



PATIENT PRESENTING CLINICAL SIGNS

Puck Hjorleifson Not eating, Not drinking hiding out, History of Pancreatitis

SPECIES Abnormal PE/Chem/CBC/UA Results: CBC: WNL CHEM: ALP 11 (N 14-111) Lipa 204 (N 100-1400) SDMA 12 (N 0-14) TT4 2.6 (N 0.8-4.7) Snap BNP Normal Snap fPI ABNORMAL Spec fPI >50 (N 0.0-4.4)

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a moderate to large amount of echogenic non-shadowing debris, which could be partially consistent with incidental suspended lipid in a cat, likely combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Neutered Male

AGE

12 Years 7 Months

The right kidney is normal in size (4.83 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.

WEIGHT

7.59 kg

The left kidney is normal in size (4.87 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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The right adrenal gland is normal in size (0.45 cm at the cranial pole and 0.29 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Dr. Brian Barnes

The left adrenal gland is normal in size (0.28 cm at the cranial pole and 0.24 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

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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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

REFERRING VET

Dr. Brian Barnes

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.

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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. The cystic and common bile duct are tortuous in appearance but not



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pathologically dilated, which is often a normal anatomic variant in senior cats and should be interpreted in combination with clinical signs and/or laboratory changes that support otherwise.

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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.

BREED

DSH

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 is empty with no evidence of obstruction or foreign material.

SEX

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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.

AGE

12 Years 7 Months

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Multiple small anechoic cystic densities are noted throughout the pancreatic parenchyma, with the largest measuring approximately 2.0 cm in diameter in the right caudal pancreas. Enhanced hyperechoic ill-defined surrounding fat is noted.

WEIGHT

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Free Abdomen

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

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

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- Acute pancreatitis with multiple suspected pancreatic cysts.
- 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 aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.
- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are 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.

A fine needle aspirate of the pancreas could be considered if patient's coagulation status is appropriate. Alternatively, supportive/symptomatic medical management of acute pancreatitis in the form of



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antiemetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management if indicated +/- broad-spectrum antibiotics, fluid therapy, etc. could be pursued, with sampling of the pancreas considered only if improvement is not noted and/or cystic lesions progress.

SPECIES

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Infiltrative bowel disease, however, is likely at least in part contributing to this patient's clinical signs. Therefore, pending response to medical management of pancreatitis, biopsies of the GI tract, being sure to include ileum if possible, may be necessary to definitively diagnose and therefore manage the infiltrative bowel disease.

BREED

DSH

If biopsies cannot be obtained, empirical therapies could include a probiotic (if diarrhea is present, such as visbiome or proviable), empirical deworming with a 5-day course of Panacur and, if tolerated, a transition in diet, based on trial-and-error response, beginning with a hydrolyzed protein diet. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several trials may be required.

SEX

Neutered Male

Additional considerations could include cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.).

AGE

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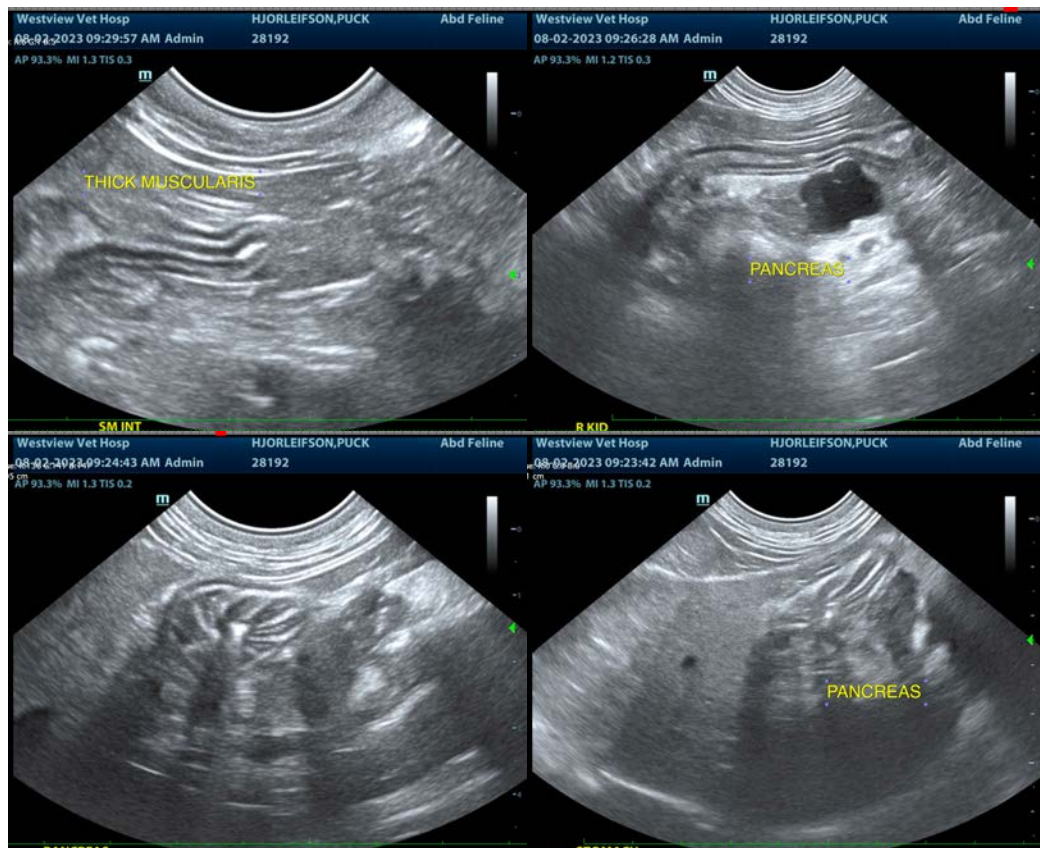
If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

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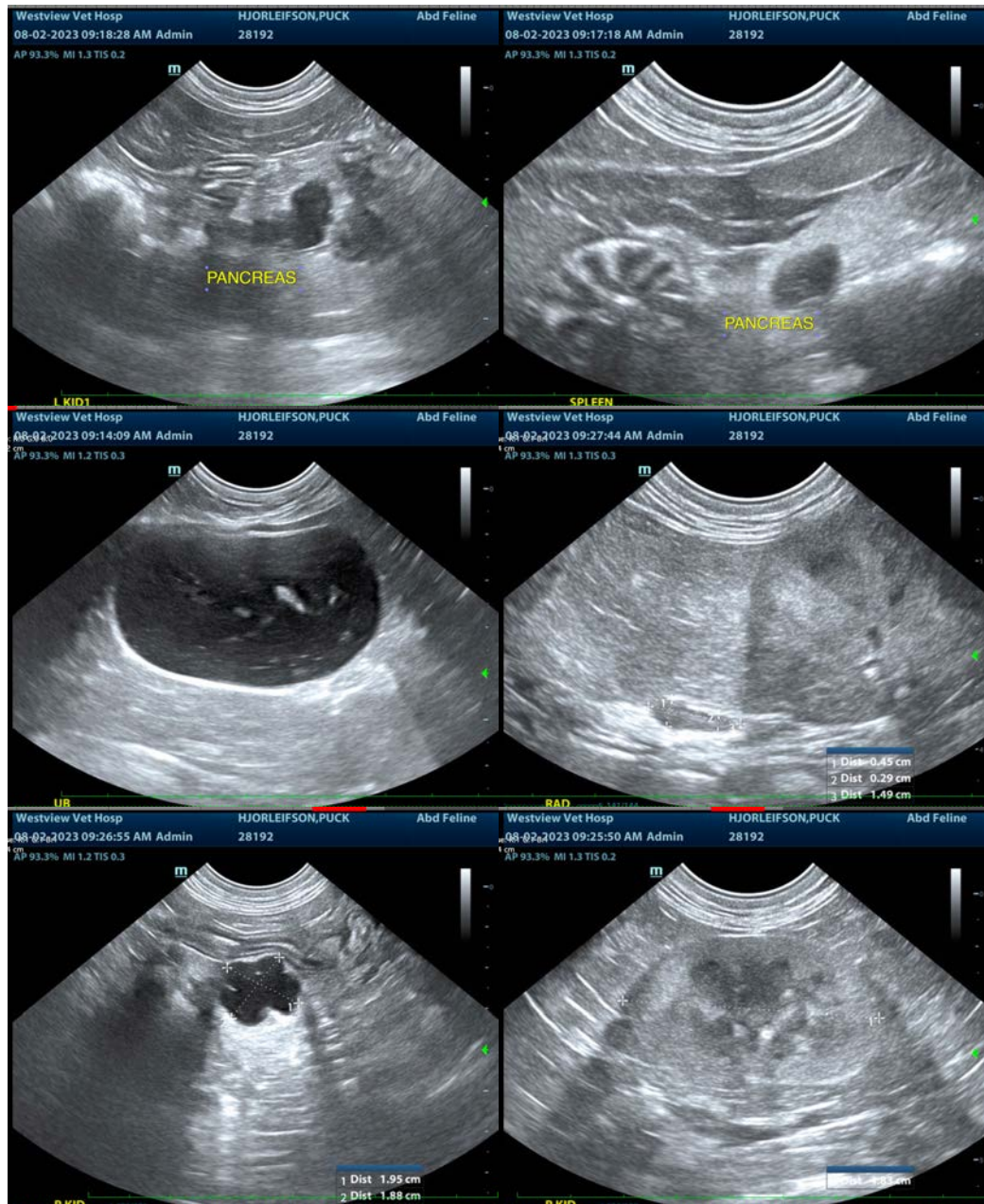
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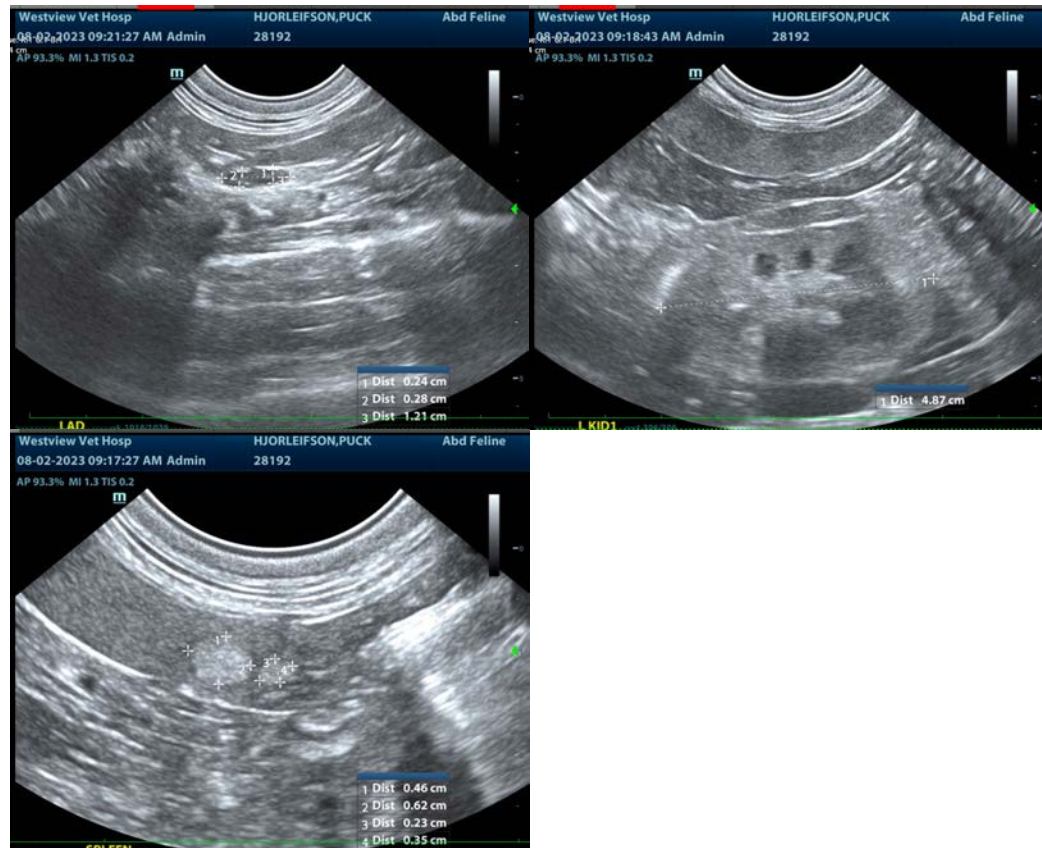
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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