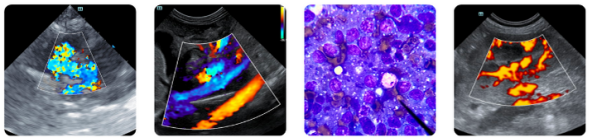

PATIENT

Lenny Smith

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

4 years

WEIGHT

3.4 kgs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearly Wyomissing

REFERRING VET

Blue Pearl Wyomissing, ER

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PRESENTING CLINICAL SIGNS

- AUS to further evaluate weight loss, decreased appetite x 1-2 weeks, one episode of V/D. Presented to rDVM 3/3/25 and BW was largely unremarkable except for mild LES elevation (ALT/ALP). Started on mirtazapine but vomited it up. Presented to the ER on 3/4/25 for continued signs and was in and out of the LB, one episode of D+ noted. UA preformed in ER, r/o UTI. Given Convenia.
- Time of ultrasound, only eating few small treats / days since last ER visit on 3/4.

Abnormal PE/Chem/CBC/UA Results: ER: - UA: USG 1.028, pH 6.5, Pro +, Lue +, WBC > 2/hpf, struvite crystals fragmented TNTC, Occ epithelial cells, Cocci +, granular casts 0-3/hpf, amorphous crystals. - EPOC: Hct 45%, Cr 0.98-n, Gluc 135 H, Lac 3.46 H, BUN 12 L rDVM: - CBC: Hct 44%, plts 207-n, remainder NSF - Chem: Alb 3.0-n, ALT 103 H (10-100), ALP 107 H (6-102), BUN 14-n, Cr 1.1-n, remainder NSF - FeLV/FIV: Neg x 2.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (3.45 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.

The left kidney is normal is size (3.36 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

The right adrenal gland is normal in size (0.23 cm at cranial pole and 0.25 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

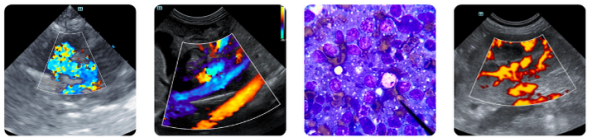
The left adrenal gland is normal in size (0.32 cm at cranial pole and 0.23 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. In the mid cranial liver, an approximately 1.9 cm x 1.4 cm hypoechoic density that could be a very echogenic fluid



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filled density is noted. 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. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness 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 intestine demonstrates areas of mildly thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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

Pancreas

In the cranial abdomen, suspect right side is an approximately 2.5 cm x 2.9 cm coarse, but homogenous, irregular, hypoechoic pancreatic mass surrounded by enhanced hyperechoic mesenteric fat.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- The pancreatic findings could be a severe but benign inflammatory process/pancreatitis, although infiltrative neoplasia can't be definitively ruled out.
- Concurrent mild/emerging inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling.
- Hyperechoic hepatomegaly – This appearance is most consistent with benign hepatic lipidosis or endocrine/DM hepatopathy. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible. A focal lesion in the cranial liver could represent a cyst or hematoma, or abscess versus a tissue nodule and can't be fully differentiated without tissue sampling.
- Moderately reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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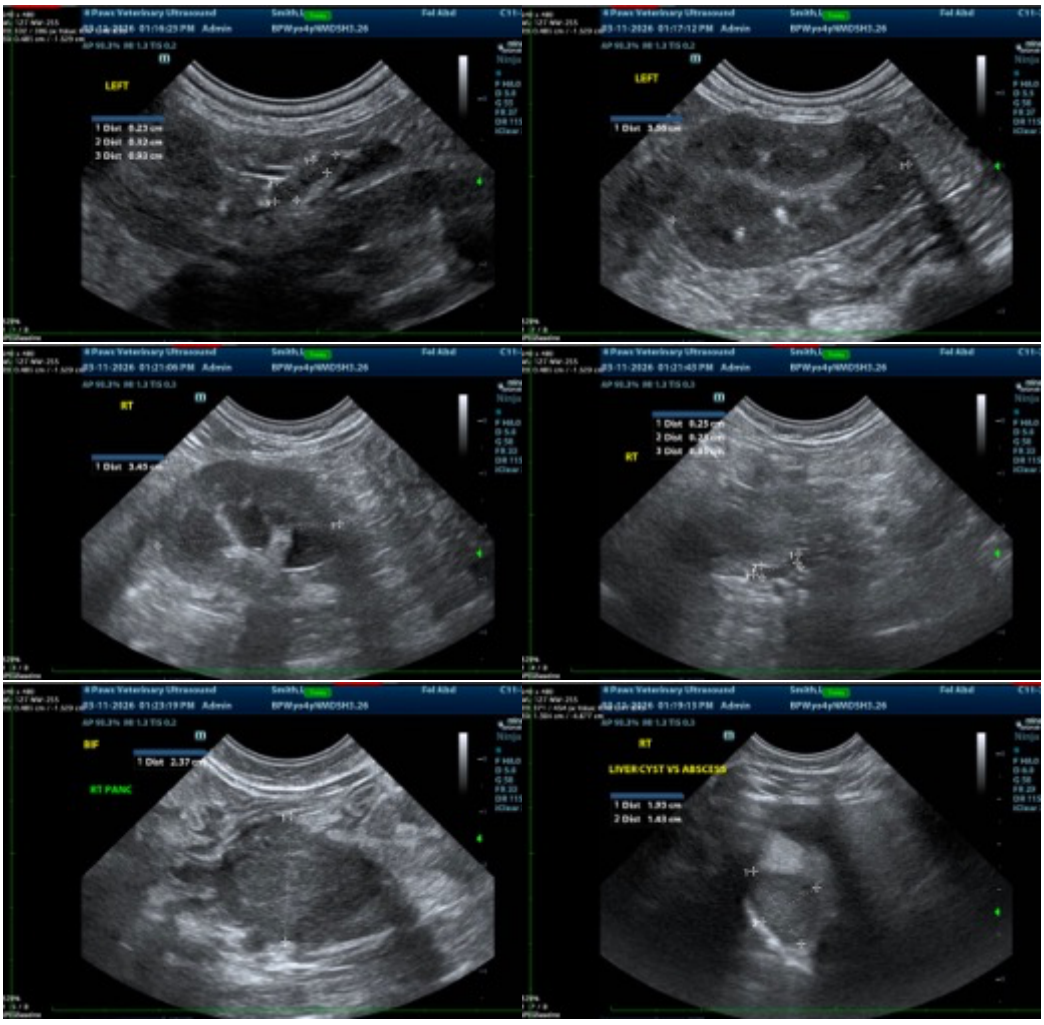
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Fine needle aspirates of the pancreatic mass +/- the lymph nodes as well as the cranial liver density are all recommended if patient's coagulation status is appropriate.

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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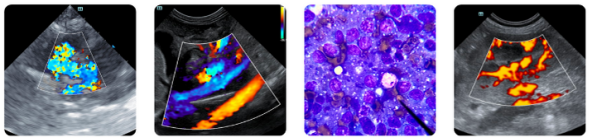

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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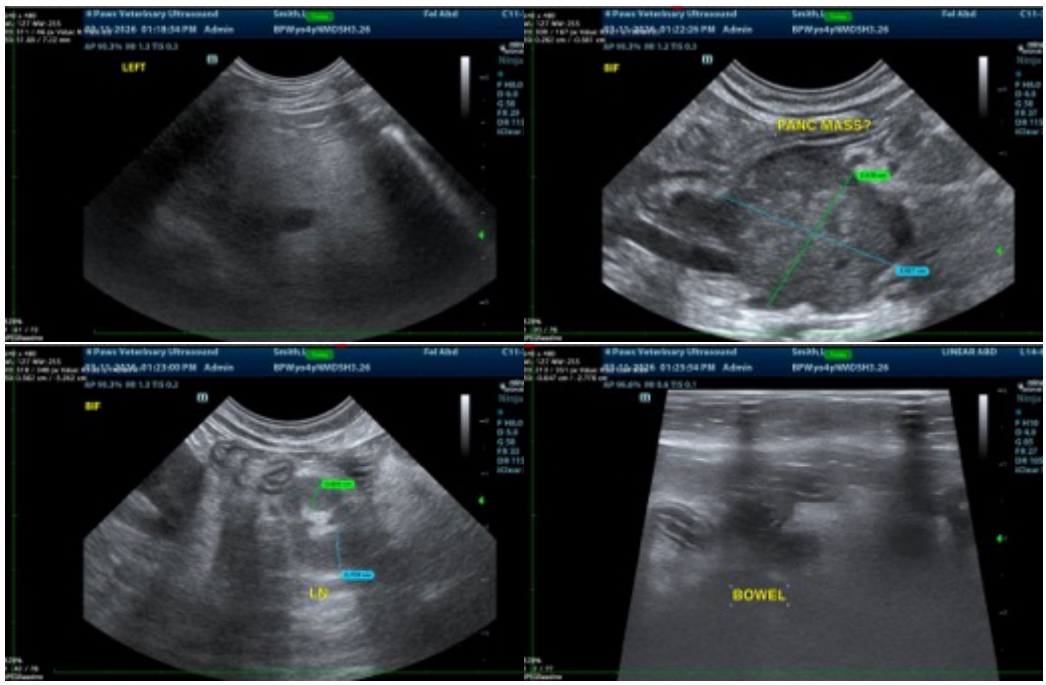

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com