



PATIENT PRESENTING CLINICAL SIGNS

Ruby PAL History: anorexic , Chronic renal failure (stable), chronic URTI. On SQ LRS, mirataz; depo and convenia inj every 5 weeks.

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT/AST increased ; microalbumin incr 7.3, USPG 1.018

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DLH The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

SEX

Spayed Female Both kidneys are hyperechoic and exhibit moderately decreased corticomedullary differentiation. There is mild dilation of the left renal pelvis with anechoic contents. There is no evidence of nephrolithiasis, mineralization or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 3.6 cm in length. The right kidney is 3.3 cm in length.

AGE

15 Years

Adrenal Glands

The adrenal glands are not distinctly seen; however, the region appears normal.

WEIGHT

N/A

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 6.9 mm.

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is isoechoic to the kidney. There is a 1.0 cm microcystic nodule in the caudal right lobe. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Diane McFadden

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

HOSPITAL NAME

Blairstown AH

Gastrointestinal

The stomach is empty. The gastric wall is subjectively normal in thickness , and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

REFERRING VET

Dr. Clegg

The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are normal up to 2.3 mm for duodenum and 2.4 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to 1.0 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

DATE

1/27/23

Pancreas



PATIENT

The left limb and right limbs of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

Ruby PAL

Free Abdomen

SPECIES

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

Feline

BREED

ULTRASONOGRAPHIC FINDINGS

DLH

Primary Findings

- A hypoechoic pancreas with surrounding inflammation
- Mild infiltrative bowel changes within the small intestines

SEX

Spayed Female

Secondary Findings

AGE

15 Years

- Microcystic liver nodule
- Chronic renal changes

WEIGHT

N/A

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The inflammation in the pancreas, changes to the small bowel, and history of elevated liver enzymes suggest the possibility of feline triaditis. Concurrent pancreatic neoplasia is unlikely but cannot be ruled out without fine needle aspirate. Recommendations include:

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practice)

- A complete GI panel and bile acids testing
- Supportive care including fluid therapy, antiemetics, analgesics, appetite stimulants (if needed) and cobalamin supplementation are warranted.
- Trials with a novel protein or hydrolyzed diet
- Treatment with Denamarin and ursodiol are recommended, and treatment with antibiotics such as amoxicillin-clav and/or a fluoroquinolone could be considered as empiric treatment for cholangiohepatitis.
- Empiric treatment with prednisolone at 2-4 mg/kg/day could be considered, particularly if response to other treatments is lacking.
- Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance. If there is concurrent lymphadenopathy, ultrasound-guided sampling of the lymph node using a 25 or 22G needle could be considered.

IMAGING PERFORMED BY

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The microcystic mass within the liver is likely benign, but fine needle aspirate could be considered for a definitive diagnosis.

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The changes in the kidney are likely due to chronic degeneration but given the presence of pyelectasia in the left kidney, a urinalysis is recommended, with culture if indicated.



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AGE

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WEIGHT

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**IMAGING
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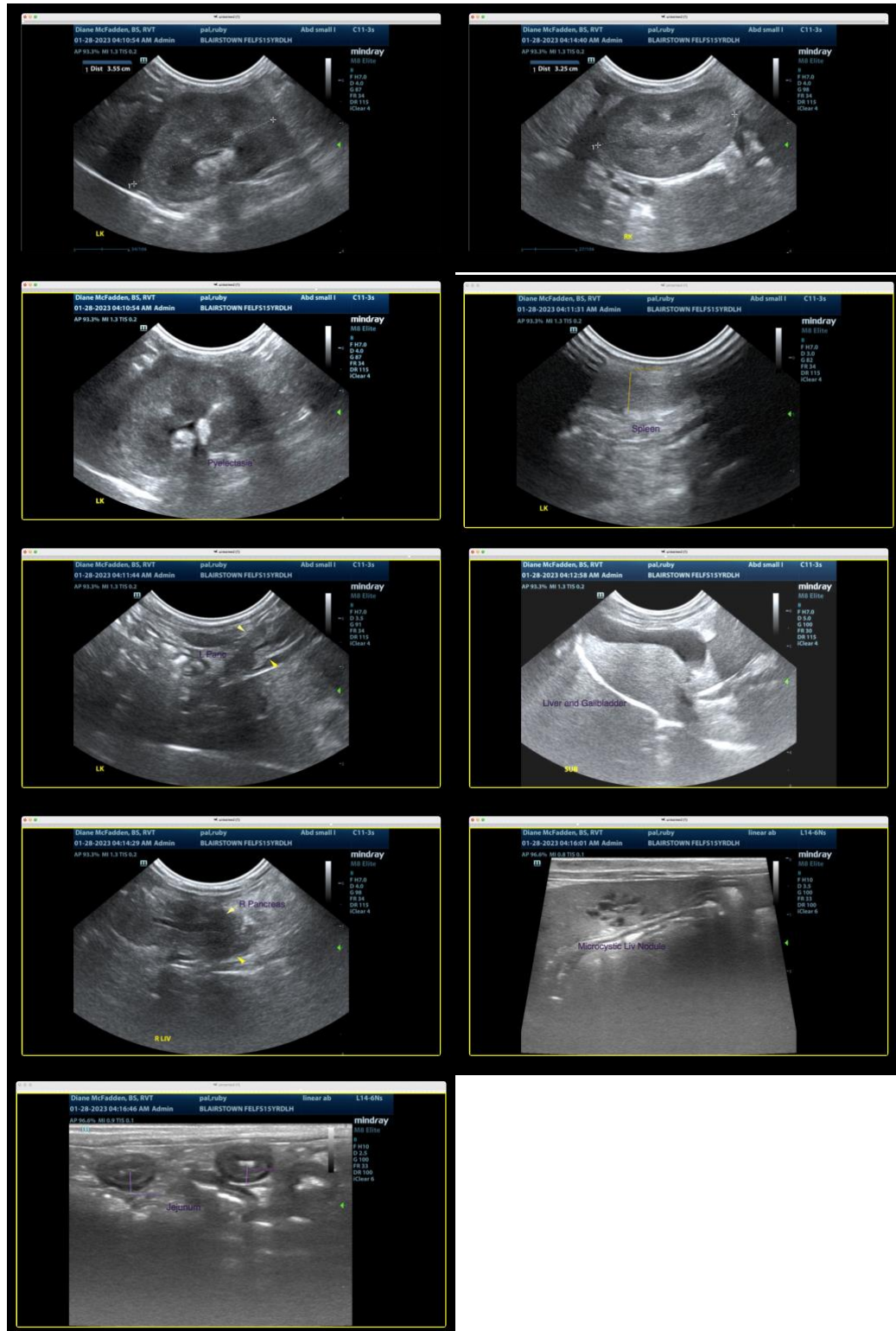
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



PATIENT

visible in the image/video clips provided.

Ruby PAL

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.

SPECIES

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BREED

DLH

SEX

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AGE

15 Years

WEIGHT

N/A

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