



**PATIENT**

Whiskers Spalding

**PRESENTING CLINICAL SIGNS**

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

8.2 Pounds

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

MountainView AH

**REFERRING VET**

Dr. Bridget Landon

**INVOICE**

34973

**DATE**

1/20/22

make sure that p. pancreas doesn't have any tumors that could indicate an insulinoma evaluate kidneys for degenerative changes Relevant Medical History and Physical Exam findings: ~ p. presented in august for being pu/pd, bw and ua consistent w/ diabetes mellitus p. was started on prozinc p. became euglycemic after a couple of months of prozinc and starting DM canned. since then p. seems to have a low blood sugar reading with the freestyle sensor. The sensor was being used to monitor for hyperglycemia secondary to transitioning to some dry food. p. also has high normal sdma and bun has become elevated Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~ bw 12/30/2021 sdma consistently at 13 last creat 1.2 (2.3) bun 38 (37) up from 28 in august Current medications (include full name, dosage and frequency): ~ none rx diet DM canned and dry~ Relevant Radiograph Findings(email radiographs if available): ~ none~

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.72 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.28 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.31 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

**Spleen**

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



## PATIENT

Whiskers Spalding The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

## SPECIES

### *Gastrointestinal*

Feline The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm 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.

## BREED

DSH

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.25, 0.27 cm.

## SEX

Spayed Female

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

## AGE

12 Years

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

## WEIGHT

8.2 Pounds

### *Pancreas*

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. While there is no evidence of nodules or cystic lesions, in some areas the pancreas appears to have somewhat irregular borders, creating almost a nodular effect. Consistent with mild/moderate pancreatitis. There is no evidence of regional mesenteric inflammation or fluid.

## INTERPRETED BY

Kathleen Sennello DVM,  
MS, Diplomate ACVIM

### *Free Abdomen*

There is a significant mesenteric lymphadenopathy present. Sublumbar lymph nodes appear prominent, measuring 0.54 and 0.63 cm in diameter. Additionally, the mesenteric lymph nodes are prominent, particularly around the ileocecal junction, where they are visualized measuring 0.41, 0.35, 0.47 cm and are interspersed throughout the abdomen. The omentum is of increased echogenicity around the prominent lymph nodes.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

### *Other*

A brief view of the heart was submitted. No significant pericardial effusion was seen.

## HOSPITAL NAME

MountainView AH

## ULTRASONOGRAPHIC FINDINGS

## REFERRING VET

Dr. Bridget Landon

- Hypoechoic, prominent pancreas with irregular margins – The pancreatic changes are most consistent with mild/moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving. While I suspect the irregularity is due to remodeling, underlying pancreatic neoplasia cannot be excluded as a possibility.

## INVOICE

34973

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

## DATE

1/20/22



**PATIENT**

Whiskers Spalding

- Prominent muscularis layer to the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

**SPECIES**

Feline

- Moderate mesenteric lymphadenopathy – Concerning for possible neoplastic process, although you can also see significant lymphadenopathy of autoimmune/inflammatory disease, infectious disease (tick borne disease such as bartonella, fungal infections, FIP, etc.). Fine needle aspirate with cytology is recommended for further evaluation.

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

The prominent pancreas and prominent mesenteric lymph nodes are the most significant lesions observed on today's scan. Additionally, the bowel appears to have very prominent muscularis layer, which could be an indicator of underlying gastrointestinal disease.

Spayed Female

- Recommend a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.
- Recommend a fine needle aspirate of a mesenteric lymph node.
- Consider a novel protein/hydrolyzed protein prescription diet.
- Recommend symptomatic therapy for pancreatitis.

**AGE**

12 Years

**WEIGHT**

8.2 Pounds

A diagnosis of insulinoma would be unusual in a case like this. Caution is needed when interpreting freestyle Libre blood glucose readings, as they can become very inaccurate at low readings. These should always be confirmed with a venous sample if possible. If unable to reach a diagnosis with cytology results and GI panel, then I would consider obtaining GI and lymph node biopsies. Recommend 3-view thoracic radiographs to look for concurrent intrathoracic disease.

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

MountainView AH

**REFERRING VET**

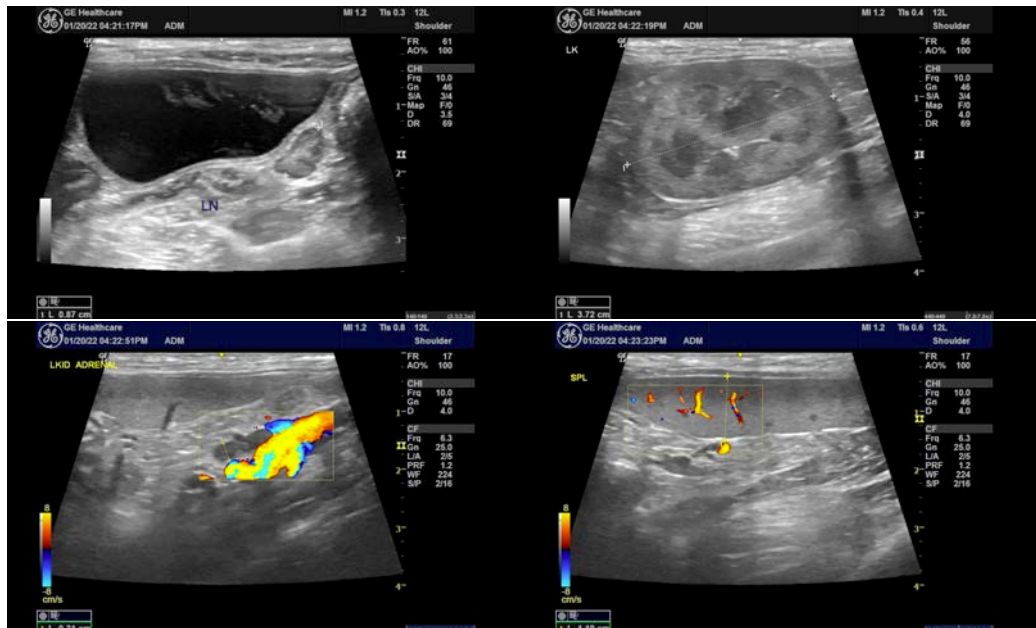
Dr. Bridget Landon

**INVOICE**

34973

**DATE**

1/20/22





**PATIENT**

Whiskers Spalding

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

8.2 Pounds

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

MountainView AH

**REFERRING VET**

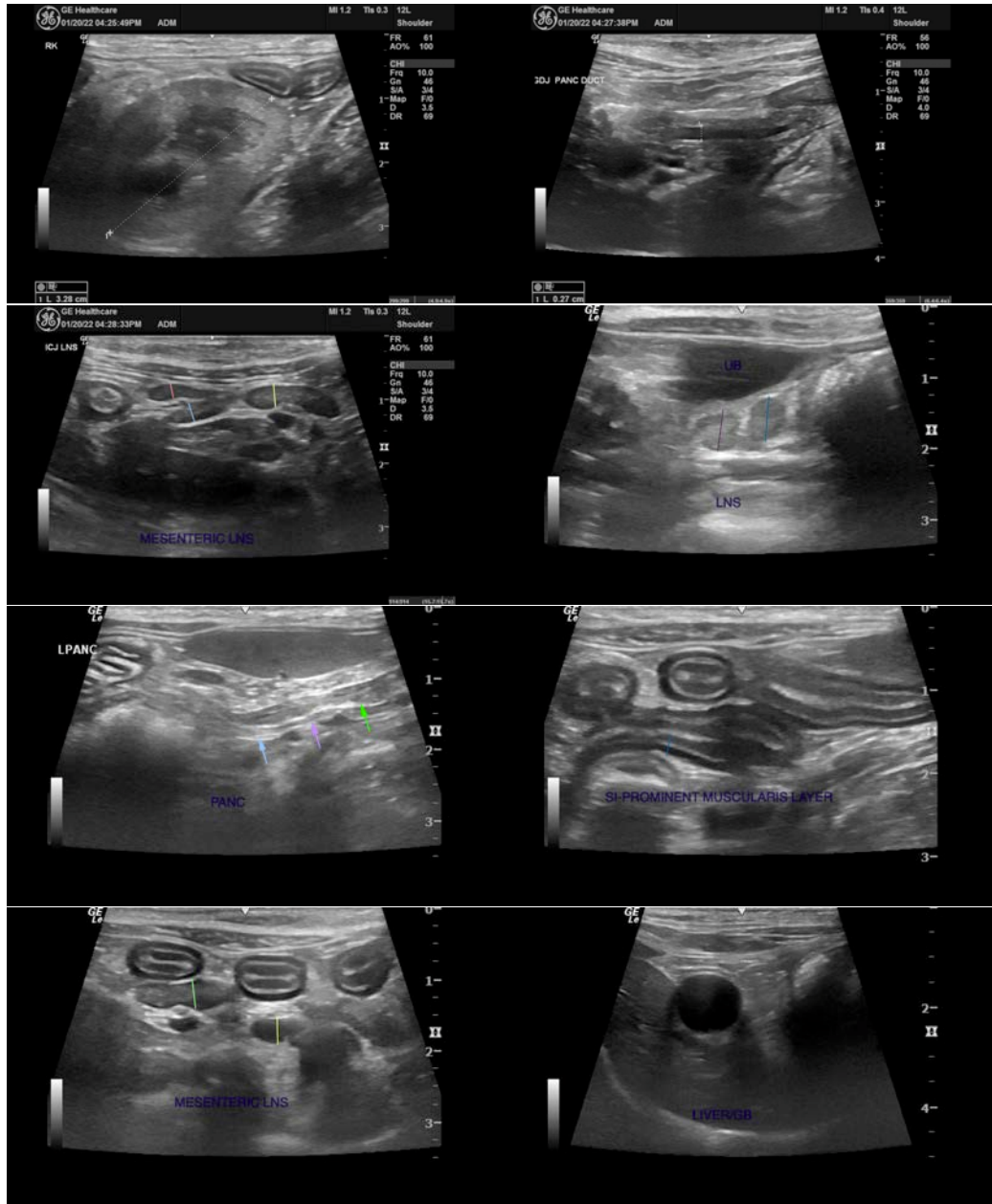
Dr. Bridget Landon

**INVOICE**

34973

**DATE**

1/20/22





Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

[pawsonography@gmail.com](mailto:pawsonography@gmail.com) 530-786-8340

## PATIENT

Whiskers Spalding

**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.**

## SPECIES

Feline

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.

## BREED

DSH

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)  
[kathleen.sennello@sonopath.com](mailto:kathleen.sennello@sonopath.com)

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

8.2 Pounds

## INTERPRETED BY

Kathleen Sennello DVM,  
MS, Diplomate ACVIM

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

MountainView AH

## REFERRING VET

Dr. Bridget Landon

## INVOICE

34973

## DATE

1/20/22