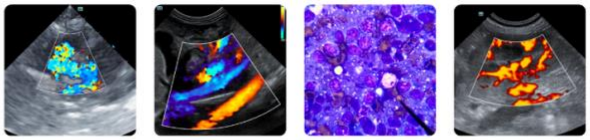

PATIENT

Pumpkin Pancakes McPhail

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

13 Years 6 Months

WEIGHT

4.2 kg

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex VS

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

35982

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PRESENTING CLINICAL SIGNS

History: Concerns of blood in the stool. Stool is formed but over the past couple days have noted a streak of red present in the stool. Does not think she could have gotten into anything No vomiting or diarrhea in the past few weeks. Appetite and energy levels normal. Owner thinks abdomen has been larger since starting prednisolone.

Abnormal PE/Chem/CBC/UA Results: Wt: 4.2 kilograms, T 39.1, P 200, R 58, BP 184/129 (143), MM: pink, CRT <2s 2/6 parasternal HM Pendulous abdomen, no pain on palpation Streak of blood present in stool - noted in past couple days Red blood cells / anemia RBC, HCT, Hemoglobin: all within reference range Indices (MCV, MCH, MCHC, RDW): normal Reticulocytes: % reticulocytes low–normal Glucose Mildly elevated (10.43 mmol/L), Creatinine: low Electrolytes Potassium: mildly low (3.4) ALT: elevated (181 U/L) ALP, GGT, bilirubin: normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident. Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, and capsule. Mild bilateral pyelectasia was present (left 0.2 cm). No infarcts, mineralization or renoliths evident. The left kidney measured 4.2 cm. The right kidney measured 4.4 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.34 cm in width. The right adrenal gland measured 0.25 cm in width.

Spleen

Normal size (0.7 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

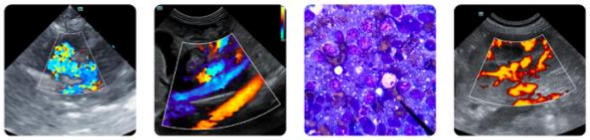
Liver

Normal size, echogenic appearance, portal markings, and a regular curvilinear capsule. A focal well defined cystic mass was noted adjacent to the gallbladder, measuring 1.4 cm x 1.8 cm in size. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal



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Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness. A small amount of chyme was present within the duodenum, compatible with a recent meal. A small amount of fluid was present in loops of small intestine with no obvious obstruction evident. A large amount of fecal material was present within the colon.

Pancreas

The pancreas was normal in size with an increased echogenic appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes. Mesenteric lymph nodes measure up to 0.3 cm in width.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Chronic pancreatitis versus pancreatic fibrosis
- Cystic hepatic mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the cystic hepatic mass would be incidental benign cystadenoma, with emerging primary hepatocellular carcinoma a less likely differential diagnosis.

On this ultrasound, there is no obvious etiology for the hematochezia. Etiologies for the hematochezia would be colitis, parasitic gastroenteritis, colonic polyp, and possible emerging neoplasia.

Further assessment would be FPL/PSL assay and fecal analysis. Colonoscopy should be considered if there is no resolution of the hematochezia.

Specific therapy would be dependent on an etiological diagnosis.

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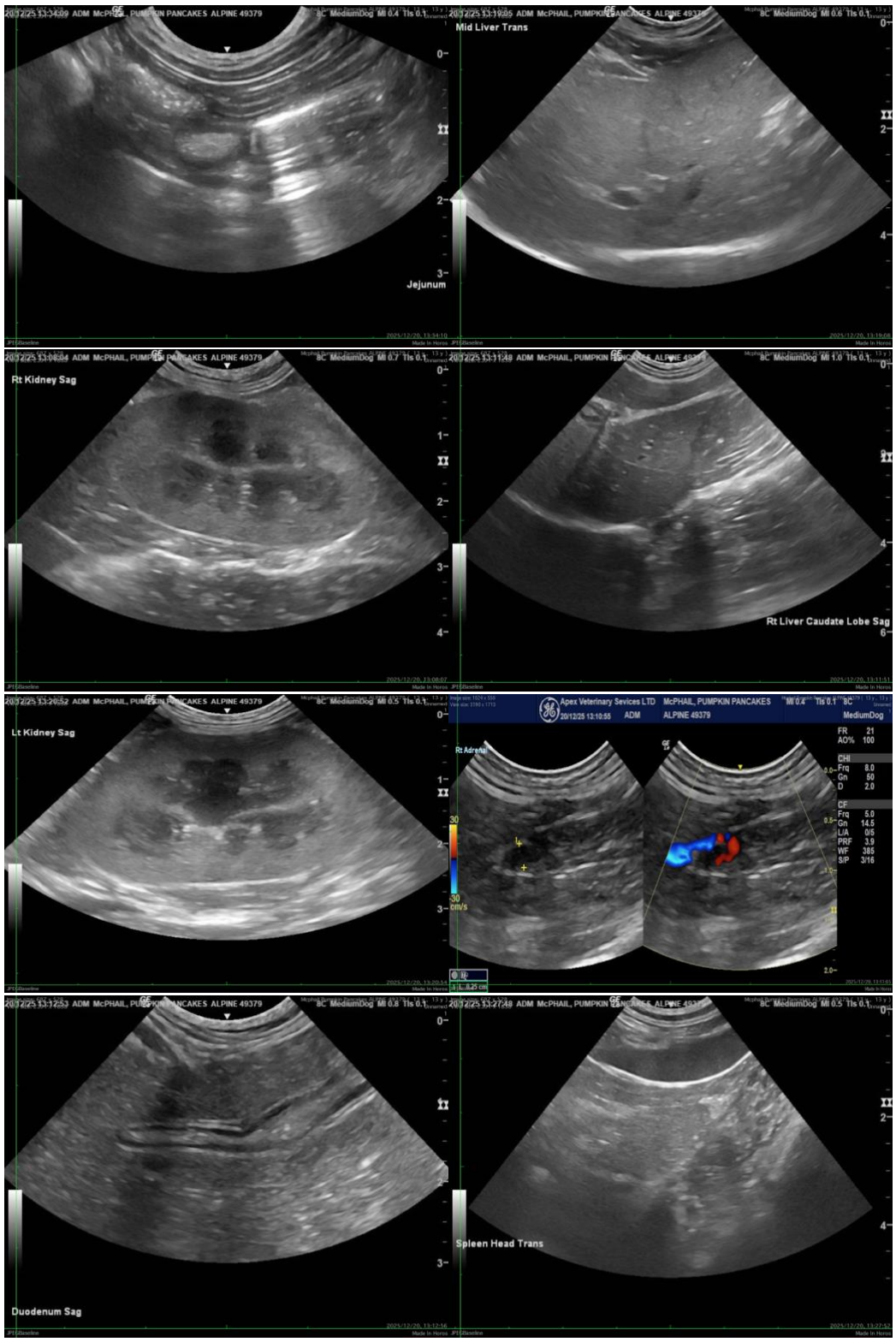

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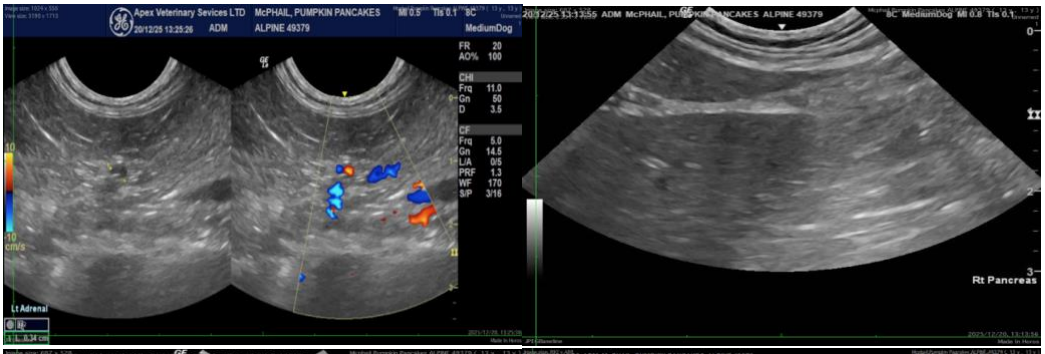

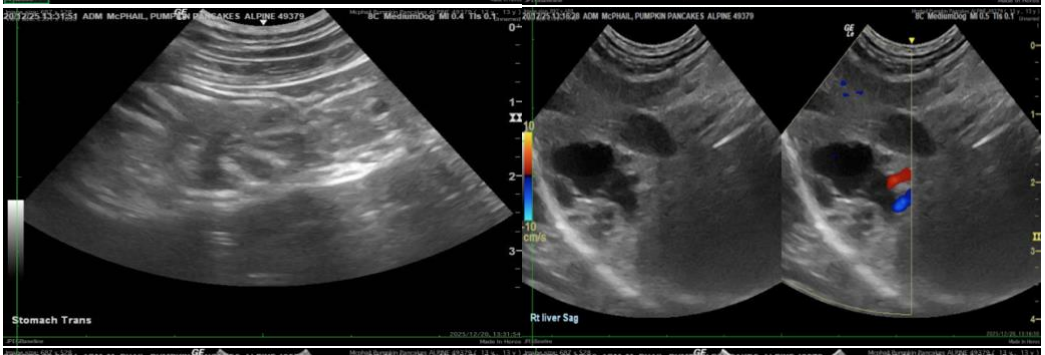

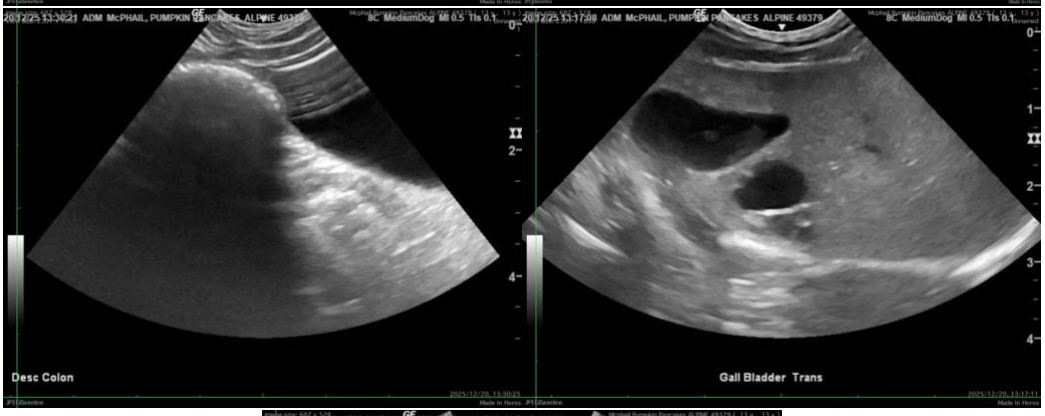

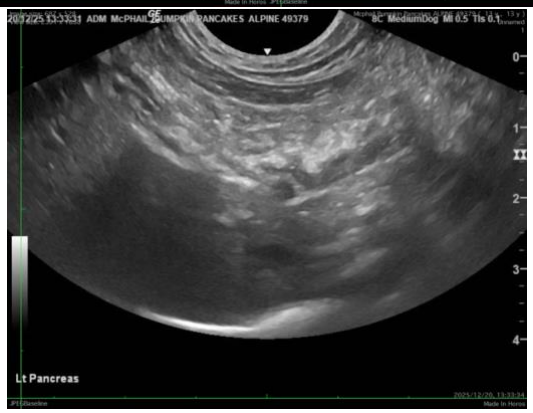

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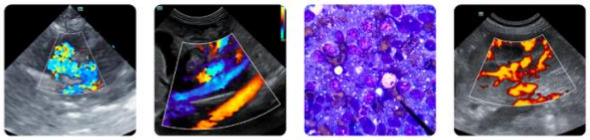

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com