



Client:	Brookside Veterinary Clinic
Organization:	info@brooksidevetclinic.com
Email:	315-253-0240 / 315-253-3576
Phone / fax:	Maria Drabicki
Owner:	Dr. Jamie Lovejoy
Practitioner:	Bixby
Patient:	Cat : DSH
Species/Breed:	12.5 Years
Age:	male, neutered
Gender:	2/5/2016 2:23:53PM
Submitted Date:	2/10/2016 3:48:32PM
Completed Date:	

Case status: Completed

Case notes:

Bixby presented 1/26/16 for a couple of episodes of intermittent vomiting in the previous week. He has a history of intestinal adenocarcinoma resected with clean margins 4/26/14. A follow up ultrasound (Case #294851, 1/19/15) revealed no evidence of regrowth, but possible changes in the liver and pancreas. CBC/Chem/UA on 1/26/16 showed no abnormalities. Physical exam was WNL aside from some small excoriations on his face. No abdominal pain or masses were noted. He has since thrown up a few more times and the O has requested a follow up ultrasound to ensure that we are not dealing with regrowth of the tumor.

The report:

332056 KW/lb

An ultrasonographic examination of the abdomen was performed on 02/09/16.

Ultrasonographic Findings:

The left kidney measured 3.57 to 3.67 cm in length and the right kidney measured 4.38 to 4.48 cm in length.

There was good distinction between the renal cortex and medulla of both kidneys.

No dilation of the renal pelves was present.

The urinary bladder was moderate in size.

No calculi or mass lesions were identified in the urinary bladder.

The urinary bladder wall was uniform measuring 0.6 to 0.8 mm in thickness.

The mucosal lining of the urinary bladder wall was smooth.

Echogenicity and architecture of the liver and spleen were uniform.

No masses or nodules were associated with the liver or spleen.

The gallbladder was moderate in size and contained anechoic bile.

The common bile duct was mildly distended measuring 6.2 mm in diameter.

The shape of the gallbladder was normal.

The pancreas was altered in echogenicity and architecture.

The right limb of the pancreas measured 0.85 to 1.12 mm in thickness and the left limb of the pancreas



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measured 0.72 to 0.76 by 1.34 to 1.53 cm in size.

The fat adjacent to the pancreas was slightly increased in echogenicity.

Normal layering of the gastric and small bowel wall was present.

The gastric wall measured 2.3 to 2.6 mm in thickness and the small bowel wall measured 2.2 to 3 mm in thickness which is in the upper of limits of normal.

No masses were associated with the small bowel.

No mesenteric lymphadenopathy was present.

Ultrasonographic Diagnosis: Altered pancreas. Slight small bowel wall thickening. Prominent common bile duct.

Comments: Because of the changes involving the pancreas pancreatic disease as the component of the clinical signs will need to be considered. Assessment of pancreatic function with clinicopathological data would be warranted. The bile duct was mildly distended which could be secondary to the pancreatitis; however, monitoring biliary function with clinicopathological data would be indicated. There was slight thickening of the small bowel wall which would be consistent with chronic inflammatory bowel disease. Because of the changes involving the small bowel, pancreas and gallbladder tri-itis as a component of the clinical signs will need to be considered. Treatment with bland diet and medication to decrease intestinal inflammation would be warranted. A follow-up ultrasonographic examination would be indicated to monitor the gall bladder, small bowel and pancreas.

Consulting Radiologist:

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