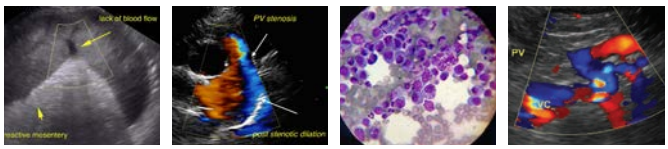
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Big Red Brown

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
8 Years

WEIGHT
12.7 Pounds

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

IMAGING PERFORMED BY
Dr. Tam Mengine

HOSPITAL NAME
Stoney Creek VH

REFERRING VET
Dr. Tam Mengine

INVOICE
40889

DATE
8/30/22

PRESENTING CLINICAL SIGNS

3 week history of intermittent vomiting, normal CBC / Chem / U/A

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 (visualized to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

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 measures 3.8 cm. The right kidney measures 4.3 cm.

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 measures 2.4 mm at the cranial pole and 2.5 mm at the caudal pole. The right adrenal gland measures 3.4 mm at the cranial pole and 2.7 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 normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

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 minimally distended with anechoic contents. 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 normal in thickness (up to 2.1 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, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Duodenum wall measures 2.6 mm. Jejunum wall measures 2.9 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness with intact wall layering. The ileocecal junction.

Pancreas

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

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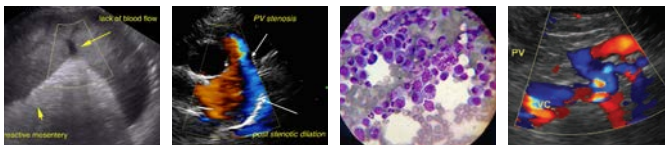

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Free Abdomen

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

PRIMARY FINDINGS

- Acute pancreatitis

SECONDARY FINDINGS

- Borderline splenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 splenic changes are likely reactive secondary to the pancreatitis, but infiltrative neoplasia such as lymphoma or splenic mastocytosis cannot be ruled out. Recommendations include:

- ❖ Ultrasound-guided fine needle aspiration with a 25G needle, after pre-medicating with diphenhydramine.

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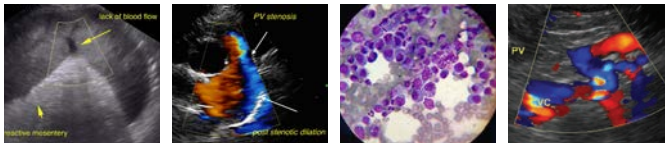

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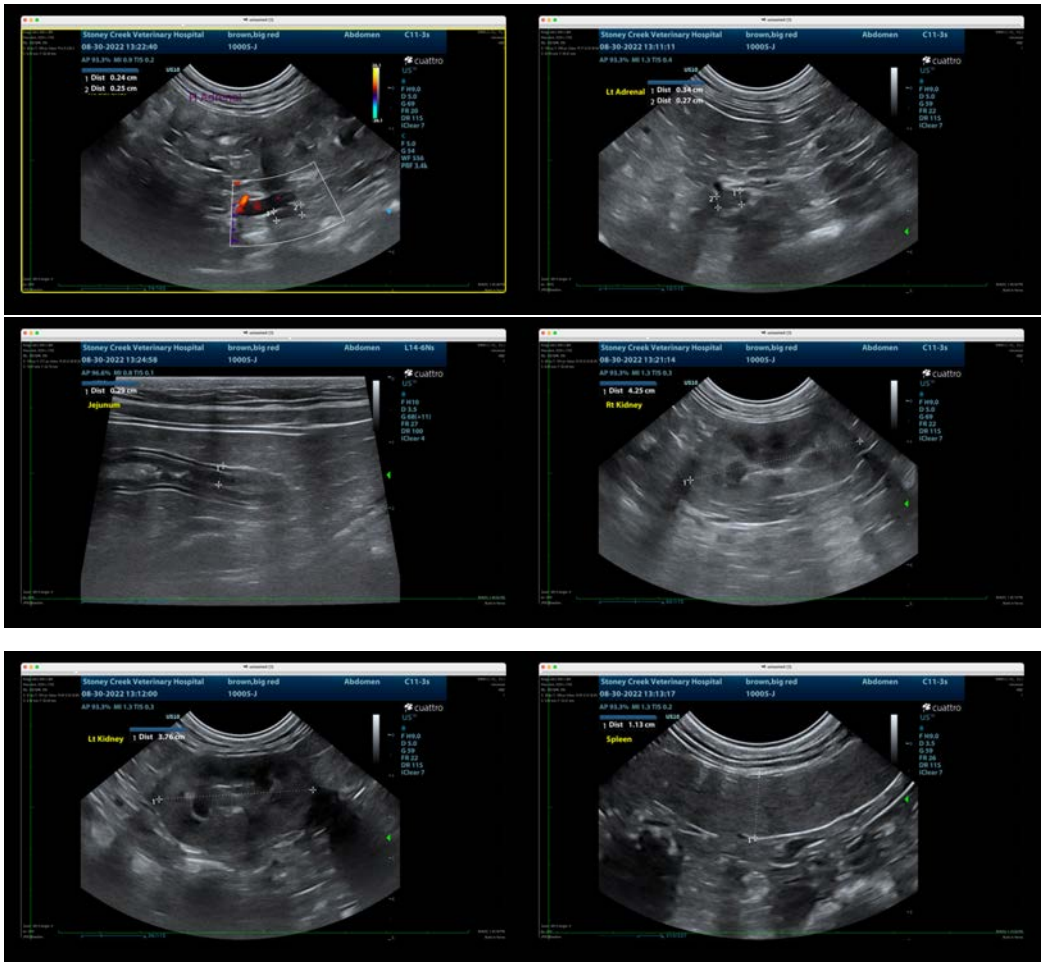

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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