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Clinical Sonography & Telecytology
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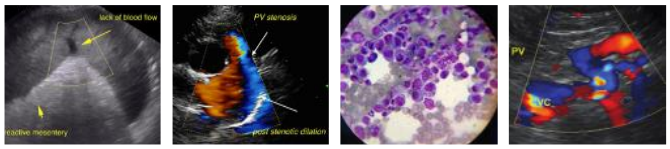

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1-800-838-4268 info@sonopath.com

PATIENT

Odin Hoover

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

7 Years

WEIGHT

6.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Laurie Brewer

INVOICE

17740

DATE

10/15/22

PRESENTING CLINICAL SIGNS

History: Presented 10.14.22 for h/o hyporexia X 3 weeks with intermittent vomiting and some weight loss. Cholangiohepatitis vs. Pancreatitis vs. Triaditis vs. Neoplasia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A large amount of echogenic luminal sediment is present, which is freely movable. 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. Urethra visualized to 2.0 cm

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 4.5 cm in length. The right kidney is 4.3 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.4 mm at the caudal pole. The right adrenal gland height 3.6 mm at the caudal pole.

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 5.7 mm.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely moveable echogenic sludge. The wall is thickened to 3.7 mm, without evidence of rupture. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach is moderately distended with normal ingesta. The gastric wall is 2.4 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are thickened up to 2.6 mm for duodenum and 2.6 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal. The duodenum is diffusely corrugated.

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

Pancreas

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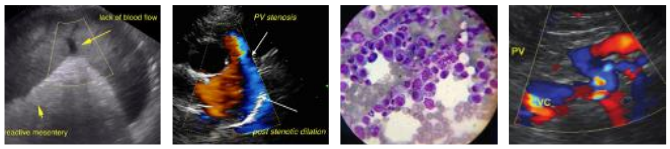

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Both limbs and body of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

Free Abdomen

There is focal free fluid present with the abdomen in the region of (describe). The associated omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

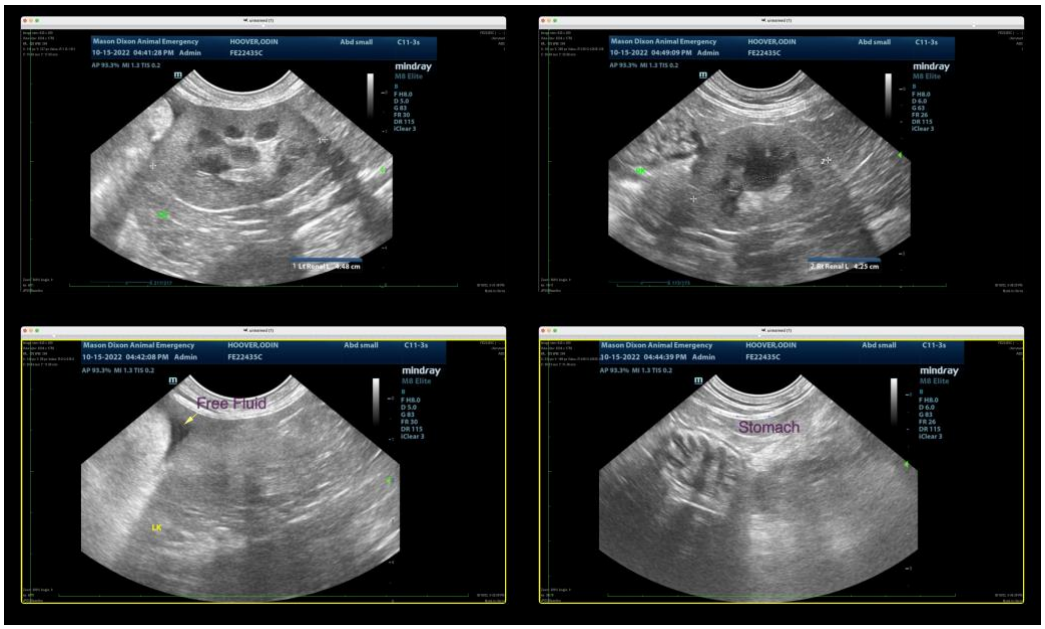
ULTRASONOGRAPHIC FINDINGS

- Severe pancreatitis with regional peritonitis
- An inflamed gallbladder wall consistent with cholecystitis
- Small intestinal changes consistent with infiltrative bowel disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The inflammatory changes in the gallbladder, pancreas and GI tract are suggestive of feline “triaditis” syndrome. Recommendations include:

- 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.



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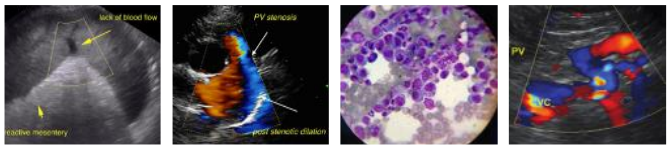

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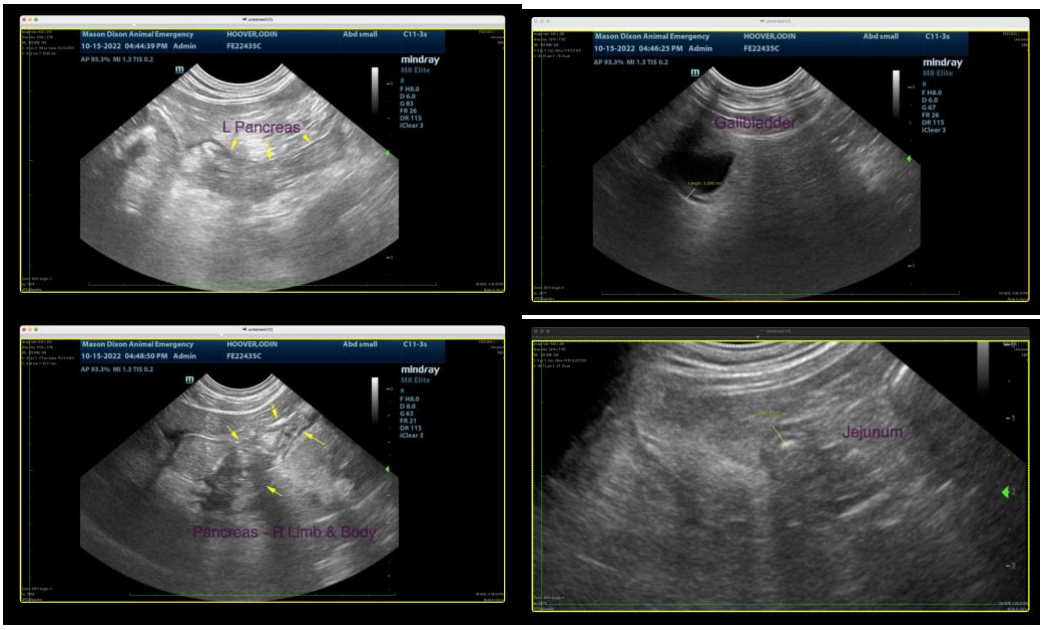

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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