



PATIENT PRESENTING CLINICAL SIGNS

Dexter D'Alessandro

Diabetic was well controlled on Lantus until early August. In early August he became inappetent (highly unusual), lethargic and dehydrated. Blood glucose became uncontrollable. Was diagnosed and treated with pancreatitis. Has had CaOx urolithiasis which was removed surgically, ongoing IBD, recurrent pancreatitis and hypokalemia secondary to adrenal mass, which after surgical risks opted to treat with Spironolactone and Potassium gluconate. This past Sunday he stopped eating again and became lethargic. Increase in his heart murmur, now a grade 4/6. Seemed to be walking plantigrade. Previous scans 1/6/19, 1/6/20, 1/14/21.

SPECIES

Feline

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: decreased RBCs, increased WBCs, decreased Lymphs, increased Monocytes, increase SDMA(36), increase glucose, increased Creatinine, phosphorous, calcium and potassium, decreased Na/K ratio. Very elevated FPL(greater than 50).

SEX

Neutered Male

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.

AGE

13 Years

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. Mild pyelectasia noted in the left kidney. The left kidney measured 4.7 cm. The right kidney measured 4.5 cm.

WEIGHT

6.1 kg

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

A progressive, previously noted hypoechoic to mildly non-homogeneous left adrenal mass was present, measuring approximately 4.6 cm x 4.0 cm. Potential for vascular invasion was difficult to assess and cannot be definitively excluded.

IMAGING PERFORMED BY

Crystal Hill

The right adrenal gland was not definitively visualized.

Spleen

HOSPITAL NAME

East Credit VH

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.

REFERRING VET

Dr. Webster

Liver

The liver was mildly enlarged. 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 cystic and common bile ducts were normal.

INVOICE

25425

Gastrointestinal

DATE

9/15/21

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. Gastric body wall measured 0.20 cm.



PATIENT

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The small intestine presented intact yet subjective prominent wall layering owing to propensity for mildly prominent mucosa. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.33 cm. Duodenum wall measured 0.33 cm.

SPECIES

Feline

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

Pancreas

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The pancreas exhibited generalized variable enlargement and parenchymal swelling with hypoechoic to non-homogeneous parenchyma, subtle nodular changes, and mild pancreatic duct dilation noted in the left limb. The pancreas base and right limb exhibited mildly expansive nodular to subjective fluid filled lesions. Example of lesion in the right limb measured 3.0 cm in diameter. Associated primarily peripancreatic reactive mesentery was noted. No evidence of concurrent effusion.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

- Progressive left adrenal mass
- Persistent pancreatitis with nodular, subjectively fluid filled lesions primarily in pancreas base and right limb
- Associated peripancreatic reactive mesentery
- Gastric ingesta with possible inflammatory enteropathy
- Mild hepatomegaly – subjectively benign
- Bilateral static chronic renal changes with mild left kidney pyelectasia

AGE

13 Years

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

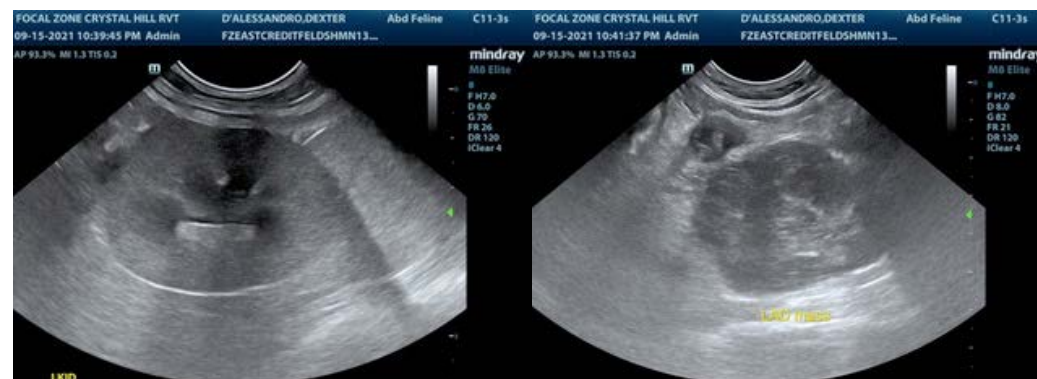
IMAGING PERFORMED BY

Crystal Hill

The presence of gastric ingesta may indicate recent meal ingestion. However, given the patient's inappetence, some degree of non-obstructive gastric hypomotility may be possible. Assuming normal clotting status, ultrasound guided FNA of the pancreas base and right pancreatic limb for cytology +/- culture and sensitivity (if fluid is retrieved) could be considered. Persistent pancreatitis with areas of nodular hyperplasia, abscess/necrosis, or concurrent pancreatic neoplasia possible.

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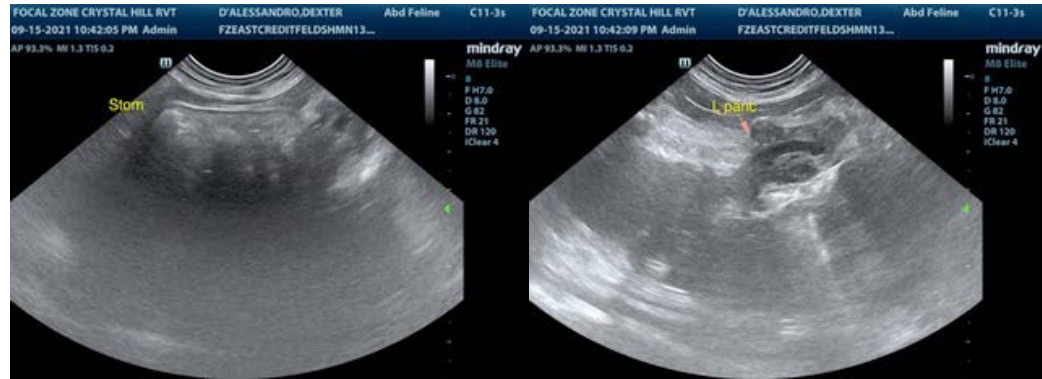
Dr. Webster

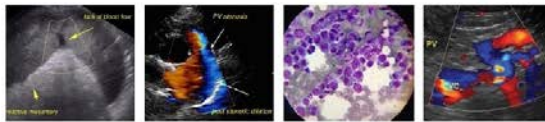
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

DSH

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