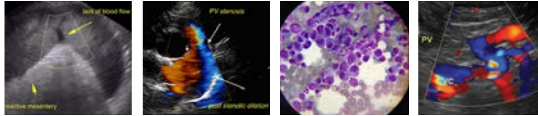


PATIENT

Killer Milan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years 7 Months

WEIGHT

10.42

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

INVOICE

45809

DATE

3/9/23

PRESENTING CLINICAL SIGNS

Hx weight loss 2 lbs. Vomiting, lethargy, Anorexia. Suspicious of cranial abdomen. Evaluate for IBD, lymphoma, occult pyelonephritis, hyper thyroid 2*.. BW - Hyper thyroid 7.7 / early renal Dehydration, Hospitalized. on fluids, cerenia, famotidine, convenia, B12 UA- WBC/RBC - Evaluate for UTI/pyelonephritis. Started Methriozole 2.5 mg.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.28 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal 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 pyelectasia or infarcts observed. Chronic infarcts are noted bilaterally. A small non-obstructive nephrolith is noted in the right kidney. The right kidney measures 3.77 cm. The left kidney measures 3.38 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.57 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.44 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.

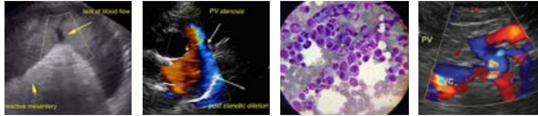
Liver

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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended/empty. The wall appears mildly thick, irregular, and hyperechoic. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation. However, the cystic and common bile duct are tortuous in appearance, which can be a normal anatomic variant in cats. However, combined with the mildly thick wall (which could be a result of the gallbladder being empty), chronic resolved or even ongoing cholangitis can't be ruled out, and this finding should be interpreted in combination with clinical signs and/or laboratory changes that suggest it.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is 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 pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation. Just caudal to the stomach, within the pancreatic parenchyma, there is a 1.2 cm round anechoic structure.

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Anechoic cystic structure associated with the body of the pancreas that trends in appearance towards a benign pancreatic cyst. Abscess, infiltrative neoplasia, other can't be ruled out but are considered less likely.

SECONDARY FINDINGS

- **Chronic Cystitis -** Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

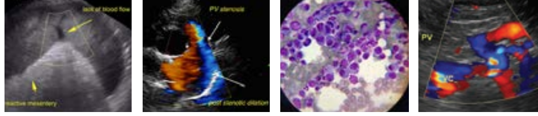
- Age related kidney changes with chronic infarcts and a non-obstructive nephrolith in the right kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's ultrasound is primarily incidental, likely clinically insignificant aging or benign changes, with the suspected cause of this patient's vomiting and weight loss being the newly diagnosed hyperthyroidism. Having said that, occult gastrointestinal disease cannot be ruled out.

Therefore, 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.

In the meantime, as is reportedly already in place, beginning medical management for hyperthyroidism is recommended, as is supportive/symptomatic medical management of gastrointestinal signs. If they persist, a fine needle aspirate of the pancreatic lesion/cyst could be considered if patient's coagulation status is appropriate, or ultimately biopsies of the gastrointestinal tract could be obtained to look for evidence of occult neoplasia not visible at this time.



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Clinical Sonography & Telecytology

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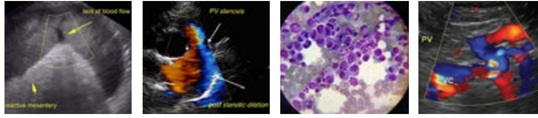

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dbimaginesound@gmail.com 917-647-4318

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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