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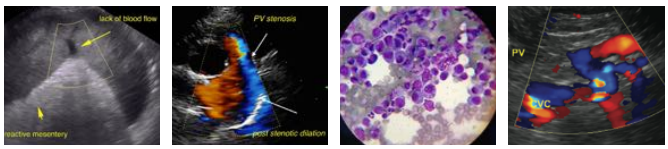

PATIENT
Jojo Salinas

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
15 years

WEIGHT
8.5 lbs

INTERPRETED BY
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY
Dr. Parrish

HOSPITAL NAME
Local Mobile

REFERRING VET
Dr. Parrish

INVOICE
43034

DATE
2/28/23

PRESENTING CLINICAL SIGNS

History: this is a recheck ultrasound- previous scan done in October of 2022, cat has hx of enlarged lymph nodes with probable triaditis, multiple rounds of antibiotics were given and then a round of steroids, O put cat on z/d. then cat became diabetic and is having difficulty with regulating diabetes on glargine. weight loss
Abnormal PE/Chem/CBC/UA Results: All Diagnosis: Reactive hepatopathy , Chronic dental disease , Enlargement of lymph nodes , Abdominal Ultrasound Findings , Heart murmur , DM - Diabetes mellitus , Chronic kidney disease , Weight loss , Hypertension , Osteoarthritis , elevated liver enzymes , Mucous membranes pale , Chronic pancreatitis , Vomiting , Saliva staining of fur , Periodic weakness , Hyperthyroidism

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder lumen volume is small and walls are diffusely thickened most consistent with pseudohypertrophy.

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. The left kidney measured 3.74 cm and the right kidney measured 4.26 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.96 cm in length and 0.44 cm at the cranial pole and 0.33 cm at the caudal pole. The right adrenal gland measured 0.76 cm in length and 0.43 cm at the cranial pole and 0.34 cm at the caudal pole.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and 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 enlarged in size with slight rounding of lobes. The parenchyma is heterogenous with generally hyperechoic parenchyma and poorly defined areas of hypoechogenicity with no specific nodules or masses. There is a well defined roughly oval area of hypoechogenicty measuring 2.4x1.2cm in what is suspected to be the left liver. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally0

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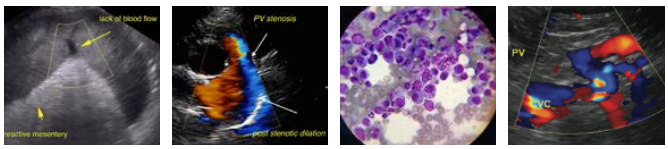

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Loops of small intestine were thickened with a prominent muscularis layering. Bowel loops follow a curvilinear path with distinct wall layering. There were no focal lesions consistent with obstruction or a mass effect observed.

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

Left limb of the pancreas is visualized and is hyperechoic and slightly irregular with mild enlargement, no fluid accumulation and no surrounding signs of inflammation. Body of pancreas contains a slightly irregular hypoechoic structure suspected to represent pancreatic cyst.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Diabetic hepatopathy
2. Focal hypoechoic area in liver
3. Chronic pancreatitis, non-active and likely pancreatic cyst
4. Small intestinal thickening
5. No lymphadenopathy
6. Degenerative renal changes
7. Thickened urinary bladder wall - suspect pseudohypertrophy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic parenchymal changes are a common finding in the face of diabetes mellitus, though other endocrinopathy, infectious or inflammatory hepatitis (bacterial, viral, auto-immune other), and neoplasia among other things remain possibilities. Fine needle aspirate is recommended to further define. Aspiration of both the focal hypoechoic area and surrounding liver is recommended.

Pancreatic changes are most consistent with chronic pancreatitis with no active signs of inflammation on ultrasound. Along with small intestinal thickening, this is consistent with previous diagnosis of triaditis, though there does not appear to be an active component of cholangitis currently. No current lymphadenopathy was recognized.

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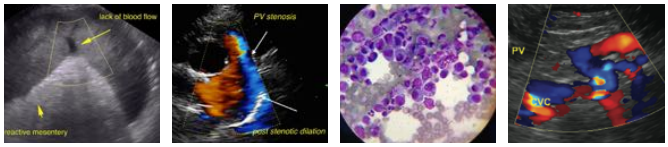

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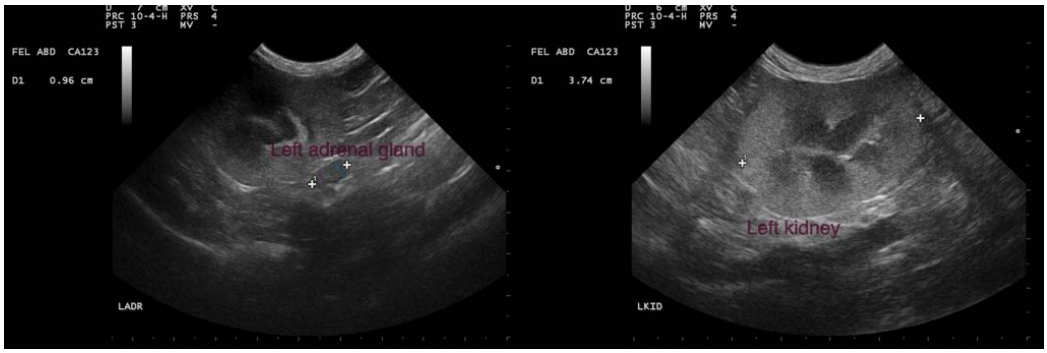
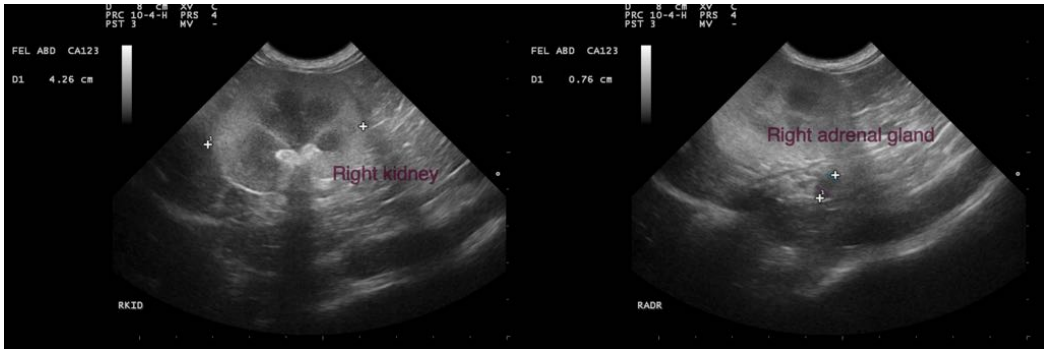
No overt neoplastic criteria present in the bowel given that curvilnear layering is still intact which would suggest inflammatory bowel as opposed to round cell neoplasia (LSA, MCT and similar). Intraoperative US-guided bx would be optimal in this patient to obtain the most representative samples in the GI tract. I cannot rule out a preneoplastic (LSA) state however and follow-up sonograms recommended especially If the patient is not responding to empirical efforts. Endoscopic biopsy is less invasive but may miss lesions due to inability to sample more than top 1-2 layers of GI tract and inability to obtain samples from all sections of the GI tract. Surgical biopsies are more likely to be diagnostic but are more invasive. A GI panel (PLI/cobalamin/folate) will help determine the severity of SI dysfunction, and need for vitamin supplementation. Transition to a select protein diet rather than a hydrolyzed diet is helpful in some patients, as some patients continue to have reactions to hydrolyzed proteins.

Renal changes are likely age related degeneration. Correlate clinical significance with blood work/urinalysis findings and clinical signs.

Urinary bladder wall thickening is likely pseudohypertrophy secondary to low volume of urine and lack of luminal distension, however, true mural thickening cannot be definitively ruled out. Re-examination when urinary bladder lumen volume is increased with time and/or fluid therapy should be considered if clinical suspicion for urinary bladder disease is high.





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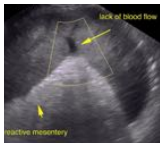
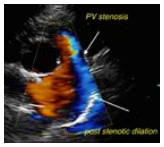
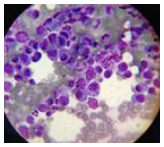
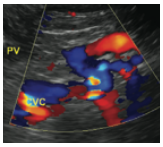

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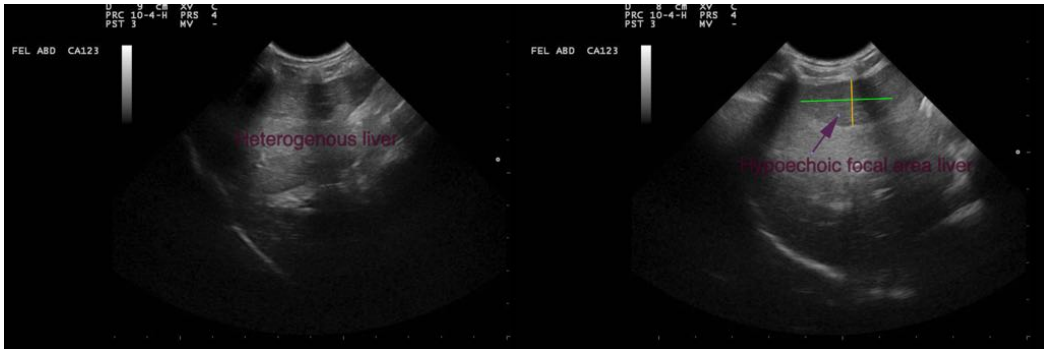

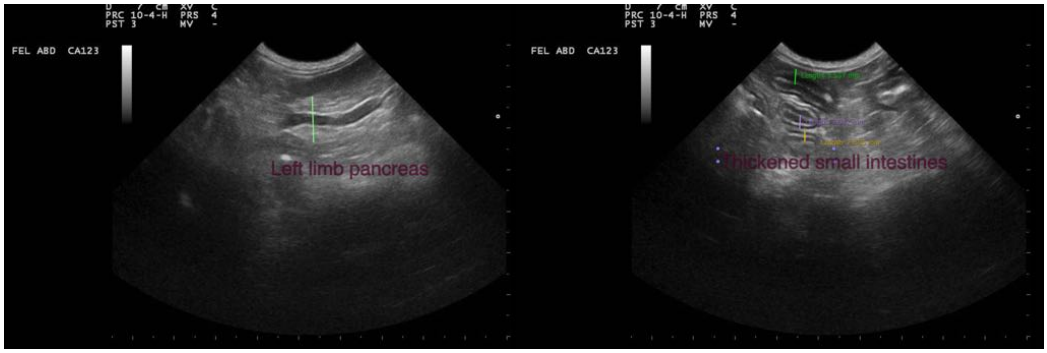

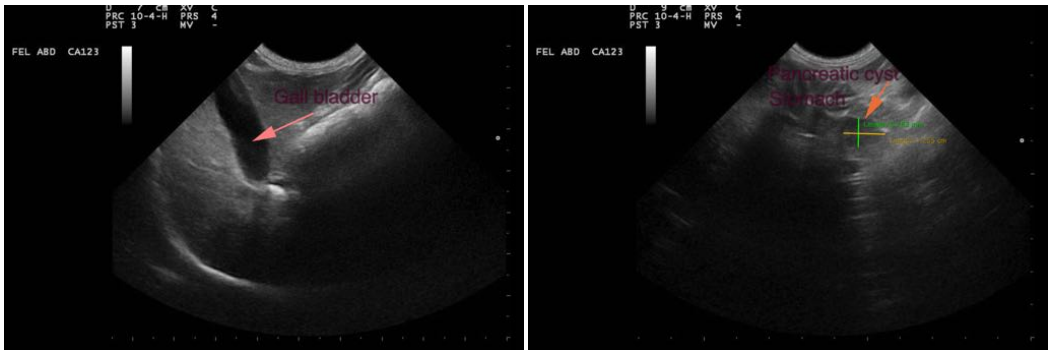

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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