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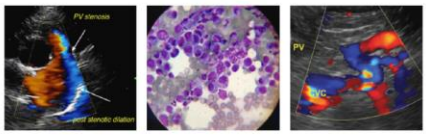

SonoPath
Clinical Sonography & Telecytology
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PATIENT
Stinky Binder

SPECIES
Feline

BREED
DSh

SEX
FS

AGE
10yr

WEIGHT
4.42kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging Michigan

REFERRING VET
Burrwood Veterinary Dr. Schechter

INVOICE
12767ag

DATE
01/23/2023

PRESENTING CLINICAL SIGNS

~1-2 week history of inappetence, weight loss. Hx of suspect IBD, been on 2.5mg Pred PO SID for ~7 years

Abnormal PE/Chem/CBC/UA Results: BW showed mildly elevated lipase, otherwise wnl Please see attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Right kidney is normal in size (4.46 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Left kidney is normal in size (4.19 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. Right adrenal gland measured (0.22 cm at caudal pole), the left adrenal gland measured (0.23 cm at caudal pole),

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). A 0.50 cm homogenous slightly hypoechoic nodule resulting in a capsular bulge off the tail of the spleen was present. A 0.70 – 0.80 cm hypoechoic area in the mid body non-capsule disrupting that appears similar to an infarct but has good vascularity so is more concerning for a second hypoechoic nodule/lesion. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. Several multifocal nodules/masses of mixed echogenicity but primarily hyperechoic were present. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions

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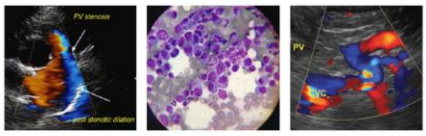

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per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Markedly enhanced hyperechoic ill-defined surrounding fat is noted as is a small amount of echogenic free fluid. In the left limb of the pancreas there is a 1.5 cm x 2.0 cm primarily homogenous slightly hyperechoic nodule that disrupts the normal curvilinear of the pancreas.

Free Abdomen

There is no apparent lymphadenopathy. There is s small amount of anechoic free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Severe acute pancreatitis with a mass in the left limb that could represent a benign change aas is seen with nodular hyperplasia vs granuloma vs other. However infiltrative neoplasia is also possible and cannot be differentiated without tissue sampling.
- Feline biliary cystadenomas – In a senior cat, these liver lesions are most consistent with a/multiple benign biliary cystadenoma(s). Malignancy cannot be ruled out but is considered less likely give lack of clinical signs and/or laboratory changes.
- Hypo to anechoic splenic nodules – likely represents benign lesions such as cysts, hematomas, nodular hyperplasia, extramedullary hematopoiesis, etc., however given the multifocal pathology noted in this patient infiltrative neoplasia cannot be ruled out.

Secondary

- Urinary bladder debris
- Flat adrenal glands consistent with steroid use history

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. This patient's acute clinical signs are most likely secondary to acute pancreatitis however a more serious underlying infiltrative process is possibly contributing given the appearance of the pancreas.
2. Recommendations include a FNA of the pancreatic mass +/- spleen and/or liver if coagulation status is appropriate. Additionally given this patient's history of suspected IBD, if not recent evaluation a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function. There is no ultrasonographic evidence of GI disease, but the steroids are likely masking pathology.
3. In the meantime, medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support (including a feeding tube) as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc.

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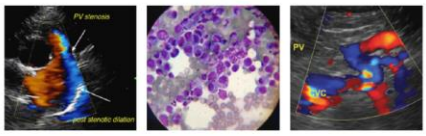

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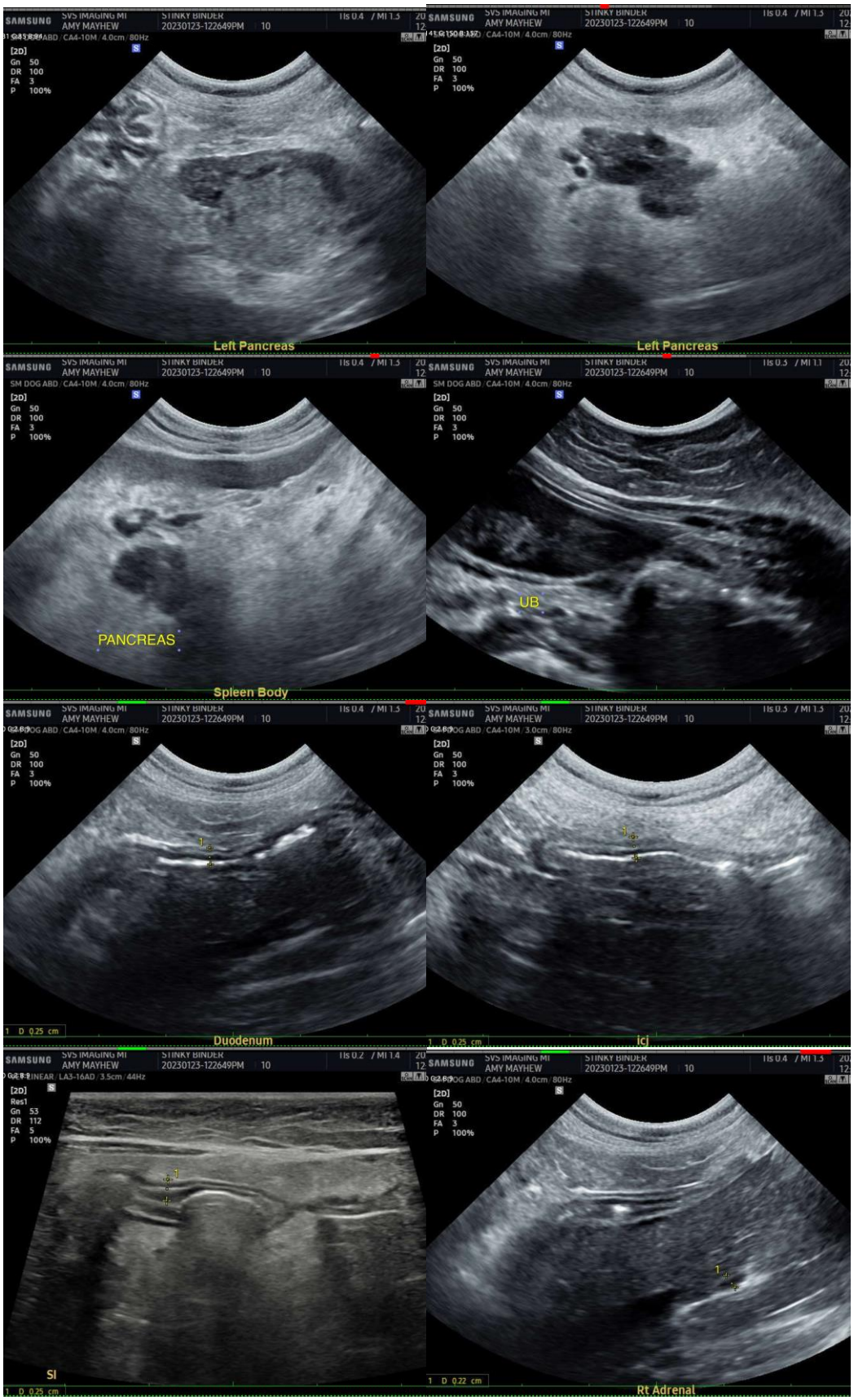

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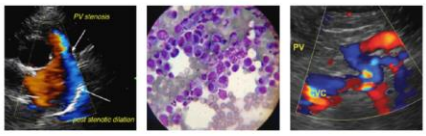

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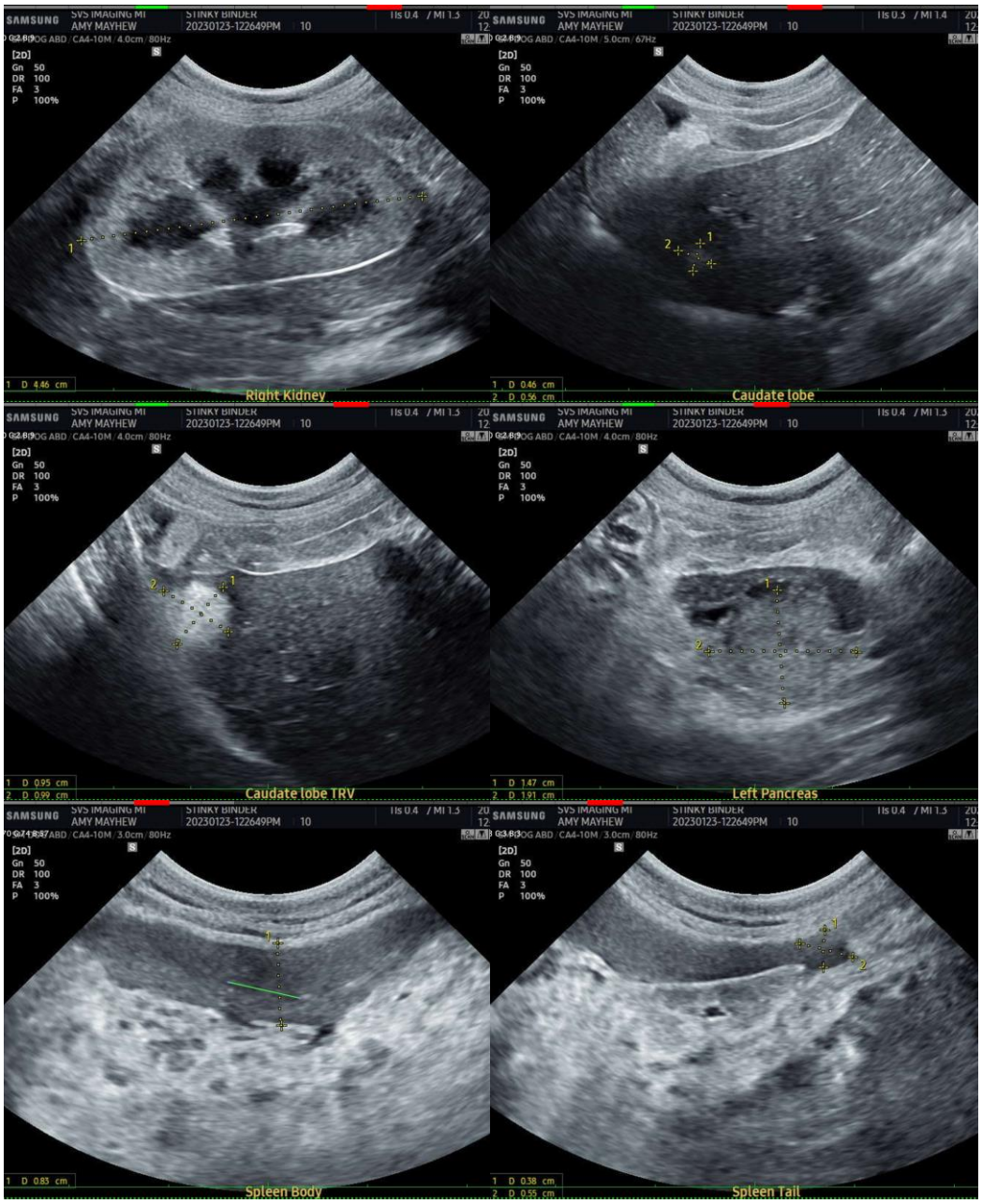

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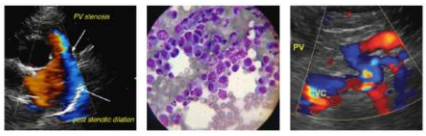

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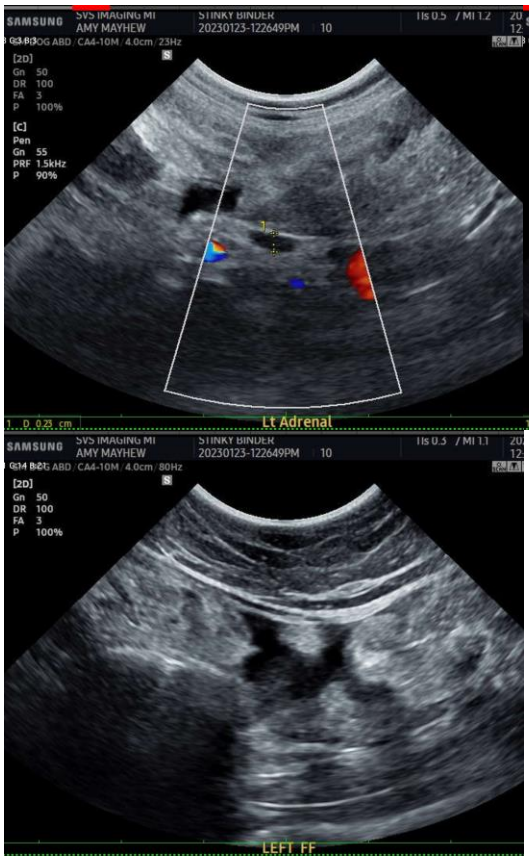

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com