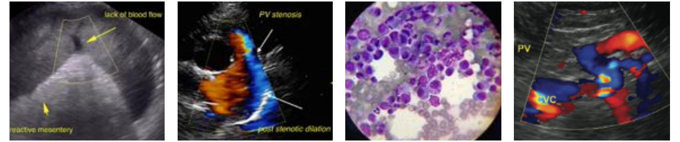
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Jeremiah Cheslin

SPECIES
Feline

BREED
Siamese

SEX
Neutered male

AGE
10 years

WEIGHT

INTERPRETED BY
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY
Dr. Myers

HOSPITAL NAME
Lake Emma AH

REFERRING VET
Dr. Lesmes

INVOICE
44761

DATE
6/15/23

PRESENTING CLINICAL SIGNS

History: P dx with hyperthyroidism and pancreatitis; frequent V+ episodes through cerenia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A moderate amount of hyperechogenic sediment was present. No uroliths are evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Iliac lymphadenomegaly with a normal shape and hypoechogenic appearance. The ureters are not visualized, which can be considered a normal finding. The iliac lymph node measured 0.4 x 1.1 cm.

Normal renal size, with increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 3.6 cm. The right kidney measured 3.8 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-renal vasculature. The left adrenal gland measured 0.46 cm. The right adrenal gland measured 0.7 cm.

Spleen

Normal size 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. The spleen measured 0.8 cm.

Liver

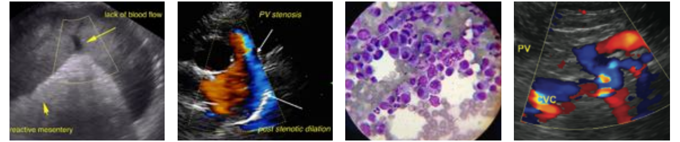
Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature. The hepatic lymph node measured 0.6 x 2.1 cm.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct. The bile duct measured 0.1 cm.

Gastrointestinal

Normal appearance of the stomach, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.



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Thickening of the duodenum and small intestine was noted with increased muscularis to mucosal ratio was noted, yet there was no loss of layering, normal peristaltic activity and no distension of the lumen. The stomach measured 0.3 cm. The duodenum measured 0.27 cm. The jejunum measured 0.38 cm. The colon measured 0.1 cm.

Pancreas

The pancreas was enlarged with a hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas. The left pancreas measured 0.7 cm. The right pancreas measured 0.8 cm.

Free Abdomen

Mesentery and periportal lymphadenomegaly with a hypoechogenic appearance and normal shape was noted. The mesenteric lymph node measured 0.6 x 1.5 cm.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Pancreatitis.
- Enteropathy.
- Lymphadenomegaly.

Secondary Findings

- Urinary bladder sediment.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with acute pancreatitis. Etiologies for the enteropathy would be inflammatory bowel disease, parasitic enteritis, granulomatous enteritis, dietary hypersensitivity and emerging lymphoma. Etiologies for the lymphadenomegaly are reactive lymphadenitis and early infiltrative neoplasia.

Further assessment would be urine and fecal analysis, urine culture, cobalamin assay and endoscopy of the upper GI tract with biopsies.

Management of the pancreatitis would be fluid therapy, correction of electrolyte anomalies, analgesics, anti-emetics and feeding small frequent feeding of a low-fat intestinal diet. Further specific therapy would be dependent on an etiological diagnosis. Symptomatic management of enteropathy would be feeding a hypoallergenic/novel protein diet, course of Fenbendazole, cobalamin supplementation and possibly Prednisolone therapy.

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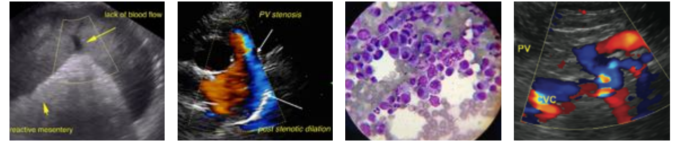

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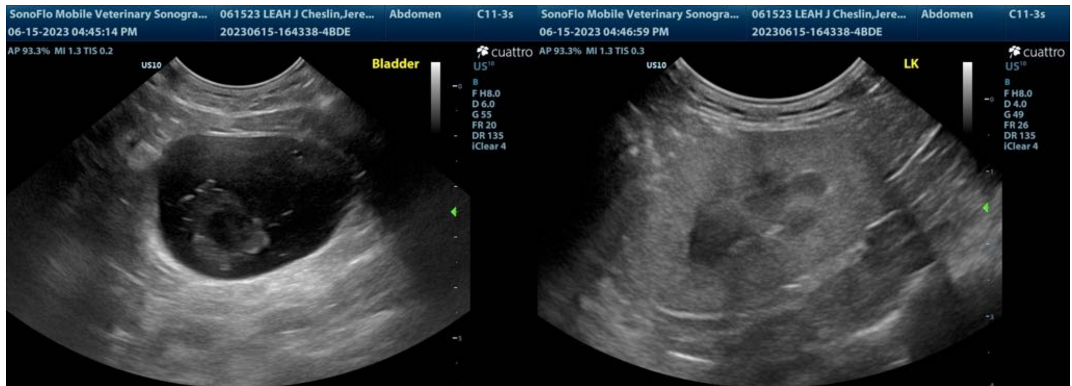

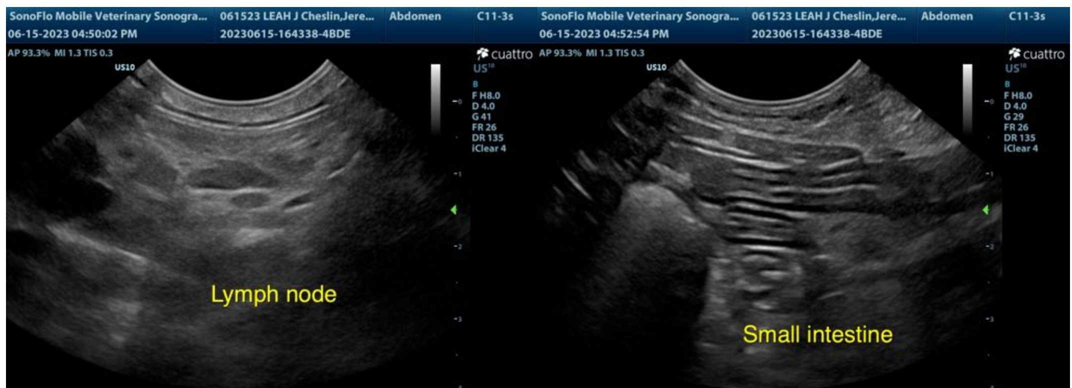

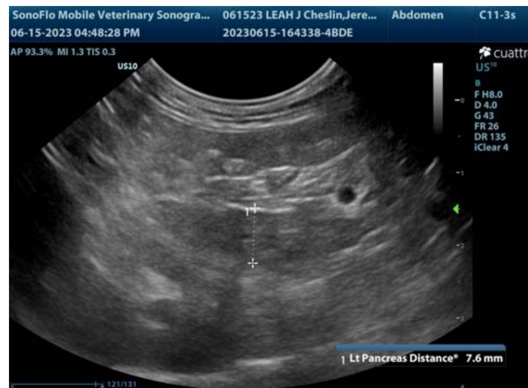

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com