



PATIENT

Melton Mace

SPECIES

Feline

BREED

Savannah

SEX

Neutered Male

AGE

10.5 Years

WEIGHT

15 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Meghan Myers

INVOICE

41712

DATE

9/28/22

PRESENTING CLINICAL SIGNS

diabetic, continued weight loss, significant spinal muscle wasting. is not regulated yet with diabetes yet still having most numbers in the 400's but owner elect ultrasound to check for other issues pet also diagnosed with: Restrictive Perimembranous VSD current meds: Gabapentin, Pimobendan, benazepril, spironolactone, furosemide, clopidogrel, lantus 4 units bid

Abnormal PE/Chem/CBC/UA Results: sept 11th: mild increased alpk (62) , mild hypokalemia, Fructosamine- poor regulation, in house bg curves have also showed poor regulation. will check urine asap as just realized none has been checked by Dr. in over 2 months

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly 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.

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, mineral or infarcts observed. The left kidney measures 4.4 cm. The right kidney measures 4.8 cm.

Adrenal Glands

The right adrenal gland is near the upper end of normal limit for size (0.60 cm thick), hypoechoic in echogenicity, and egg-shaped. This is most likely a benign age related change. This change can be caused by chronic stress/disease such as chronic kidney disease, hyperthyroidism, etc.

The area of the left adrenal gland is examined without evident pathology.

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

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.

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.



PATIENT

Melton Mace

SPECIES

Feline

BREED

Savannah

SEX

Neutered Male

AGE

10.5 Years

WEIGHT

15 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Meghan Myers

INVOICE

41712

DATE

9/28/22

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 (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

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

- Chronic active pancreatitis
- **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.

SECONDARY FINDINGS

- Age related kidney and adrenal gland changes
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly planned, 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.

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.

Given this patient's reported lack of diabetes mellitus control despite a high dose of insulin for most cats, a longer term blood glucose curve evaluation in a non-stress environment is recommended, and could be accomplished by placement of a freestyle libre, if possible, to help better determine whether this patient is actually on too much insulin and may be poorly regulated because of a Somogyi effect versus not enough insulin, in which case further investigation of secondary problems would be warranted, or potentially on the wrong insulin, in which case it can be switched. Again, while being considered a normal aging change, if the curve reveals that this patient truly needs more insulin and



PATIENT

Melton Mace

there are other supporting factors of adrenal disease such as fragile skin, hypertension, etc., then further investigation of the mild adrenomegaly could be considered.

SPECIES

Feline

BREED

Savannah

SEX

Neutered Male

AGE

10.5 Years

WEIGHT

15 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

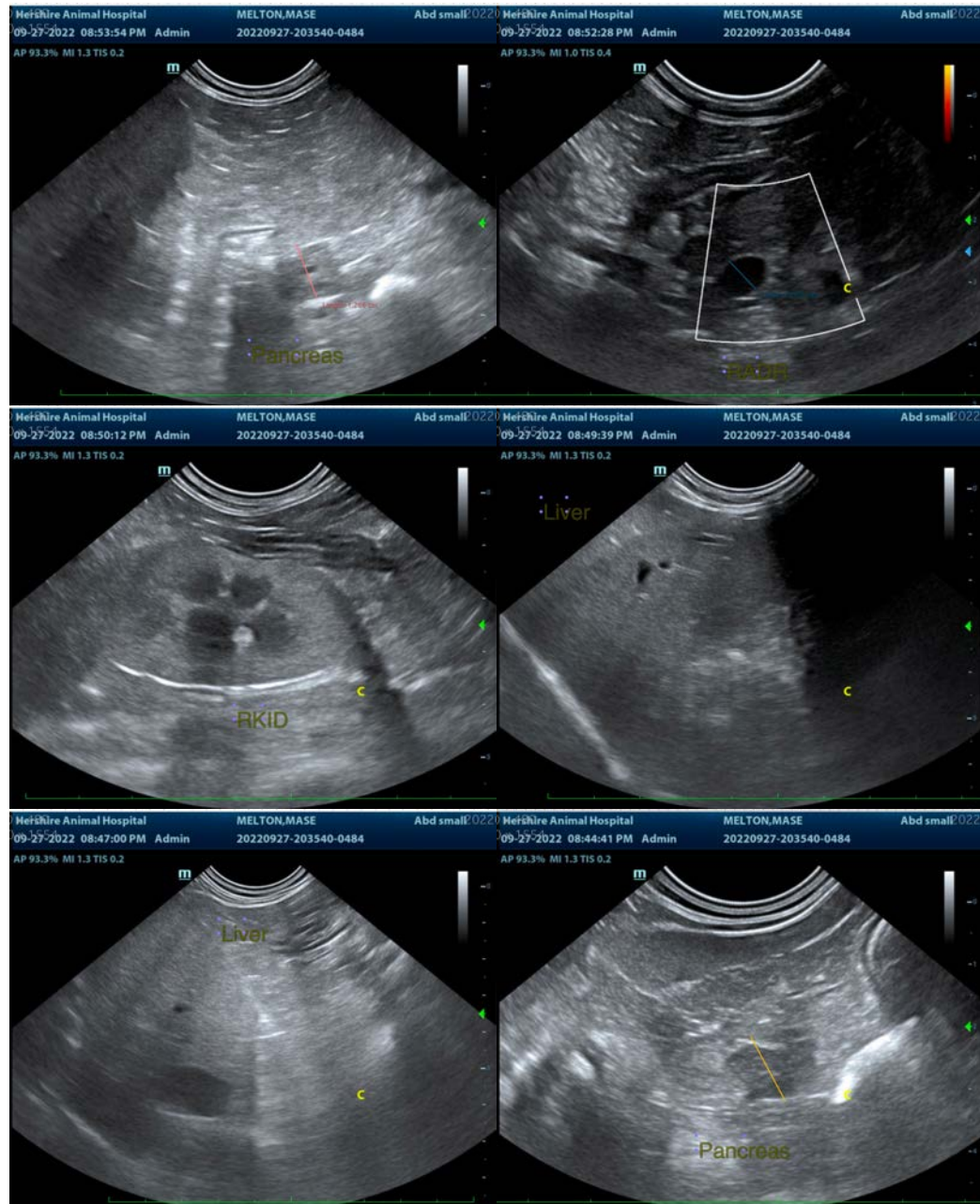
Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Meghan Myers

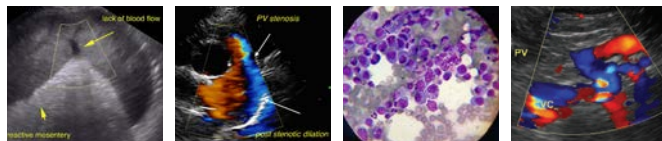


INVOICE

41712

DATE

9/28/22



PATIENT

Melton Mace

SPECIES

Feline

BREED

Savannah

SEX

Neutered Male

AGE

10.5 Years

WEIGHT

15 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

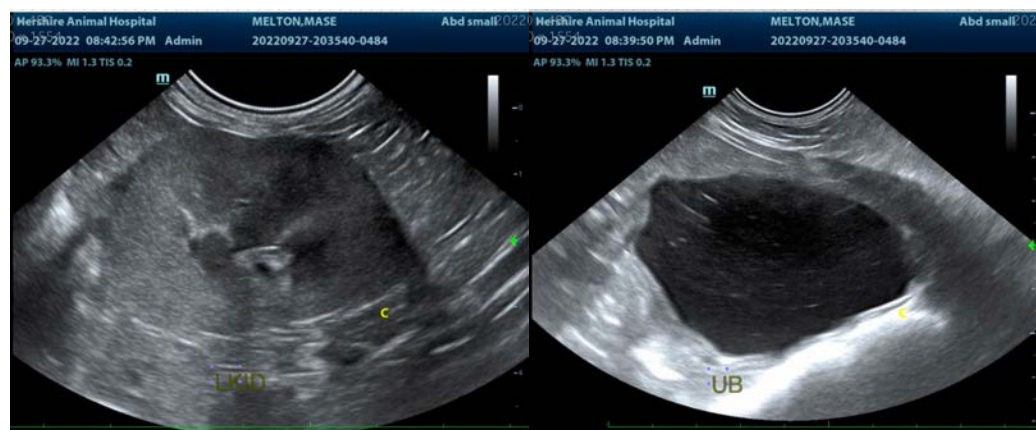
Dr. Meghan Myers

INVOICE

41712

DATE

9/28/22



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