non-mineralized gallbladder sediment was present. The cystic and common bile ducts were normal. No evidence of post-hepatic obstructive criteria.

REFERRING VET

Dr. Cathelen Whitcraft

INVOICE

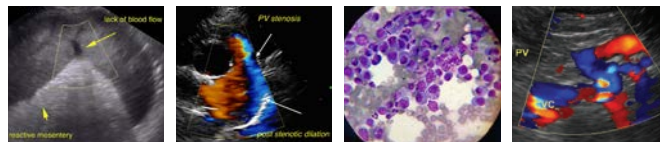
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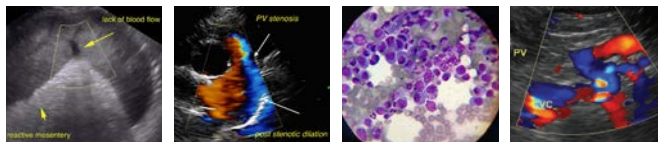
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Gastrointestinal

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. Gastric body wall measured 0.24 cm.



PATIENT	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. Duodenum wall measured 0.24 cm. Jejunum wall measured 0.22 cm. Ileocolic wall measured 0.38 cm.
Needo Welsh	
SPECIES	Normal visible colon wall layers were present with apparent formed to semiformed feces in lumen.
Feline	Pancreas
BREED	The generalized pancreas exhibited irregular enlargement with capsule asymmetry. Moderate to marked non-homogeneous, hypoechoic to nodular pancreatic parenchyma. The pancreas base measured approximately 2.2 cm in diameter. Left and right limb pancreatic duct dilation noted with focal to segmental pancreatic duct mineral.
DLH	
SEX	Free Abdomen
Neutered Male	Minor sonographically benign/reactive colic lymphadenopathy is noted adjacent to the ileocolic junction. no evidence of peritoneal effusion.
AGE	PRIMARY FINDINGS
14	<ul style="list-style-type: none"> • Irregularly enlarged, non-homogeneous, hypoechoic/nodular pancreas with mild pancreatic duct mineral. • Lobar biliary tree mineralization • Gallbladder sediment • Structurally unremarkable gastrointestinal tract
WEIGHT	SECONDARY FINDINGS
9.06	<ul style="list-style-type: none"> • Chronic interstitial nephrosis renal pattern • Moderate urinary bladder sediment
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Chronic to chronic active pancreatitis, pancreatic nodular hyperplasia, potential for pancreatic neoplastic criteria possible. FNA cytology of the pancreas, assuming normal clotting status, is recommended for further clarification. Lobar biliary tree mineral and gallbladder sediment are non-specific, given lack of hepatic enzyme elevations, yet at times has been associated with chronic hepatobiliary inflammation.
IMAGING PERFORMED BY	
Dr. Cathleen Whitcraft	
HOSPITAL NAME	
Craig Road AH	
REFERRING VET	
Dr. Cathelen Whitcraft	The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Given no current clinical signs consistent with pancreatitis, hepatobiliary disease, or gastrointestinal disease, as needed supportive care and continued monitoring going forward would be reasonable. Recheck sonogram recommended if clinical signs consistent with sonographic abnormalities and/or weight loss are noted.
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PATIENT

Sampling the pancreas

Needo Welsh

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.

SPECIES

Feline

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.

BREED

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SEX

Neutered Male

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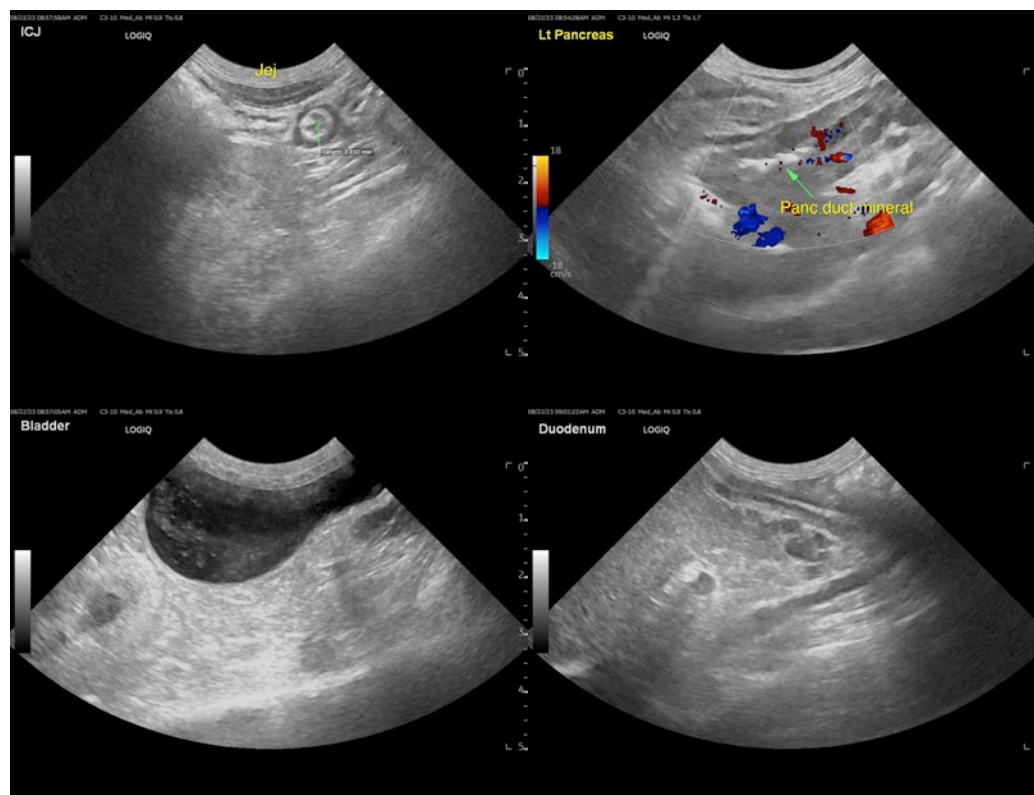
Dr. Cathelen Whitcraft

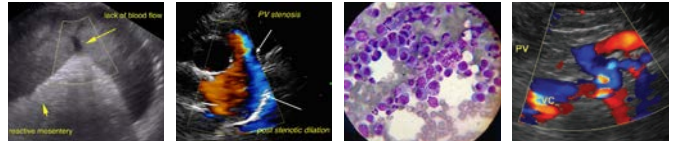
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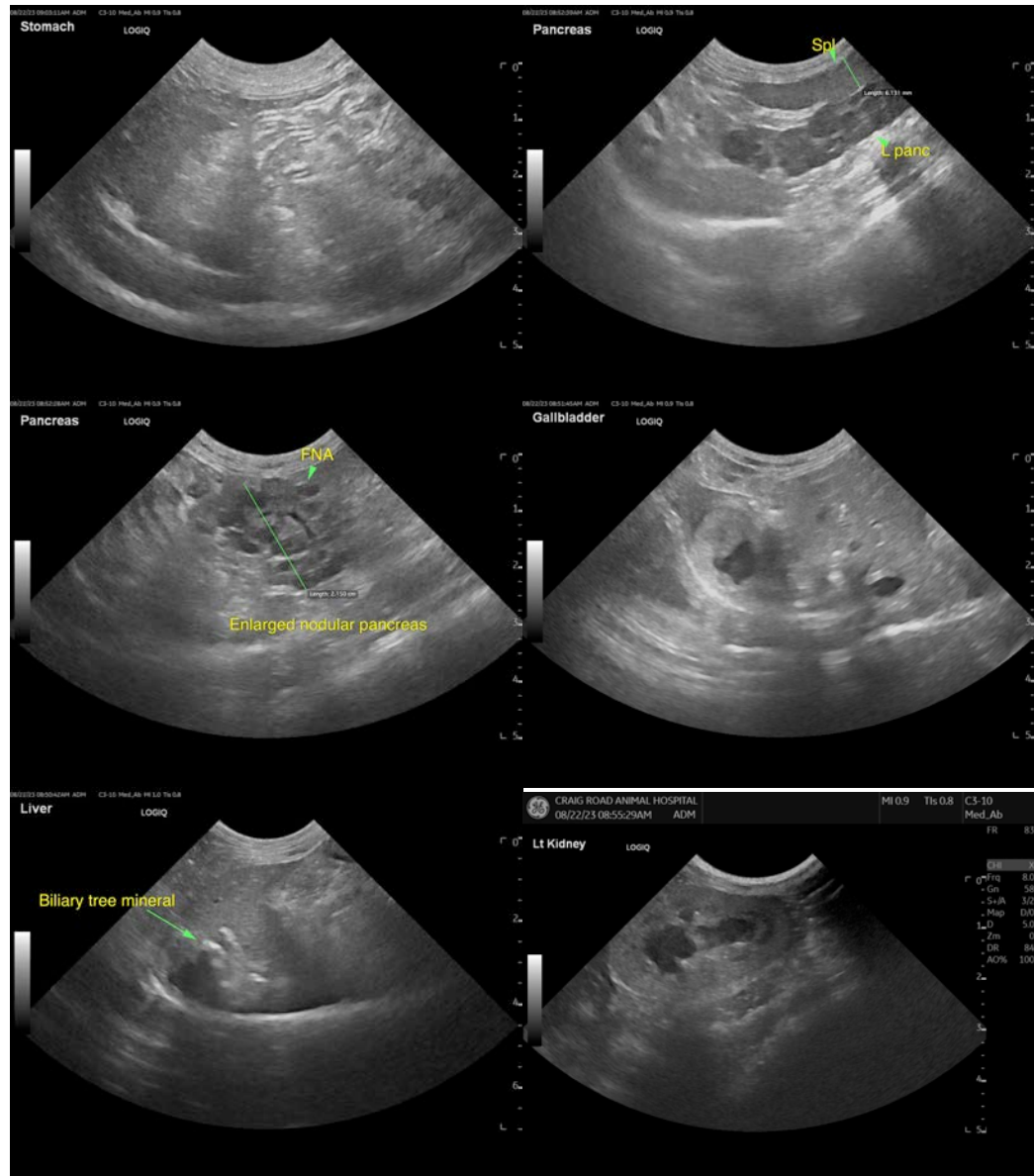
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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