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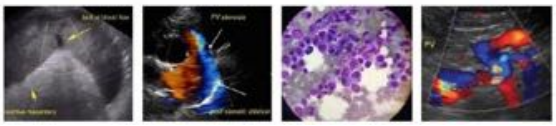

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Maximillian Fisher

SPECIES

Feline

BREED

Russian Blue

SEX

Neutered Male

AGE

11 years

WEIGHT

7.14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Dog & Cat Clinic of Niagara

REFERRING VET

Dr. Haidy

INVOICE

12145

DATE

2.3.23

PRESENTING CLINICAL SIGNS

History: losing weight dramatically, vomiting and inappetent previously but has since resolved
Abnormal PE/Chem/CBC/UA Results: please see attached labs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. No masses, calculi or mucosal irregularities are noted. Urethra visualized to 2 cm.

The kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is trace dilation of the renal pelvis, with anechoic contents. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible. The left kidney is 4 cm in length. The right kidney is 4 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 3.2 mm at the caudal pole. The right adrenal gland height 4.0 mm at the caudal pole.

Spleen

The spleen is diffusely thickened, measuring 1.1 cm at the hilus. The capsular margins are regular, and the parenchyma is hypoechoic. 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 1.1 cm).

Liver

The liver is diffusely hyperechoic and subjectively enlarged. 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 was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is 2.5 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 2.7 mm for duodenum and 2.7 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.1 mm, with intact wall layering. The ileocecal junction is visualized and appears normal / is visualized.

Pancreas

The entire pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

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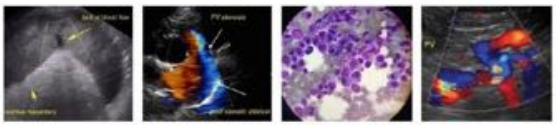

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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of hyperechoic echogenicity. There are multiple rounded, hypoechoic lymph nodes in the region of the right kidney and pancreas that are moderately enlarged, measuring up to 1.4 cm in diameter. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffuse changes to the pancreas, consistent with either acute pancreatitis, or possibly pancreatic neoplasia.
- Diffusely thickened and hypoechoic spleen
- Multiple round, hypoechoic lymph nodes, concerning for round cell or other neoplasia.
- Diffusely thickened small bowel, typical of infiltrative bowel disease

Secondary Findings

- Mild chronic renal changes, with trace pyelectasia bilaterally

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the pancreas and spleen along with the appearance of the lymph nodes, raise a concern for neoplastic disease, such as round cell neoplasia, although severe inflammatory disease is also possible. Fine-needle aspiration of the lymph nodes and spleen with a 25-gauge needle, as well as aspiration of the pancreas if possible, is recommended for a definitive diagnosis. Biopsy of the small intestines could also be considered, ideally with ultrasound guidance, to definitively diagnose possible infiltrative bowel disease. Additional recommendations would include a full GI panel, a hydrolyzed diet trial, and supportive care such as pain medication and antiemetics, as needed.

The presence of trace pylectasia may be associated with chronic renal disease, recent fluid therapy, or less likely pyelonephritis. If there is evidence of inflammation on a urinalysis, then urine culture would be indicated.

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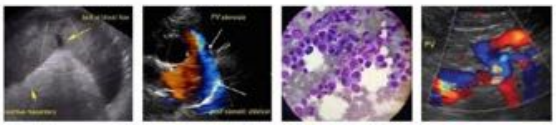

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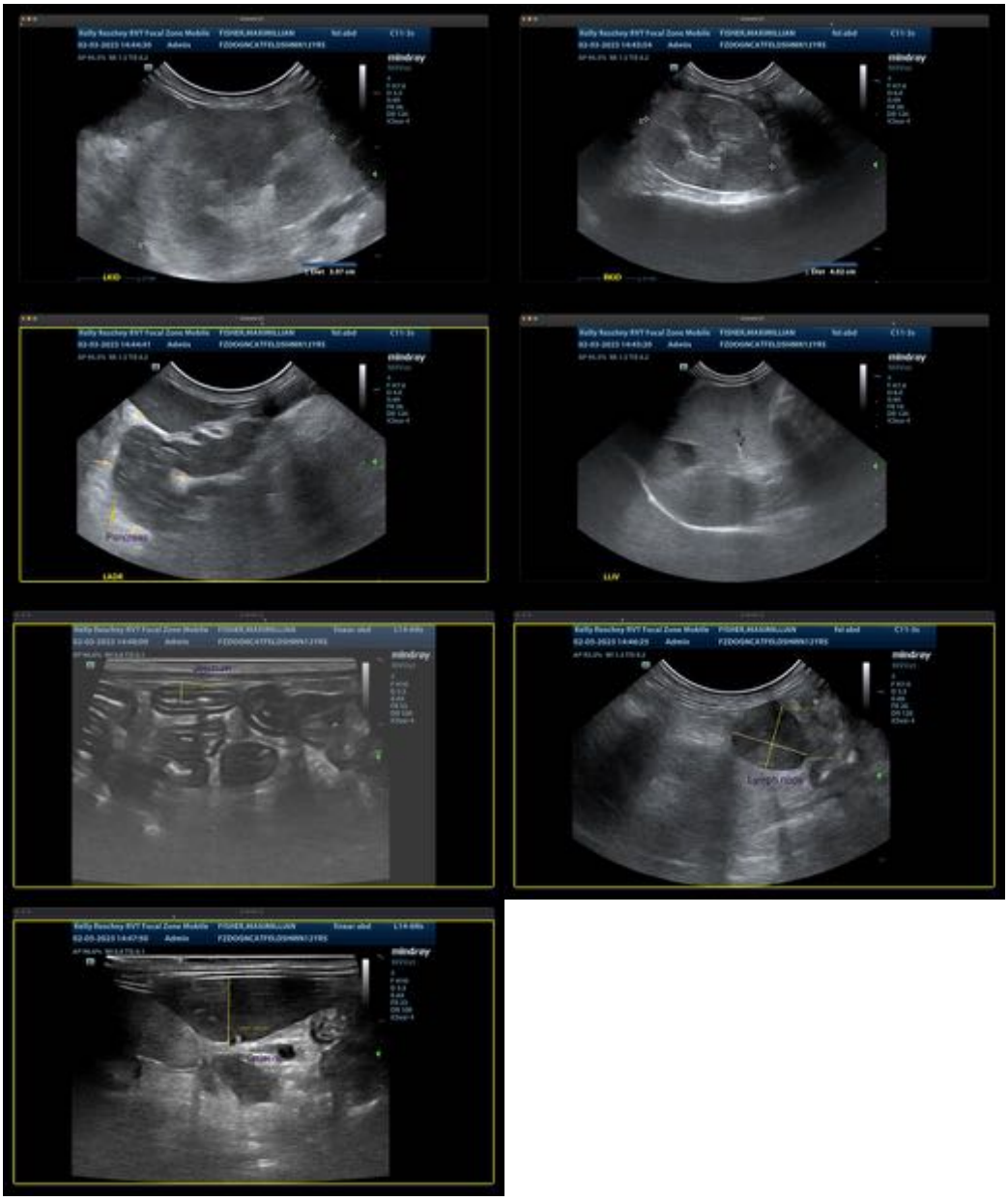

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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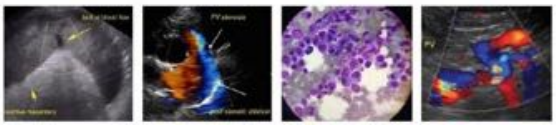

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