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Clinical Sonography & Telecytology
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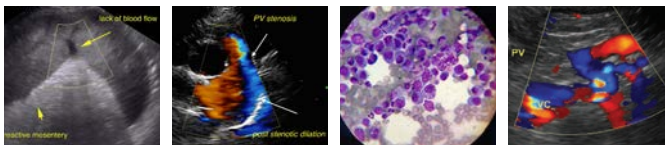

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1-800-838-4268 info@sonopath.com

PATIENT
Scooter Kurtz

SPECIES
Feline

BREED
DLH

SEX
Spayed Female

AGE
11 Years

WEIGHT
10.53 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Jack Reese

HOSPITAL NAME
Willow Run VC

REFERRING VET
Dr. Anna Leppien

INVOICE
42436

DATE
10/28/22

PRESENTING CLINICAL SIGNS

Prev hx of IBD (u/s 8/18/21). Presented 9/13/22 with decreased appetite, 2 lb weight loss; started on Prednisolone and RC Fiber response d/t suspected IBD flare Presented 10/25/22 for no improvement, further 0.5 lb weight loss, vomited the day before

Abnormal PE/Chem/CBC/UA Results: 9/13/22 - GGT - 5 (0-4), Bilirubin - 0.2; SDMA -16 10/25/22 - GGT - 21, Bilirubin 3.3, SDMA - 9

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of mineral or infarcts observed. The right kidney measures 2.87 cm. The right kidney measures 4.5 cm. Pyelectasia is noted bilaterally, 0.55 cm in the left and 0.37 cm in the right.

Adrenal Glands

The right adrenal gland is normal in size (0.38 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.34 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The 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). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The 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. Multifocal discrete nodules are noted, primarily hyperechoic in echogenicity. Some nodules contain cystic area of varying size. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. A dilated anechoic tubular structure is noted that appears to be the cystic and common bile duct. A vessel cannot be definitively ruled out without doppler, but the structure appears to enter the duodenum at the duodenal papilla and contains echogenic debris, consistent with possible mucus or mineral debris/sand. A mineralized nodule cannot be definitively ruled out.

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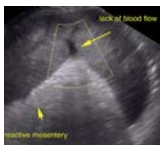
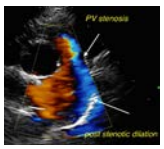
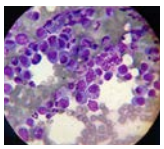
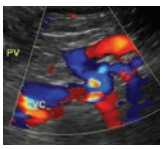

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Gastrointestinal

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 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

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

Adjacent to the stomach, there is an irregularly shaped, approximately 1.3 cm in diameter, hypoechoic structure, presumably a lymph node, surrounded by enhanced hyperechoic fat.

PRIMARY FINDINGS

- **Feline biliary cystadenomas –** In a senior cat, these liver lesions can represent benign biliary cystadenomas. However, they are not as cystic as is typically appreciated, and a malignancy cannot be ruled out without tissue sampling.
- **Dilated anechoic tubular structure between the gallbladder and duodenal papilla –** This appears to be the cystic and common bile duct. However, a vessel cannot be definitively ruled out. This structure, however, appears to contain echogenic debris, consistent with either mucus or potentially mineral sand debris, however a mineralized biliary nodule or mass cannot be definitively ruled out.
- Chronic active pancreatitis
- **Aggressive cranial abdominal lymph nodes –** most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.

SECONDARY FINDINGS

- Urinary bladder debris
- **Bilateral pyelectasia –** Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.

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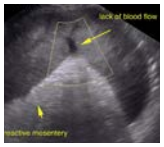
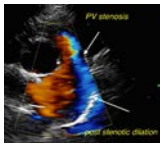
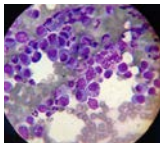
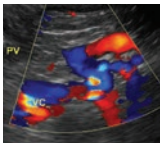

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

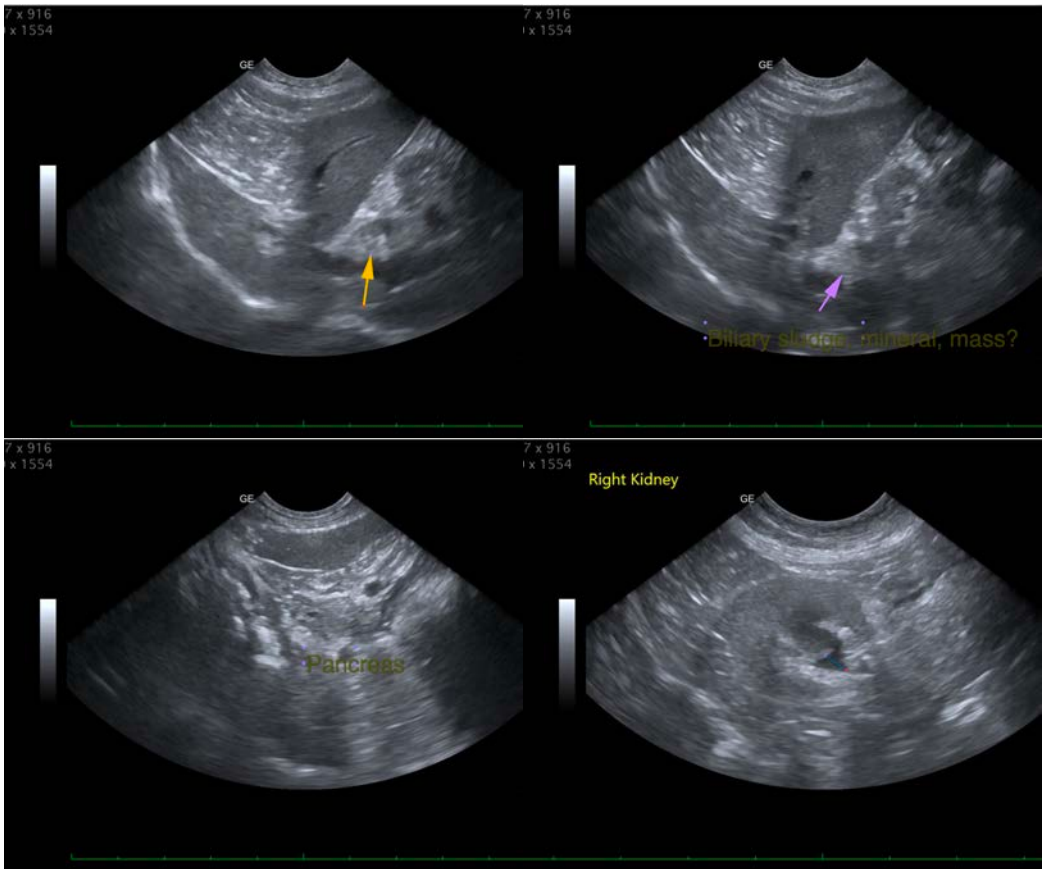
If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Fine needle aspirates of the enlarged cranial abdominal lymph node as well as the liver are recommended if patient's coagulation status is appropriate.

Given this patient's history of presumed inflammatory bowel disease combined with the pancreatic changes, 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.

Treatment recommendations include fluid therapy, anti-emetics, gastroprotectants, hepatic nutraceuticals such as ursodiol and/or Denamarin, and broad-spectrum antibiotics. Nutritional support is critical to prevent/manage concurrent hepatic lipidosis, so appetite stimulants and/or, if indicated, feeding tube placement is also recommended.

Ultimately, if clinical signs and/or laboratory changes don't improve and/or persist, advanced imaging such as an abdominal CT scan may be necessary to further evaluate the biliary system for possible mineral and/or mass.



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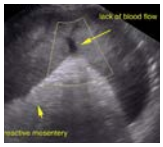
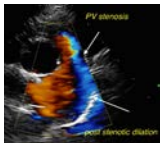
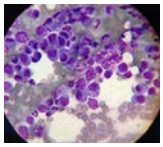
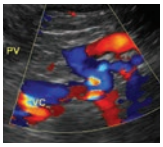

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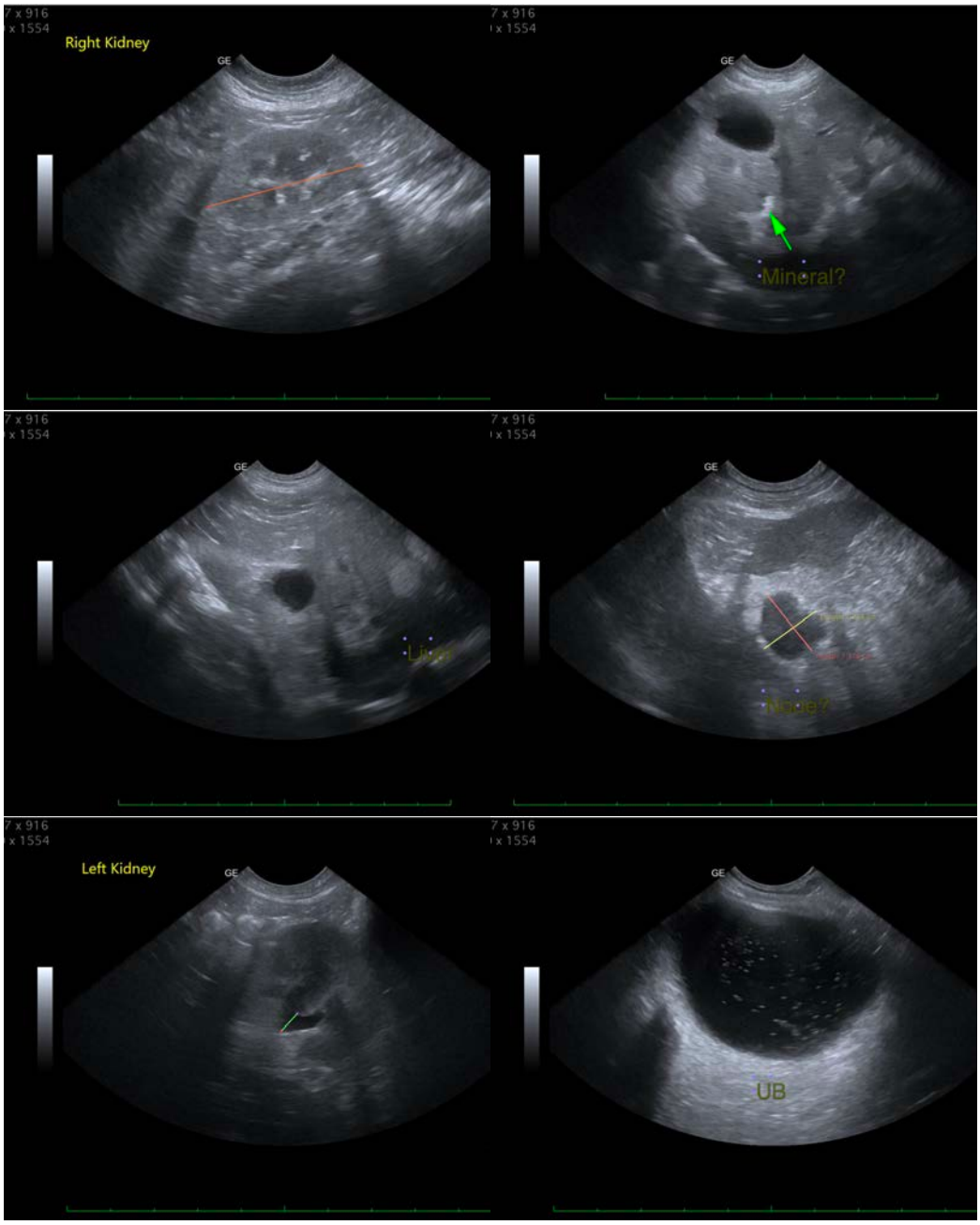

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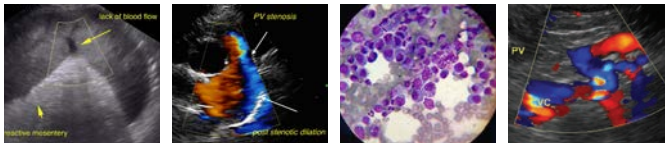

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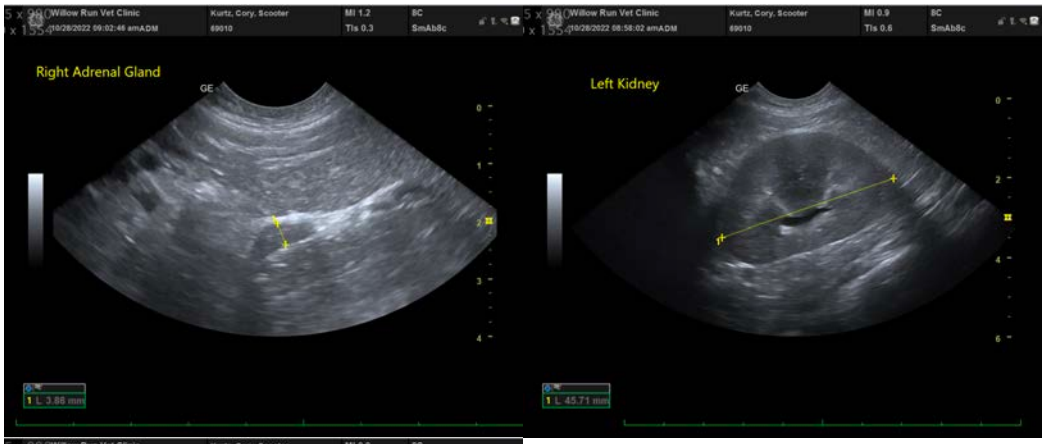

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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