

**PATIENT**

Bella Thoma

PRESENTING CLINICAL SIGNS

Not eating or drinking, lethargic.
 Abnormal PE/Chem/CBC/UA Results: Hx pancreatitis Monday.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately 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.

BREED

DSH

The right kidney is normal in 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.

SEX

Spayed Female

The left kidney is normal in size (2.74 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.

AGE

15 Years

Adrenal Glands

Adrenal glands are bilaterally uniformly plump egg-shaped adrenals (left 0.40 cm, right 0.37 cm), hypoechoic in echogenicity with bilateral dystrophic mineralization noted. This is most likely a benign age-related change. This change can be caused by chronic stress/disease, so investigation for/management of other disease (chronic kidney disease, hyperthyroidism, etc.) is recommended.

WEIGHT

9.5 Pounds

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.

INTERPRETED BYBeth Johnson, DVM
DACVIM**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. A focal 2.5 cm in diameter nodule/mass of mixed echogenicity, primarily hyperechoic in echogenicity but containing multiple cysts of varying size, is noted in the deep left liver. Visible vasculature and biliary tree appear normal without distension or congestion.

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

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.

REFERRING VET

Dr. Morgan

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 mildly distended with fluid, as well as echogenic nonshadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

INVOICE

43374

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 diffusely also mildly distended with fluid/chyme. There is no evidence of obstruction, foreign material, or infiltrative disease.

DATE

6/22/23

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas**SPECIES**

Feline

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. Enhanced hyperechoic ill-defined surrounding fat is noted. **This finding is most prominent in the left limb and body of the pancreas.

BREED

DSH

Free Abdomen

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

SEX

Spayed Female

The 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.

PRIMARY FINDINGS**AGE**

15 Years

- Acute pancreatitis is suspected, primarily affecting the left limb and body of the pancreas. Secondary gastric and small intestinal ileus related to the pancreatitis could be contributing to this patient's decreased appetite.
- Feline biliary cystadenoma - In a senior cat, this liver lesion is 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.

WEIGHT

9.5 Pounds

SECONDARY FINDINGS

- Age related adrenal gland changes

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DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a general metabolic health screen is recommended to include CBC/Chem panel, electrolytes, and urinalysis.

IMAGING PERFORMED BY

Amy Mayhew, LVT

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.

HOSPITAL NAME

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In the meantime, supportive/symptomatic medical management of suspected pancreatitis and subclinical nausea brought on by possible ileus is recommended in the form of antiemetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management +/- broad-spectrum antibiotics, and fluid therapy. Proton pump inhibitors can occasionally be helpful. However, Metoclopramide is considered controversial in feline pancreatitis and should be avoided if nausea can be managed with other antiemetics.

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IMAGING PERFORMED BY

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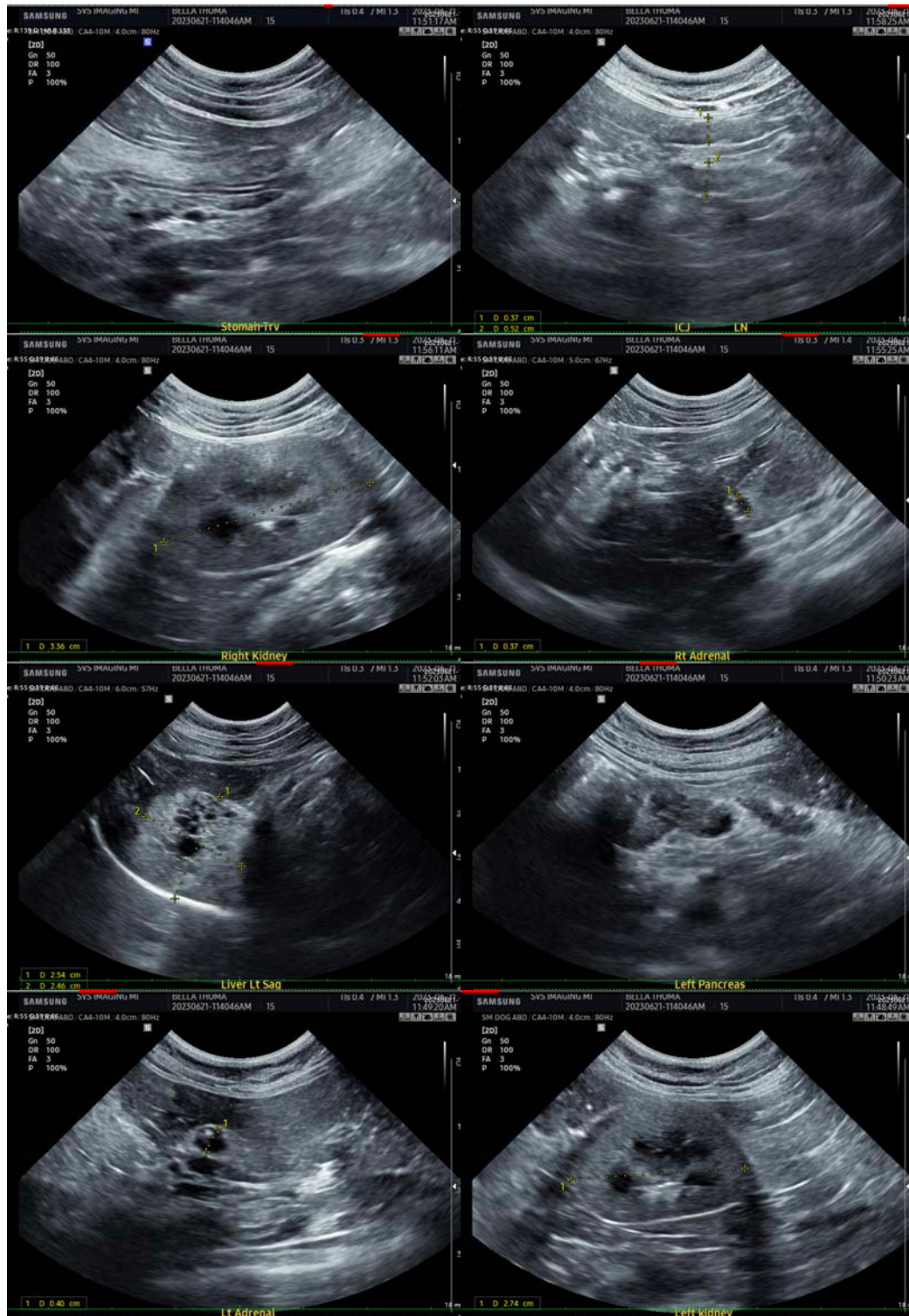
Dr. Morgan

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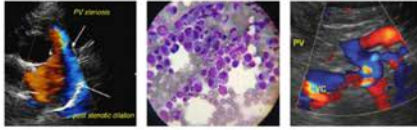
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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

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