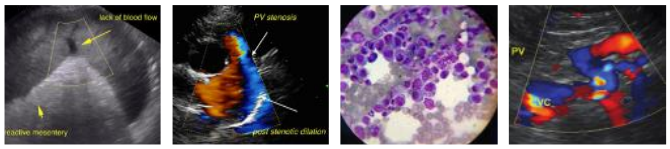
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Mimi Briley

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

16 Years

WEIGHT

11.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Prescott

HOSPITAL NAME

Roundout Valley VA

REFERRING VET

Prescott

INVOICE

16529

DATE

7/25/22

PRESENTING CLINICAL SIGNS

History: Repeat in house labs for dentistry revealed ALT 325. Wt loss of 1 lb. Prev elevation in ALT but had normalized 2 mths ago. T4 pending (2 mths ago was normal)

Abnormal PE/Chem/CBC/UA Results: ALT 325

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is 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. The pelvic urethra is visualized to 1.0 cm.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

The right kidney exhibits moderately decreased corticomedullary differentiation. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The right kidney is (3.8) cm in length.

The left kidney exhibits moderately decreased corticomedullary differentiation. There is focal mineralization present within the renal medulla. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is (3.6) cm in length.

Adrenal Glands

The right adrenal gland is identified in its normal locations. It is normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The right adrenal gland height is (3.6) mm at the caudal pole.

The left adrenal gland is not distinctly visualized, but the region of the left adrenal is unremarkable.

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 (6.3 cm).

Liver

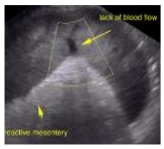
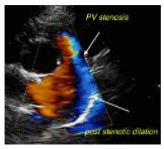
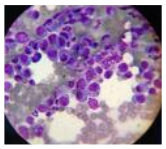
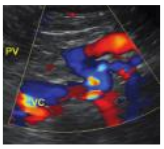
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately full of anechoic bile. The wall was thin and continuous with no focal lesions. The cystic duct is visible and dilated at 1.8 mm. There is no visible physical obstruction present.

Gastrointestinal

The stomach is empty. The gastric wall is (2.0) mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures (2.3) mm. The

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jejunal wall measures the upper limits of normal thickness (up to 2.5) mm, and muscularis to mucosal ratio is focally decreased from its normal 1:3 ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to (1.7) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The left limb and body of the pancreas are swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct is dilated.

Free Abdomen

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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- A hypoechoic pancreas, surrounded by hyperechoic omental fat, with dilated cystic and pancreatic ducts, consistent with pancreatitis
- A mildly thickened small bowel with focally thickened muscularis layer

Secondary Findings

- Chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

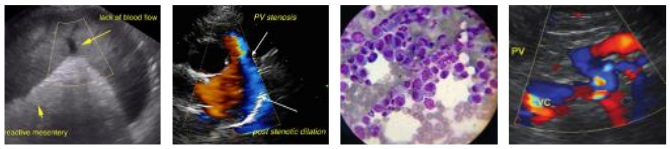
The changes in the pancreas and small bowel, along with the elevated ALT and weight loss are suspicious for triaditis. Given the structurally unremarkable liver, a low grade inflammatory hepatopathy/reactive hepatopathy secondary to the pancreatitis is likely.

The changes in the pancreas are consistent with acute pancreatitis. Concurrent pancreatic neoplasia, while less likely, cannot be ruled out. Recommendations include:

- ❖ an fPLI, or preferably a full GI panel, are indicated for confirmation and to screen for concurrent intestinal disease.
- ❖ supportive care including fluid therapy, anti-emetics, analgesics, appetite stimulants (if needed) and cobalamin supplementation are warranted.
- ❖ a highly digestible intestinal diet is recommended.
- ❖ if the patient is not responding to medical management, fine needle aspiration with a 25G needle for cytology could be considered after first checking a coagulation profile.

The changes in the small intestine are suggestive of infiltrative bowel disease, including both inflammatory bowel disease or gastrointestinal lymphoma. Recommendations include:

- ❖ fecal parasite testing and empiric fenbendazole treatment
- ❖ trials with a novel protein or hydrolyzed diet
- ❖ A complete GI panel.



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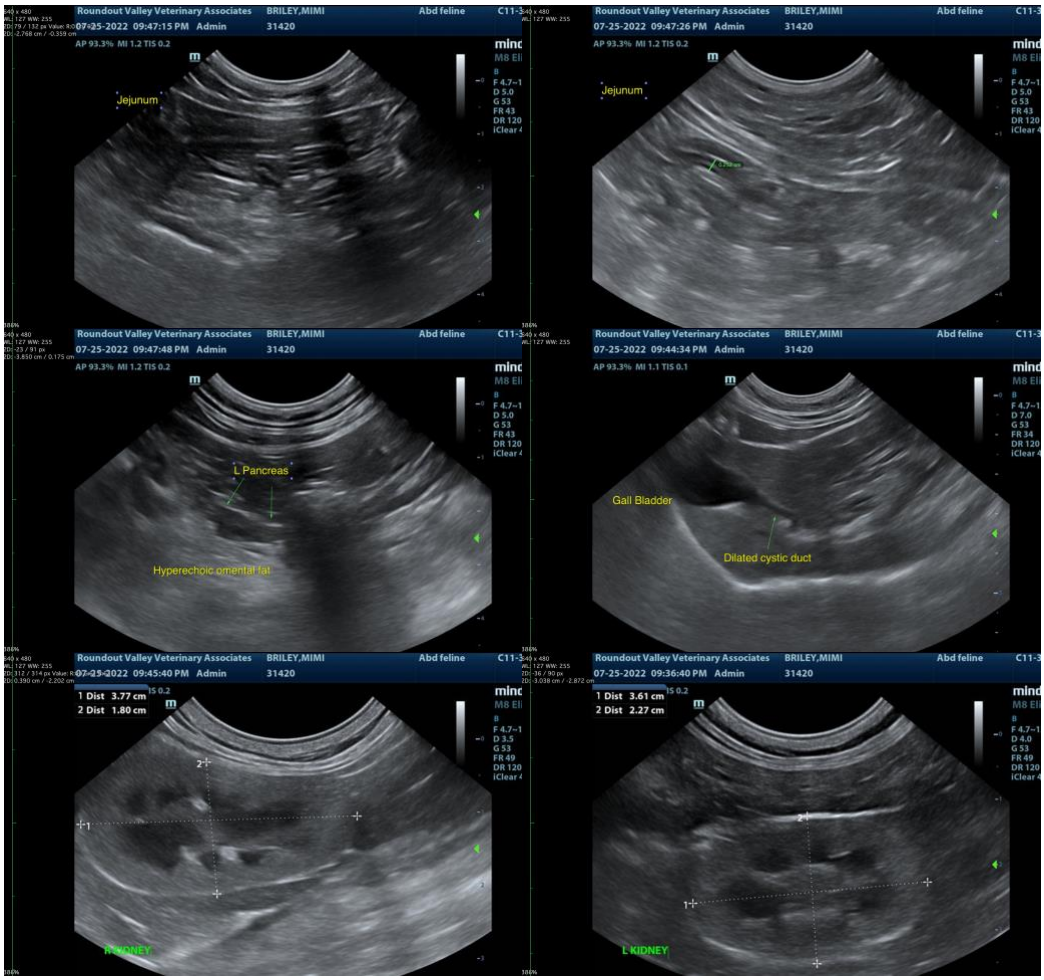
- Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance . If there is concurrent lymphadenopathy, ultrasound-guided sampling of the lymph node using a 25 or 22G needle could be considered.

The changes in the kidneys are consistent with chronic renal disease. Recommendations include:

- a CBC, chemistry panel, urinalysis, urine protein creatinine ratio and blood pressure measurement are recommended
- urine culture should also be considered, particularly if urine sediment is active
- dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines



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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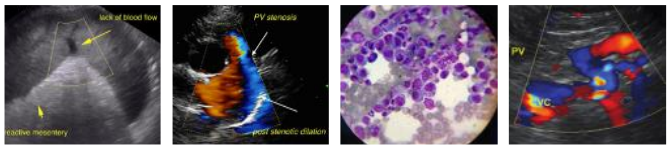

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