



PATIENT	PRESENTING CLINICAL SIGNS
Stellina Tarantino	PU/PD.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. If there are urinary signs and/or concern for urinary bladder pathology, reassessment after complete filling is recommended.
DSH	
SEX	The right kidney is normal in size (4.51 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.
Spayed Female	
AGE	The left kidney is normal in size (4.13 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.
1 Year	
WEIGHT	Adrenal Glands
8 Pounds	Adrenal glands are bilaterally uniformly plump egg-shaped adrenals (x cm), hypoechoic in echogenicity with bilateral dystrophic mineralization noted. This is often a benign age-related change. However, given this patient's reported young age of 1-year, other differentials should be considered, including chronic stress/disease, so investigation for/management of other disease (chronic kidney disease, hyperthyroidism, etc.) is recommended. Additionally, if other clinical signs of adrenal disease such as hyperadrenocorticism are present, further investigation for that could be considered.
INTERPRETED BY	The right adrenal gland is normal in size (0.62 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	The left adrenal gland is normal in size (0.70 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
IMAGING PERFORMED BY	Spleen
Jessica Miller	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.
HOSPITAL NAME	Liver
Summit Dog & Cat Hospital	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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
REFERRING VET	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.
Dr. Lepkowski	
INVOICE	
46788	
DATE	
4/19/23	



PATIENT

Stellina Tarantino

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1 Year

WEIGHT

8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

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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 in size with swollen irregular contour. Parenchyma is heterogenous characterized by hyperechoic tissue remodeling intermixed with ill-defined hypoechoic nodules. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation. In the caudal right limb of the pancreas, there are multiple anechoic cystic structures noted.

Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- **Pancreatic nodular hyperplasia with multiple suspect pancreatic cysts in the right limb** – Infiltrative neoplasia cannot be ruled out but is considered less likely. Low-grade smoldering chronic pancreatitis is also possible and should be suspected in the face of appropriate clinical signs.
- **Hyperechoic hepatomegaly** – This appearance is most consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- The adrenal gland changes as described above are most often seen as a benign age-related change. However, if this patient's reported age of 1 year is accurate, then the appearance of the adrenal glands is more concerning for chronic stress or disease such as chronic kidney disease, hyperthyroidism, etc., and/or even adrenal specific disease such as hyperadrenocorticism. This finding should be interpreted in combination with confirming the patient's young age as well as any clinical signs of hyperadrenocorticism, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly pending, a comprehensive metabolic health screen is recommended for this patient, beginning with CBC/Chem panel and electrolytes.

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.



PATIENT

Stellina Tarantino

Follow up steps are dependent on the results of that evaluation. Future considerations could include a fine needle aspirate of the pancreas, the pancreatic cysts, and/or the liver if patient's coagulation status is appropriate, and/or ultimately further adrenal testing if indicated based on full clinical picture.

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

1 Year

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HOSPITAL NAME

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REFERRING VET

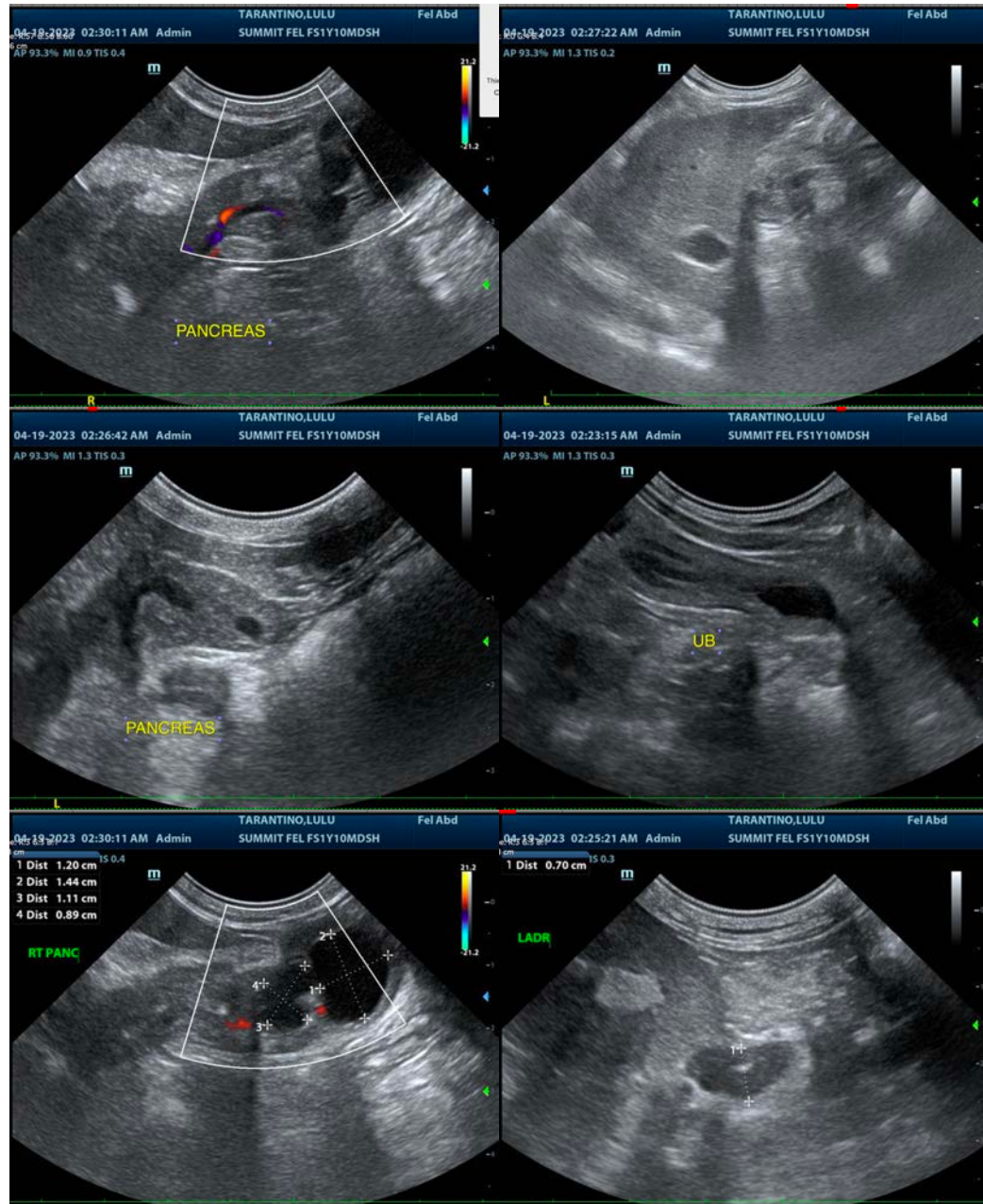
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SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

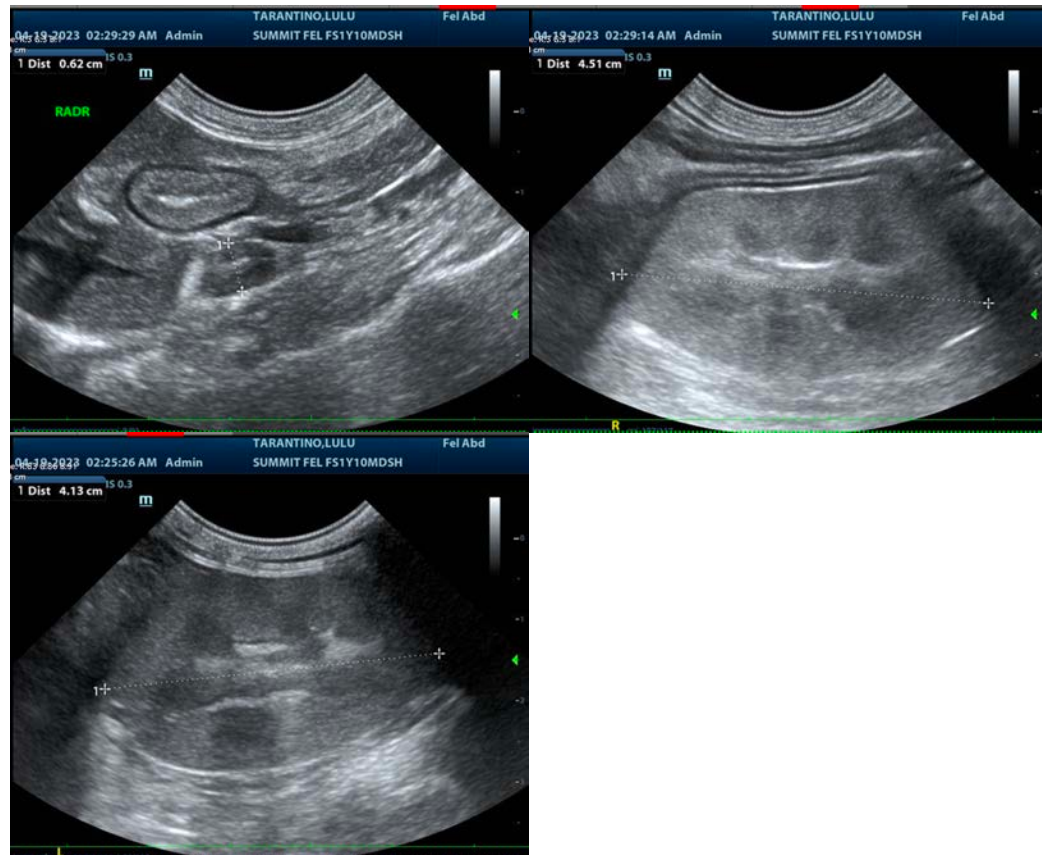
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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