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Clinical Sonography & Telecytology
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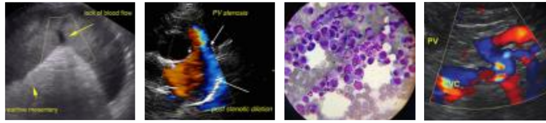


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Louie Violet

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

18 Y

WEIGHT

8.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Pet Clinic

REFERRING VET

Dr. Webb

INVOICE

14760

DATE

8/30/22

PRESENTING CLINICAL SIGNS

Patient has been vomiting for a couple days. Unable to keep food down. Current Medications Cerenia, Famotidine (10mg/ml) , Prednisolone (15mg/5ml), Convenia, DepoMedrol
Abnormal PE/Chem/CBC/UA Results: Albumin Value: 3.6 Normal range: 2.3-3.5 Glucose Value: 134 Normal Range: 70-130 Amylase Value: 1832 Normal Range: 100-1500 Triglycerides Value: 126 Normal Range: 15-105 Sodium Value: 140 Normal Range: 147-156 Chloride Value: 106 Normal Range: 107-125

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 and margination were 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 3.5 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

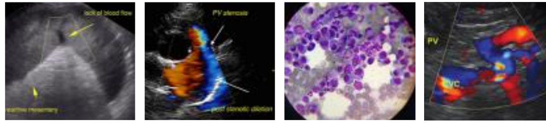
The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.30 width and the right adrenal gland measured 0.36 width.

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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. 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



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luminal content. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.18 cm diameter.

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 0.25 cm.

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 duodenum wall measured 0.22 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.36 cm width.

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

Pancreas

The pancreas was normal to mildly prominent in size with areas of minor capsule asymmetry in the area of the pancreas base and right pancreatic limb, as well as the left pancreatic limb. Nonhomogeneous mildly hypoechoic parenchyma compared to mildly reactive peripancreatic omentum was present.

Free Abdomen

Intermittent midabdominal isoechoic mesenteric 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). No omental masses or evidence of peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild chronic to chronic active pancreatitis pattern
- Nonobstructive minor proximal common bile duct dilation
- Sonographically unremarkable gastrointestinal tract
- Intermittent minor subjectively benign / reactive mesenteric lymph nodes

Secondary Findings

- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without evidence of significant visceral pathology, specifically, no evidence of gastrointestinal pathology i.e., overt inflammatory or neoplastic gastrointestinal criteria.

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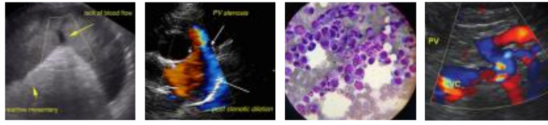

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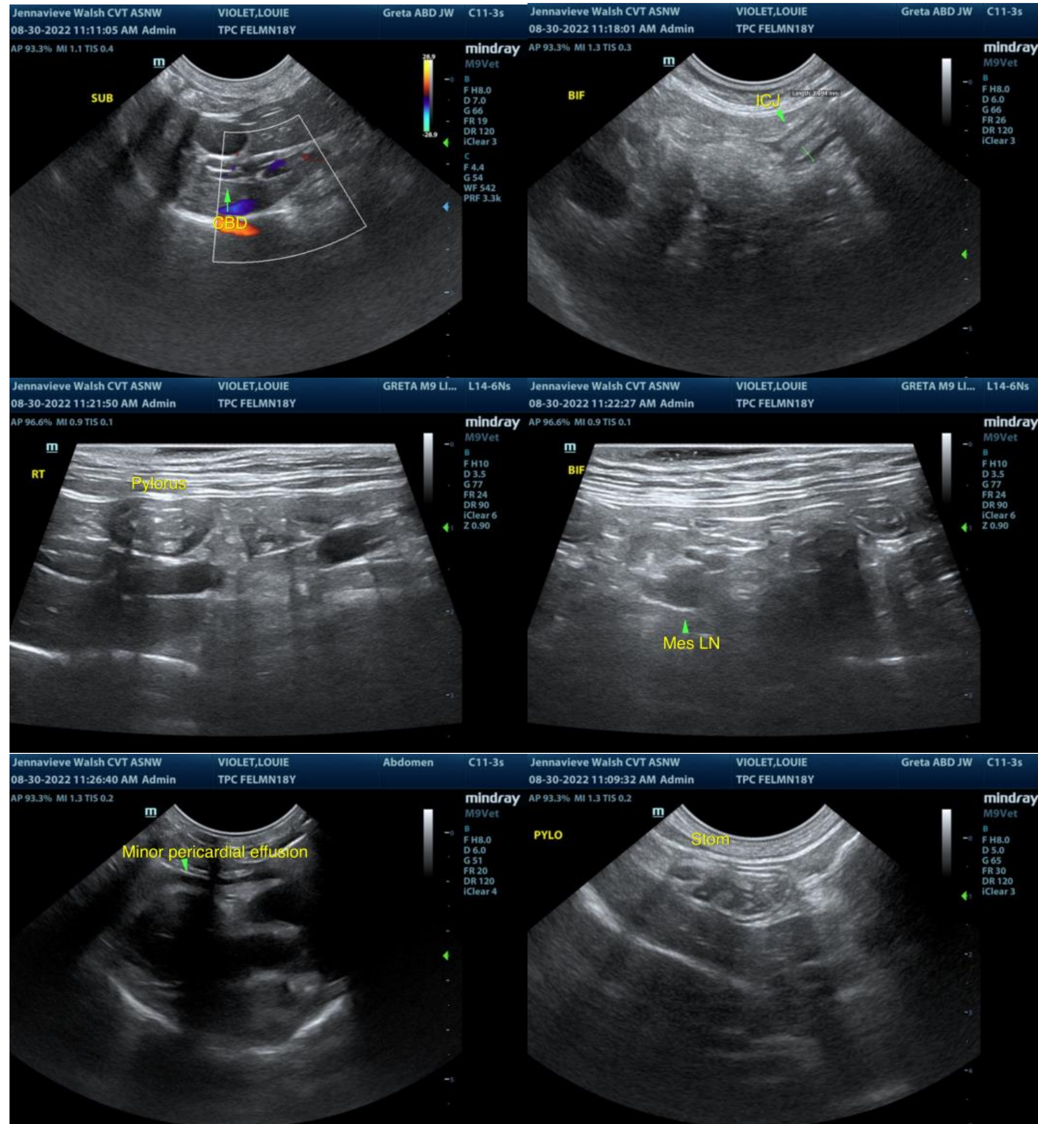
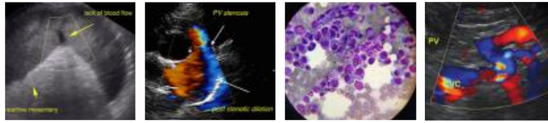
Mild chronic to chronic active pancreatitis may be suspected If evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL or a full GI panel to include PLI/TLI/Cobalamin/Folate to rule out occult small Intestinal disease or if evidence of weight loss, are suggested.

Potentially, Prednisolone use In this patient may be masking intraabdominal gastrointestinal changes. No evidence of gastrointestinal obstructive pattern or foreign material was noted.

The minor common bile duct dilation may Indicate an age-related variant with potential for low-grade cholangitis if previous history of hepatic enzyme elevations. Empirically, treatment for mild chronic to chronic active pancreatitis and as-needed gastrointestinal support would be reasonable. Three-view chest radiographs are suggested, if not done, to rule out thoracic or esophageal pathology as a contributing factor.





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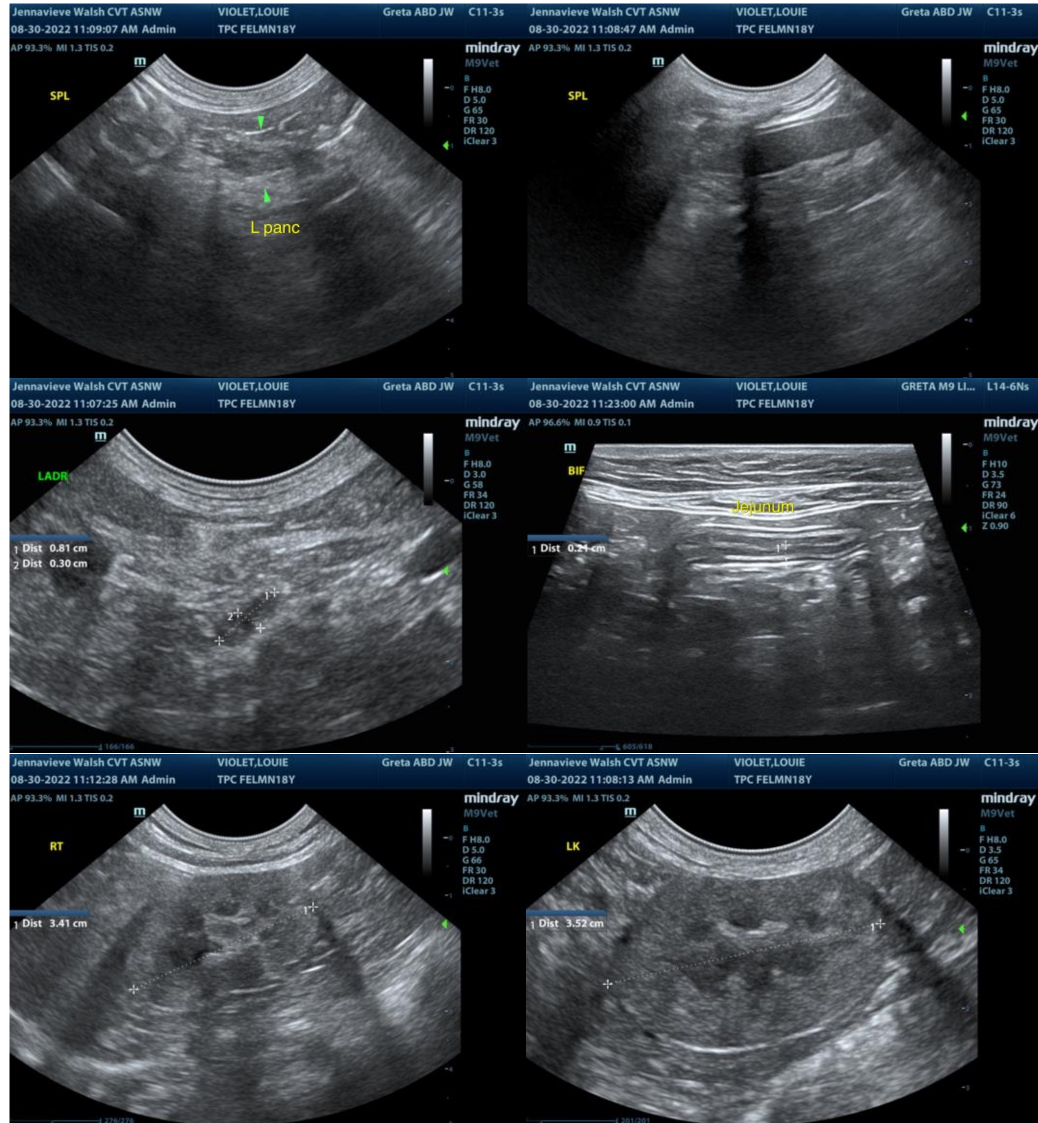

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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