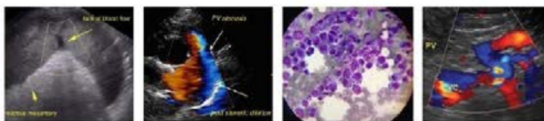


PATIENT
Midnight Ellis

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
16 Years

WEIGHT
6.9 kg

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

IMAGING PERFORMED BY
Kelly Reschny

HOSPITAL NAME
BPH Stoney Creek

REFERRING VET
Dr. Baskin

INVOICE
41666

DATE
9/26/22

PRESENTING CLINICAL SIGNS

MM pale pink, P is quiet, dull. Abdomen painful by palpation on cranial abdomen. Patient unable to stand on own. meds: Famotidine, Cerenia, Buprenorphine, Cefazolin, Metronidazole
Abnormal PE/Chem/CBC/UA Results: WBC 69.1, NEU 42, MONO 6.27, LYM 20.3, SDMA 2, UREA 19.3, GLU 12.7, TT4 9 rads: FINDINGS: The mediastinum and pericardium are markedly widened by fat. The cardiac silhouette appears enlarged in addition to the pericardial fat. It is slightly tall and rounded. Peripheral vessels are normal. The trachea has a normal diameter. The pulmonary parenchyma appears normal. There is a loss of detail in the region of the left pancreas adjacent to the spleen. The liver is mildly enlarged. Visible margins of the spleen and kidneys appear normal and the visible aspect of the left pancreas (medial to the spleen) appears normal in size radiographically. An impression of splenomegaly on the left lateral projection is an artifact of rotation. The stomach is mildly filled with gas and a small amount of soft tissue opacity material and tiny mineral fragment. Small intestines are diffusely mildly gas and fluid filled and there is formed fecal material within the colon. There is disc space narrowing and spondylosis at sites throughout the thoracolumbar spine and there is severe periarticular remodeling of the included elbow. CONCLUSIONS: Localized effusion is likely adjacent to the pancreas consistent with a suspected diagnosis of pancreatitis. Additional enteritis or inflammatory bowel disease is not excluded. Occult neoplasia is also a consideration at this age. Although the kidneys appear normal this does not exclude the presence of early renal disease. There is equivocal cardiomegaly with no evidence of cardiac failure and cardiomyopathy is possible.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited mild distention yet subjective normal tone. Primarily anechoic urine was present in the lumen. Mild dependent to non-dependent sediment was present without evidence of calculus formation. The urethra was normal in structure and tone to a depth of 2.0 cm. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

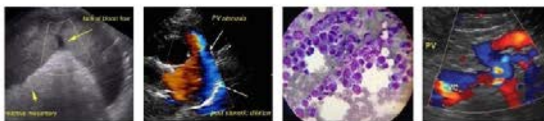
Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.9 cm. The right kidney measured 4.3 cm. No evidence of pyelectasia.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen was normal in size measuring 0.7 cm in width. 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.



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Liver

The liver exhibited mild to possible moderate generalized enlargement. Generalized mild uniform increased parenchyma echogenicity. No masses or nodules noted. 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 mildly distended with anechoic content and mild echogenic luminal debris. No overt evidence of gallbladder or peripheral gallbladder inflammatory criteria. The proximal common bile duct was mildly dilated (0.32 cm diameter) and tortuous without overt post hepatic obstruction.

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 intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. No evidence of intestinal masses. No loss of intestinal wall layering.

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

Pancreas

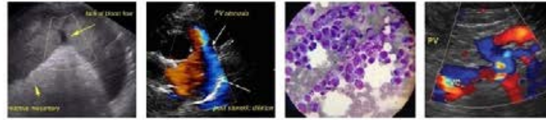
The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

Free Abdomen

Generalized mild hyperechoic omentum noted. No omental masses or overt lymphadenopathy noted. Mild volume peritoneal free fluid exhibiting potential for mild echogenic changes, which suggest mild fluid cellularity.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Bilateral non-specific chronic renal changes – no evidence of renal neoplastic criteria.
- Hepatomegaly exhibiting mild uniform parenchyma hyperechogenicity – non-specific, metabolic, reactive, vacuolar hepatopathy, inflammatory hepatopathy i.e., cholangiohepatitis, potential for occult infiltrative round cell neoplasia all potentials.
- Mild gallbladder debris with minor subjective non-obstructive proximal common bile duct dilation – possible cholangitis.
- Pancreatitis – subjective mild active versus chronic active pancreatitis.
- Overtly normal gastrointestinal tract – suspect mild segmental enteritis.
- Mild volume peritoneal free fluid with generalized mild hyperechoic mesentery – potential for non-specific peritonitis.



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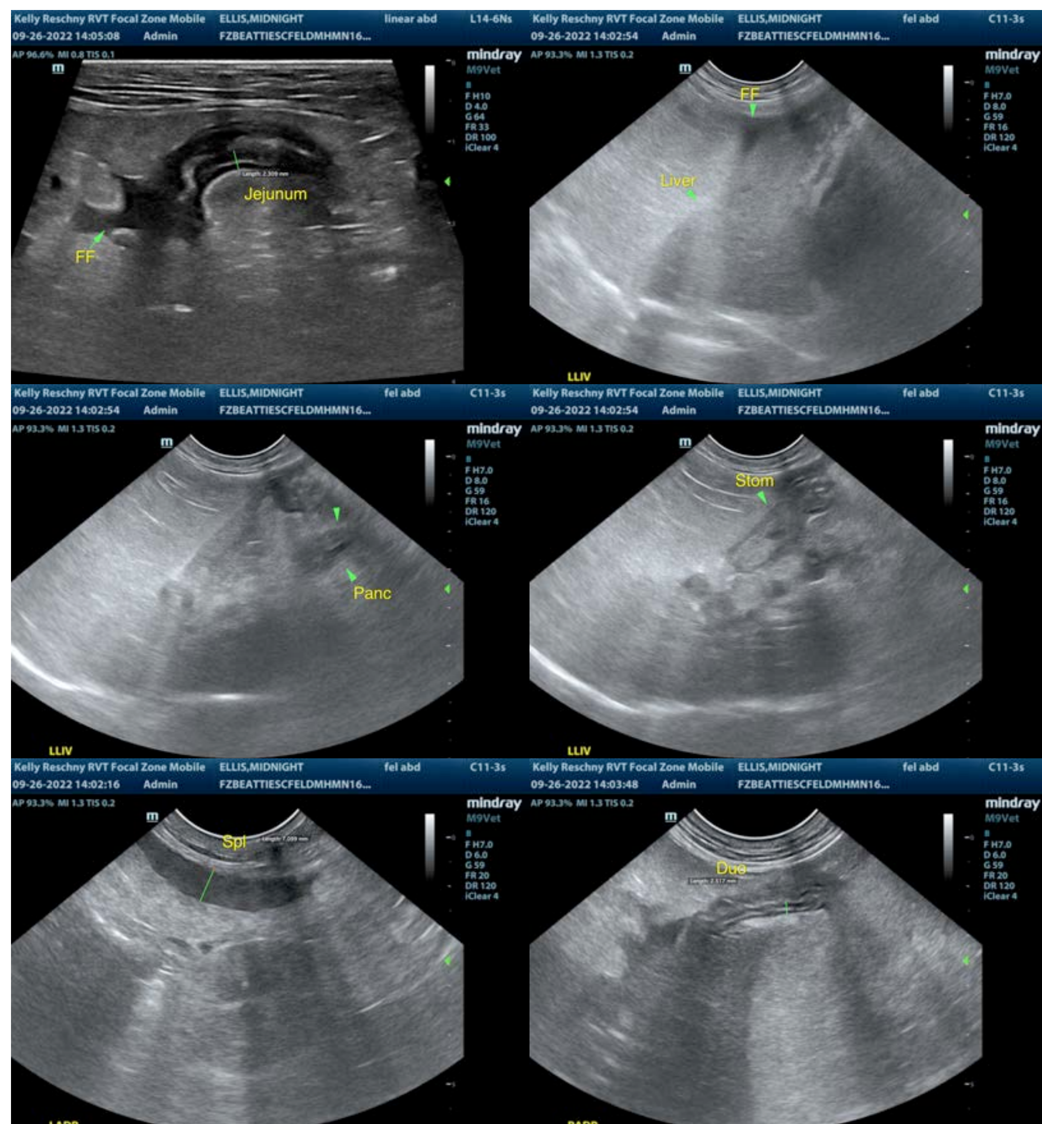
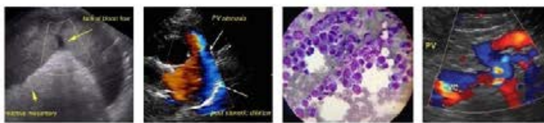
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using 25-gauge needle, screening hepatic FNA cytology is recommended for further assessment. Concurrent effusion analysis, cytology +/- culture and sensitivity (if evidence of inflammatory cells) is recommended.

The common bile duct dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

Subjective mild pancreatitis may be suspected if primary area of abdominal discomfort or pain is cranial abdominal/subxiphoid. Correlation with spec fPL could be considered. CBC pathology review, if not done, is suggested. Potential for emerging neoplastic criteria i.e., carcinomatosis may also be a potential in this patient. Empirically, pancreatitis therapy protocol with as needed hepato-gastrointestinal support and therapy for hyperthyroidism pending additional diagnostics would be reasonable. Guarded prognosis.





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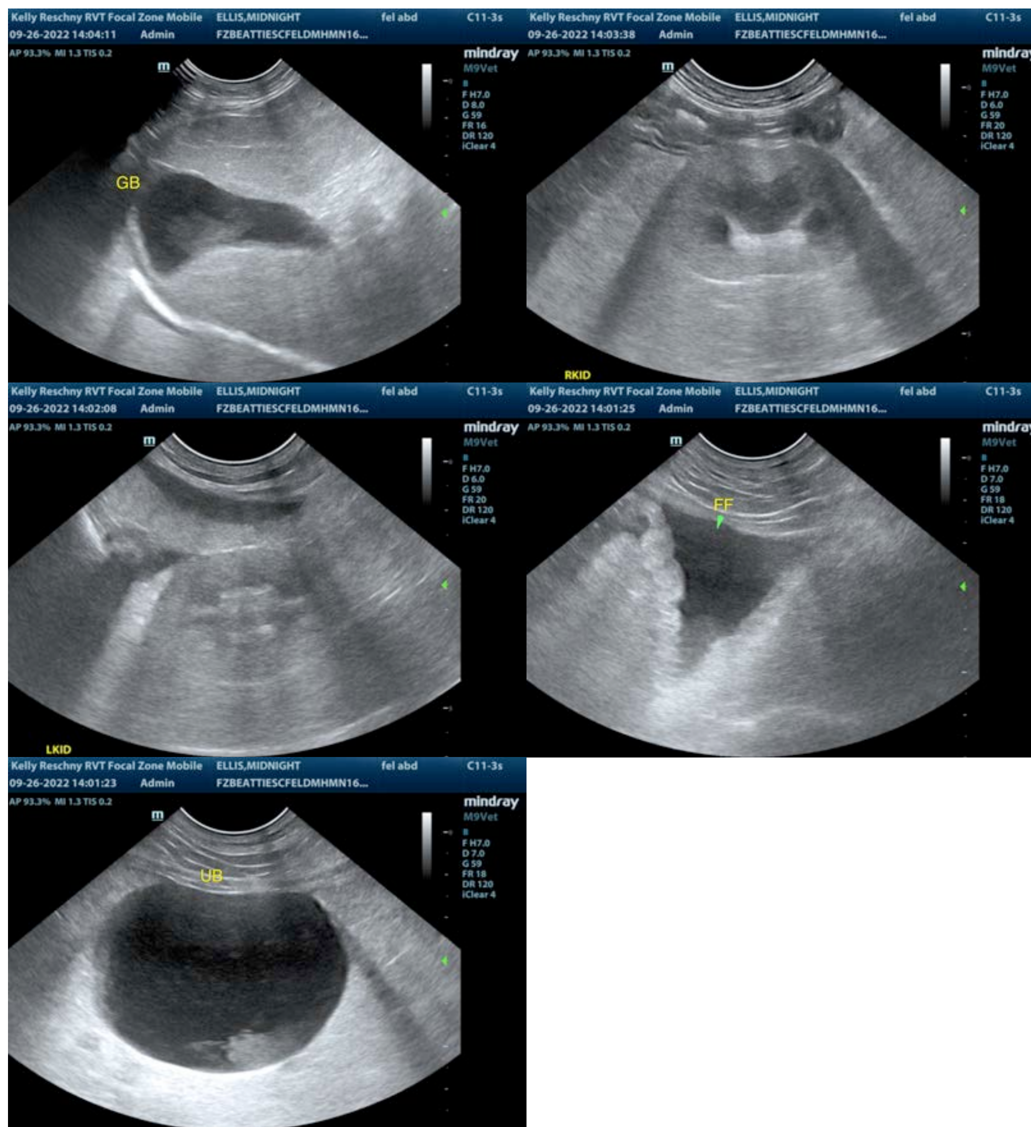

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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