



PATIENT

Simba Himmelwright

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

12 Pounds

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

**IMAGING
PERFORMED BY**

Jessica Green

HOSPITAL NAME

Stanglein Vet Clinic

REFERRING VET

Dr. Suzanne DiNello-
Schleicher

INVOICE

43880

DATE

1/3/23

PRESENTING CLINICAL SIGNS

Presented 12/30 for anorexia, vomiting, and decreased movement. Pt mod dehydrated with fever of 103.9, severely painful on abd palp. BW revealed BUN 56(H), Creat 2.5(H), GGT 8 (H), and PHOS 2.6(L), USG was 1.049, automatic CBC showed normal WBC with elevated lymphs (7.24K), and borderline low neutrophils with bands, but manual differential showed normal lymphocytes(1.6K), and normal neutrophils but bands present. fPL strongly positive, treated for pancreatitis and possible infection. Fever resolved but still not eating and very lethargic.- recheck BW on 1/1 showed BG 34 and elevating Tbili of 2.7(H), BUN improved at 40, CREA 1.1, now anemic at 23.2% but TP 5.5(L), and ALN 1.9(L)-- r/o too much IVF vs internal blood loss (no external blood loss), IVF were decreased and 2.5 % dextrose added- subsequent BGs have been in the 200-300s. Suspect pancreatitis +/- cholangiohepatitis but would like to r/o neoplasia or internal blood loss. Has gallop rhythm that developed into murmur, considering adding prednisolone but would like to confirm cholangiohepatitis prior to starting. Current meds: convenia, cerenia inj SID, metronidazole IV BID, IVF with 2.5% dextrose, Mirataz, transmucosal buprenorphine.

Abnormal PE/Chem/CBC/UA Results: see above--- BG this am 376, yesterday was in the 200s, last full BW on 1/1 showed BG of 34(L), TBili 2.7(H), TP 5.5 (L), ALB 1.9 (L), BUN 40, HCT 23.2%(L), WBC 22.6K (H).... Rads: decreased serosal detail on 12/30, initially mod amount of gas in stomach, but resolved on repeat rads later in the evening.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. 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 cystic calculi.

The left kidney has a normal shape and size (4.33 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (4.72 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.46 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 right adrenal gland is normal in size measuring 0.43 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.68 cm), 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.



PATIENT

Liver

Simba Himmelwright

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

SPECIES

Feline

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

BREED

DSH

Gastrointestinal

SEX

Neutered Male

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.

AGE

13 Years

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.31 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

WEIGHT

12 Pounds

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.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

Pancreas

The pancreas is large and hypoechoic to surrounding mesentery (particularly the right limb). There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild/moderate pancreatitis.

IMAGING PERFORMED BY

Jessica Green

Free Abdomen

There is a small to moderate amount of free fluid. There are occasional prominent mesenteric lymph node. One such lymph node near the liver measures 0.51 cm. The omentum is hyperechoic in the region of the pancreas.

HOSPITAL NAME

Stanglein Vet Clinic

ULTRASONOGRAPHIC FINDINGS

- Prominent, mottled, hypoechoic right limb of the pancreas with mild surrounding hyperechoic mesentery – 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.
- Large, mildly heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

REFERRING VET

Dr. Suzanne DiNello-Schleicher

INVOICE

43880

- Moderate amount of free abdominal fluid – Recommend fluid analysis and cytology +/- culture.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is

DATE

1/3/23



PATIENT

considered less likely.

Simba Himmelwright

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

12 Pounds

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Vet Clinic

REFERRING VET

Dr. Suzanne DiNello-
Schleicher

INVOICE

43880

DATE

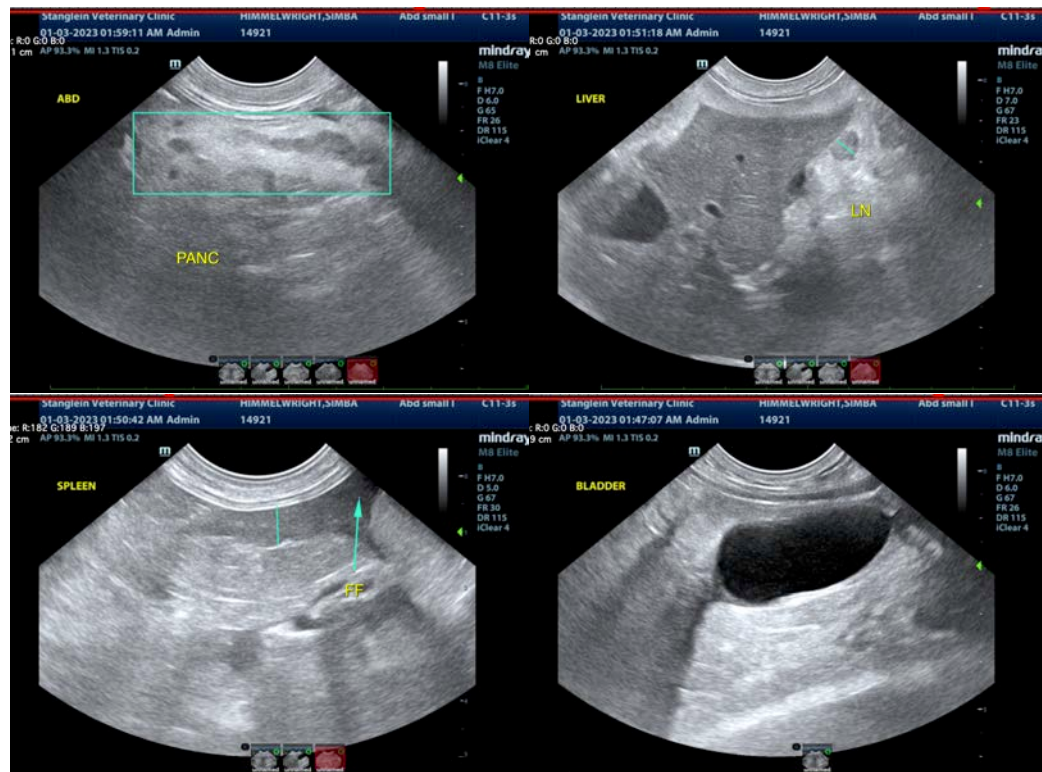
1/3/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right limb of the pancreas is somewhat prominent with mildly hyperechoic surrounding mesentery. Additionally, there is a moderate amount of free abdominal fluid. Unfortunately, there are several potential causes for the effusion, including hypoalbuminemia, a cardiac murmur, pancreatitis, etc. Additionally, sepsis (peritonitis) could be a differential for hypoglycemia, hypoalbuminemia, and a fever.

- Recommend 3-view thoracic radiographs and a cardiac ultrasound.
- Consider evaluation of the urine for excess protein and a urine culture.
- If not already done, consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to obtain more information regarding the pancreas and small intestine.
- Depending on the results of initial testing, biopsies of the liver, GI tract, and pancreas could be considered.

Based on these findings, I would be reluctant to empirically start steroid therapy until I've ruled out concurrent heart disease, sepsis, etc. Recommend continued treatment for pancreatitis with conservative fluid therapy.





PATIENT

Simba Himmelwright

SPECIES

Feline

BREED

DSH

SEX

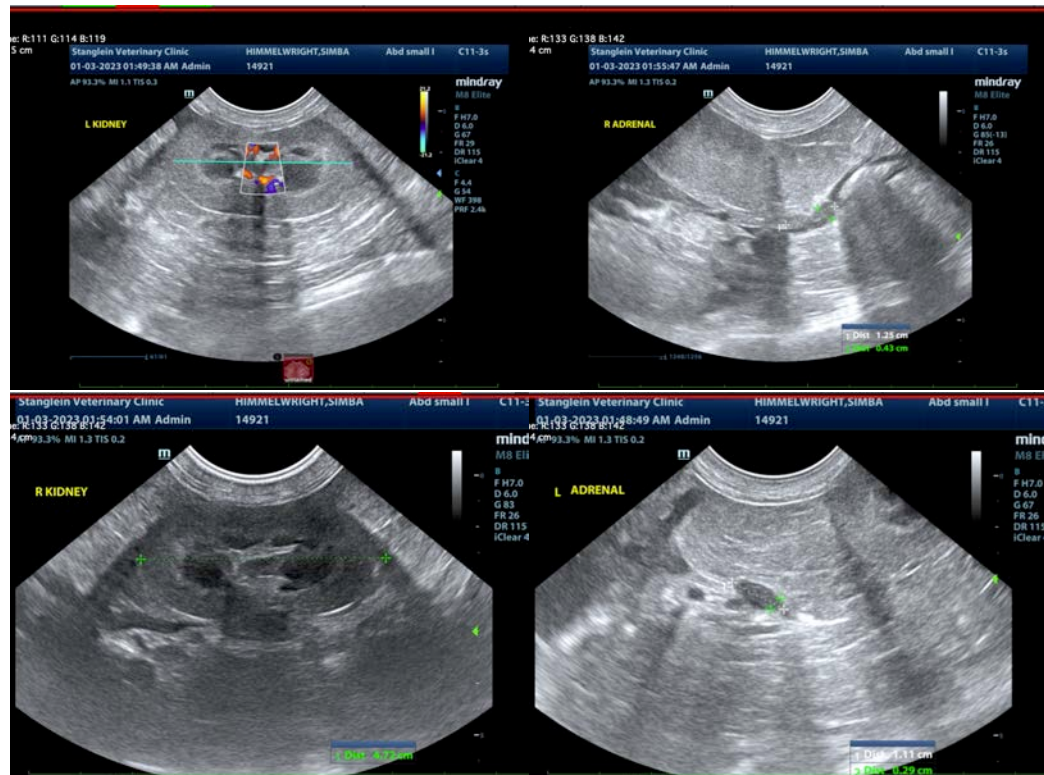
Neutered Male

AGE

13 Years

WEIGHT

12 Pounds



INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

**IMAGING
PERFORMED BY**

Jessica Green

HOSPITAL NAME

Stanglein Vet Clinic

REFERRING VET

Dr. Suzanne DiNello-
Schleicher

INVOICE

43880

DATE

1/3/23

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com