



PATIENT

Dennis Mannschreck

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

7 years

WEIGHT

7.6 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

31468

DATE

6/28/22

PRESENTING CLINICAL SIGNS

History: Current Medications: SQF 100ml SQ 2-3 times per week renal K+ gel Give 1/2tsp by mouth twice daily Amoxi Clav 62.5mg/ml 1mL PO twice daily Capromorelin 20mg/ml (feline) 0.6mL PO SID x 5-7d Aluminum Hydroxide 320mg/5mL give 0.7mL orally twice daily Patient History: Presented to FPP on 7/2/22, following initial exam, bloodwork was transferred to Local 24hour facility for hospitalized IV fluids and supportive care (see attached bloodwork from MedVet). P discharged from MedVet with supportive tx at home. Per O hasn't had urine or BM in box for past 6 days, found single dried old stool in home outside of box, otherwise no known urination/defecation. Hasn't eaten full meal in 4 days, ate a few treats recently. Please see attached labs. He was transferred to ER for hospitalization. Please see ER report attached. He was discharged today and presented for AUS. He had eaten small amount at hospital.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

Kidneys are normal in size (4.17 cm in the left kidney and 3.11 cm in the right kidney) and shape with an overall, hyperechoic echogenicity. The contour is distorted by the presence of capsular indentations with hyperechoic, wedge shaped, cortical lesions. This is consistent with chronic infarcts. There is loss of normal corticomedullary distinction and some loss of normal architecture appreciated. Pyelectasia is observed. Adjacent to the infarcts, hypoechoic, well-organized nodules are noted consistent with regenerative nodules secondary to chronic infarcts.

Adrenal Glands

Left adrenal gland is normal in size (0.54 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.48 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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 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.



PATIENT	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.
Dennis Mannschreck	
SPECIES	Gastrointestinal
Feline	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is moderately distended with fluid, echogenic, non-shadowing, luminal contents consistent with ingesta and very echogenic reverberation artifact form intraluminal gas. No obstructive pattern is appreciated; however, given the markedly echogenic luminal interface with progressive shadowing foreign material such as a hairball cannot be ruled out.
BREED	
Domestic Shorthair	The visible small intestine demonstrates areas of 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, foreign material or infiltrative disease.
SEX	
Neutered male	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
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WEIGHT	Pancreas
7.6 lbs	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. There is no pancreatic duct dilation.
INTERPRETED BY	Free Abdomen
Beth Johnson, DVM DACVIM	There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Amy Mayhew, LVT	Primary Findings
HOSPITAL NAME	Acute on chronic infracting renal disease , likely combined with chronic interstitial nephrosis. Chronic pyelonephritis cannot be ruled out given the mild bilateral pyelectasia. The nodules are most consistent with regenerative nodules secondary to chronic infarcts. Emerging neoplasia such as lymphoma cannot be ruled out, but is considered less likely.
SVS Imaging Michigan	Inflammatory bowel disease pattern (IBD) - This finding has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No concurrent lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probably, but lymphoma cannot be definitively ruled out without tissue sampling.
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INVOICE	Secondary Findings
31468	Intraluminal gastric material. This is most consistent with normal ingesta and gas; however, foreign material such as a hairball cannot be ruled out.
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Chronic active pancreatitis.

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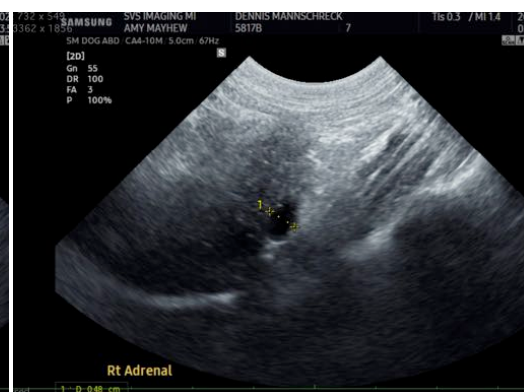
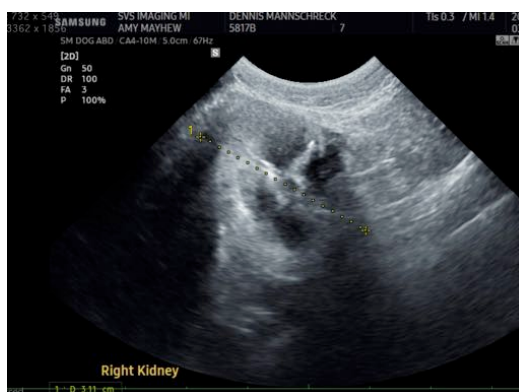
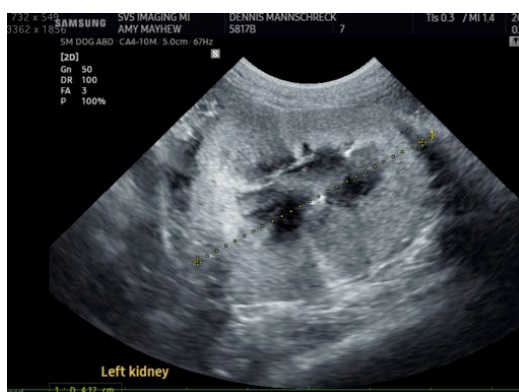
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

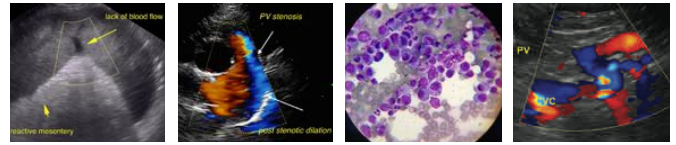
Recommendations for this patient include:

- Urine culture if urine was obtained prior to starting antibiotics to rule out an occult urinary tract infection.
- Blood pressure measurements are also recommended if not recently evaluated.

Otherwise recommendations include:

- Aggressive medical management of acute on chronic renal disease with aggressive diuresis as tolerated, anti-emetics, gastroprotectants, appetite stimulants, broad spectrum antibiotics, potassium supplementation, etc. until the patient is stable enough to be maintained on a renal friendly diet and subcutaneous fluid therapy +/- supplements to maintain electrolytes, etc. at home. If hypertension and/or proteinuria are present then management of those comorbidities is advised.
- Additionally, 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.





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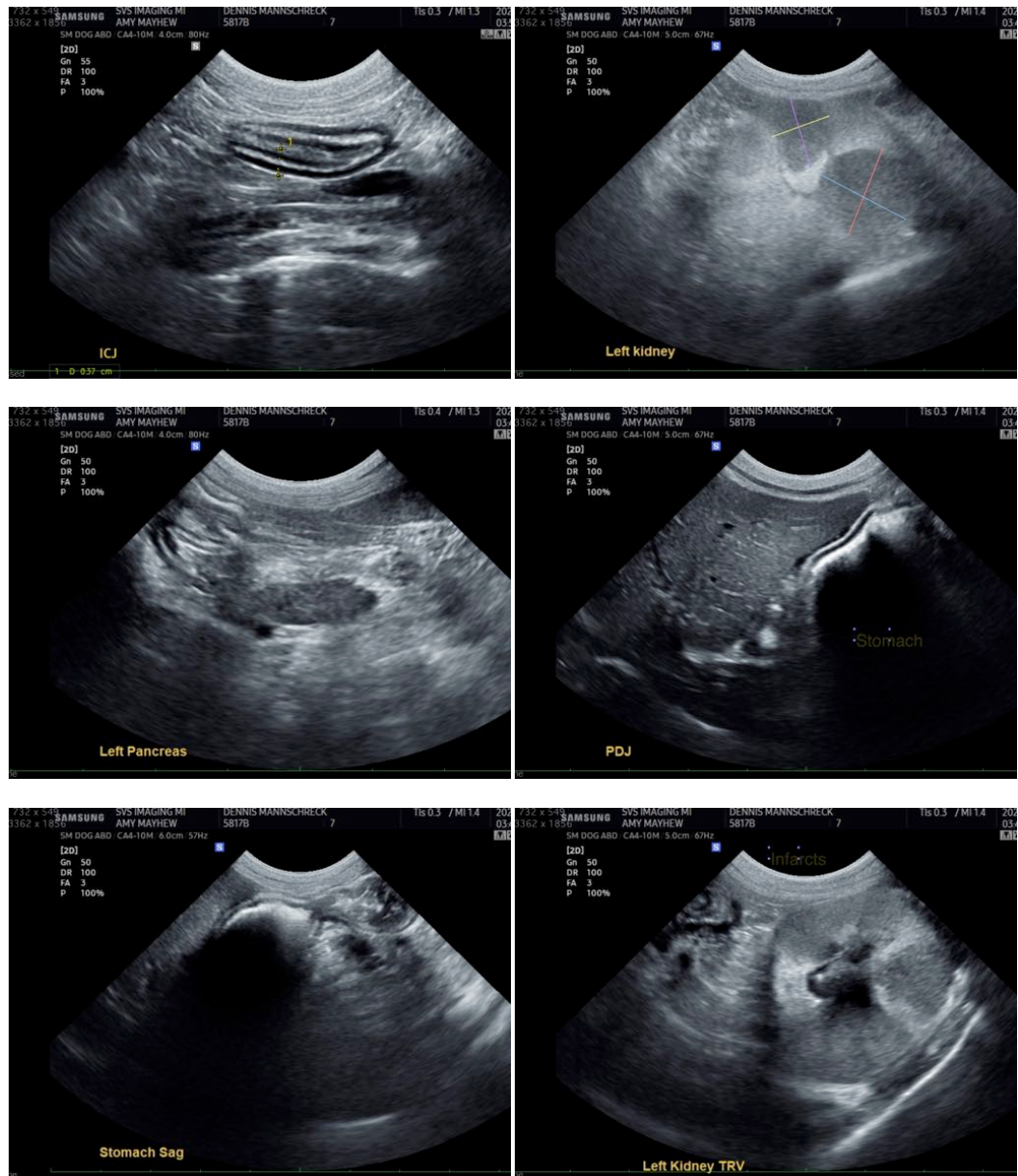
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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