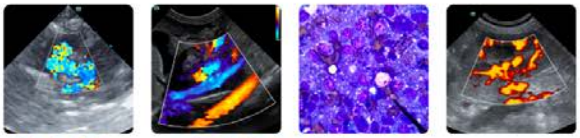


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Norman Mowling

SPECIES

Feline

BREED

Bengal x

SEX

Neutered Male

AGE

10 Years

WEIGHT

2.98 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Credit Veterinary Hospital

REFERRING VET

Dr. Gardiner

INVOICE

74030

DATE

3/26/26

PRESENTING CLINICAL SIGNS

Chronic history of vomiting, recent episode of profuse vomiting, inappetence, lethargy, weight loss that responded well with supportive care. Recent dx Grade 2/6 Heart Murmur, renal disease and anemia

Current Medications: Cerenia 4mg SID Mirtazapine 2% transdermal: PRN, Omeprazole 3 mg BID, SQ fluids: 50-60 mL q every other day (but owner hasn't been successful in doing that often) . B12 injection given March 13.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Left kidney measures 4.17 cm. Right kidney measures 3.74 cm.

Adrenal Glands

The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 0.45 cm in thickness.

The right adrenal gland is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. Right measures 0.21 cm in thickness.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

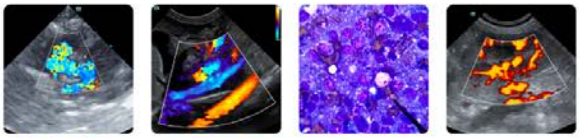
Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. There is a small hyperechoic nodule noted in the left liver, measuring approximately 0.40 cm x 0.60 cm. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach is diffusely mildly thickness with maintenance of normal wall layering. No specific masses are seen. The stomach contains some gas shadowing and a small volume of fluid that is not overtly significantly distended.



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The duodenum is mildly distended with fluid and some gas shadowing, with minimal peristalsis visualized. The remainder of the small intestinal loops are diffusely mildly thickened with generally normal wall layering. Some loops have a slightly prominent muscularis layer.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

Visible pancreas is enlarged and hypoechoic with surrounding hyperechoic mesentery. No fluid accumulations visualized. No mass effect consistent with pancreatic neoplasia visualized.

Free Abdomen

There is a prominent mesenteric lymph node with maintenance of normal length to width ratio and normal echogenicity. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Gastroenteritis.
- Degenerative renal changes bilaterally.
- Solitary hyperechoic liver nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatic changes are consistent with severe pancreatitis. The prognosis of acute pancreatitis is largely dependent on the severity of clinical signs and response to treatment. Mortality is reported as high as 25% and secondary organ dysfunction and systemic inflammatory response syndrome can occur as inflammation progresses. Ultrasonographically, pancreatic inflammation is severe in this patient. Ultimately the need for hospitalization for treatment is based on the patient's cardiovascular stability, pain and appetite. As patient has reportedly responded well to outpatient supportive care, this can be continued as clinically indicated.

Renal changes are likely chronic, age related degeneration and chronic kidney disease is the likely cause of azotemia. Acute kidney injury secondary to pancreatic inflammation may have contributed to azotemia.

Additional diagnostics to be considered include urine culture to screen for occult infection. Doppler blood pressure measurement is recommended to screen for hypertension which can be present in both acute and chronic renal disease and worsens renal function.

Management for any patient with chronic renal dysfunction includes renal specific diet (protein and phosphorus limited), encouraging increased water intake with canned food and providing clean, running water source, and management of proteinuria and hypertension with ACE-inhibitor with addition of more anti-hypertensives as required. Monitoring of bloodwork, urinalysis and blood pressure every 3-6 months, or sooner if feeling unwell, is recommended.

The clinical significance of the hyperechoic liver nodule is uncertain. FNA could be attempted, though the nodule may be too deep for aspiration. Serial monitoring with ultrasound is an alternative. While ultrasound cannot definitively determine the cause of the nodule, hyperechoic nodules are more likelyt to be benign.

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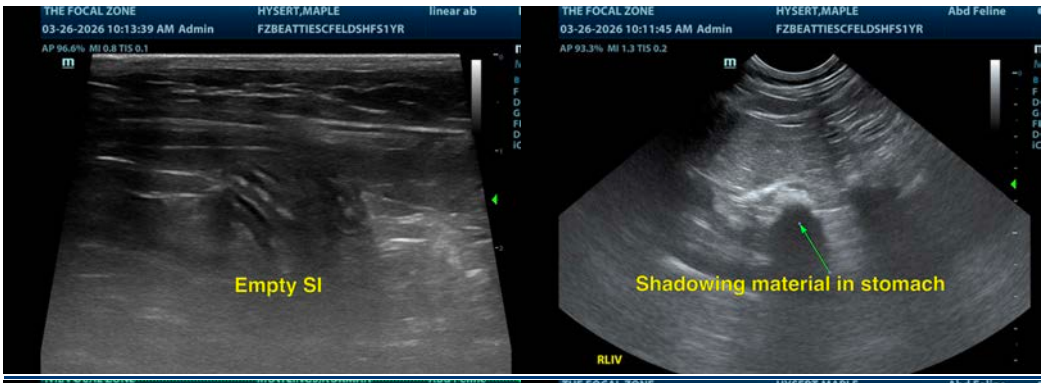

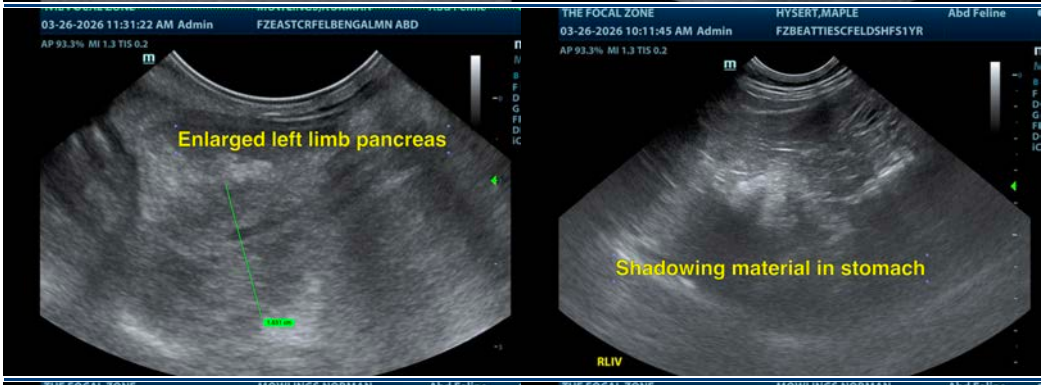

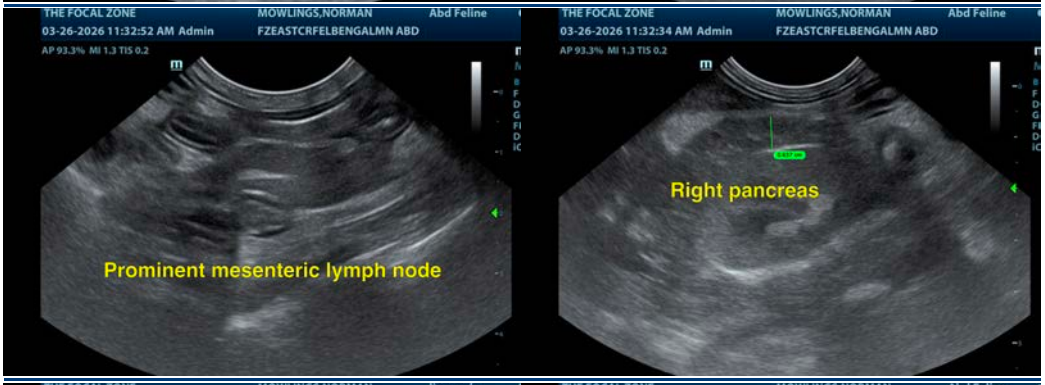

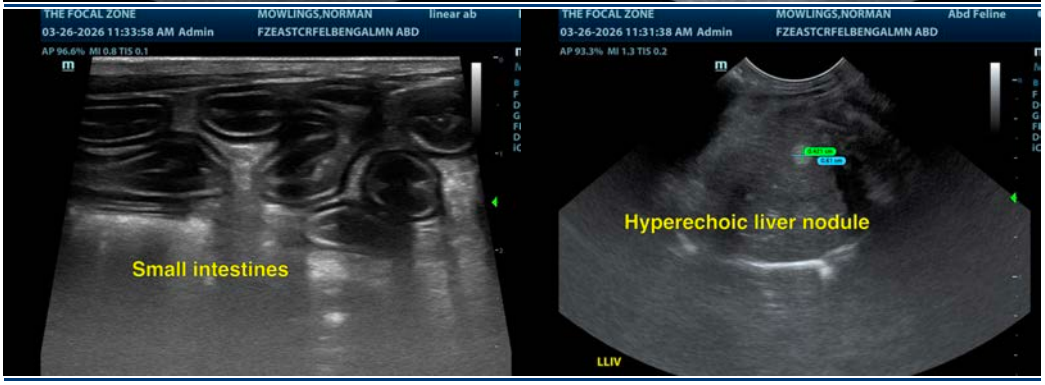

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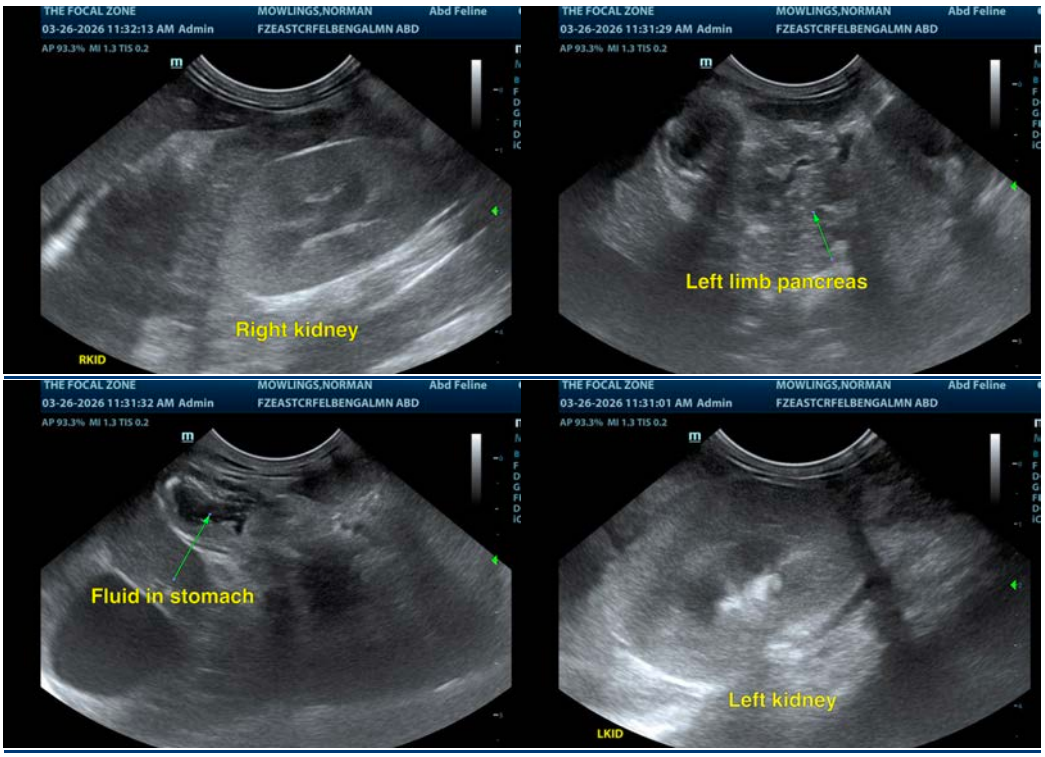

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com