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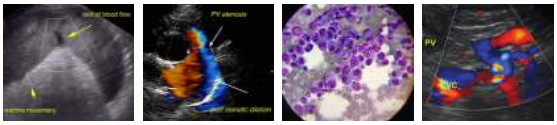


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Baby Bushnell

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 Years

WEIGHT

6.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Heidi Putnam

HOSPITAL NAME

Albany Animal Hospital

REFERRING VET

Dr. Spangler

INVOICE

47238

DATE

9-1-21

PRESENTING CLINICAL SIGNS

Anorexia Tenesmus Dehydration Periodontal disease Intestines palpate thickened
Abnormal PE/Chem/CBC/UA Results: Hypercalcemia 12.9mg/dL

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 were noted.

No evidence of pathology in the area of the aortic trifurcation.

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. Minor dystrophic medullary mineralization was present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 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

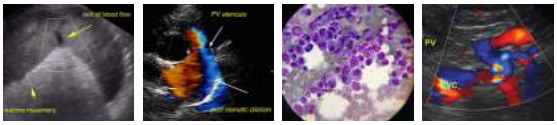
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature 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 0.66 cm width.

Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild echogenic, nonmineralized gallbladder debris. The cystic duct was normal without evidence of dilation. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The proximal common bile duct measured 0.23 cm width.

Gastrointestinal



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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 width.

The small intestine exhibited intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with subjective propensity for subtly prominent to echogenic submucosa layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.23 cm width and the jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.25 cm width.

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

Pancreas

The pancreas exhibited generalized enlargement and asymmetrical contour with nonhomogeneous hypoechoic parenchyma. Focal indistinct nodular changes or possible parenchymal expansion noted in the area of the pancreas base measuring approximately 1.1 x 0.8 cm. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Focal small pocket of scant peritoneal free fluid was noted in the mid abdomen between intestinal loops.

No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Prominent nonhomogeneous to hypoechoic pancreas with focal indistinct pancreas base nodule versus parenchymal expansion.
- Generalized mild echogenic liver.
- Mild gallbladder debris with proximal nonobstructive mild common bile duct dilation.
- Possible mild potentially chronic inflammatory gastroenteropathy pattern.
- Focal small pocket of scant mid abdominal peritoneal free fluid.

Secondary

- Mild chronic renal changes with minor pinpoint dystrophic medullary mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic to chronic active pancreatitis suspected with potential focal area of nodular hyperplasia. Although the possibility of emerging pancreatic neoplasia specifically in the area of the pancreas base cannot be definitively excluded. Concurrent potential chronic inflammatory enteropathy or triad disease, given the echogenic liver presentation, presence of minor gallbladder debris, and nonobstructive proximal common bile duct distension which may indicate age related changes or potential mild cholangitis if previous history of hepatic enzyme elevations, may be considered.

Hepatic FNA, assuming normal clotting status and using a 25 gauge needle warranted for screening cytology given the hypercalcemia.

No overt evidence of distal colonic or colorectal pathology as a potential cause of tenesmus. Empirically, medical therapy for pancreatitis +/- cholangiohepatitis with as needed gastrointestinal support would be appropriate. Further assessment may include GI panel if evidence of weight loss.

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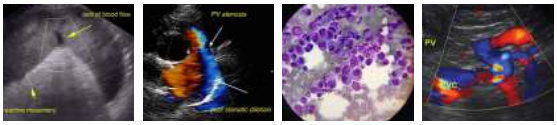

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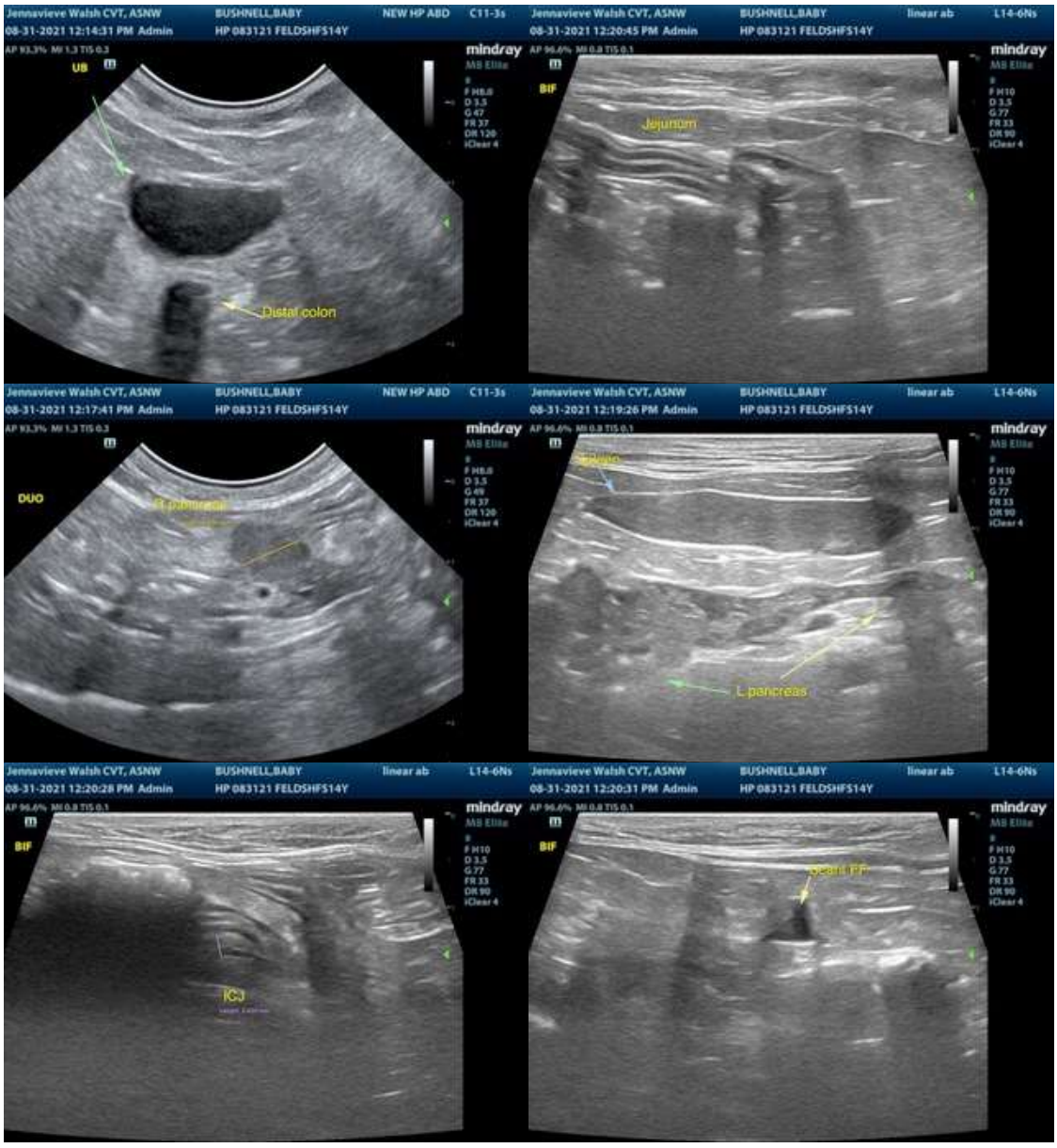

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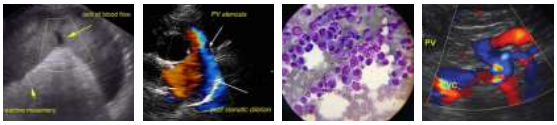

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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