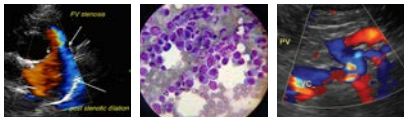
IMAGING PERFORMED BY

IntraPet.com



SonoPath
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DATE

10/11/22

PATIENT

Kaia Wegner

SPECIES

Feline

BREED

Ragdoll

SEX

Neutered Male

AGE

2/21/12

WEIGHT

15 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Goessling

INVOICE

41970

PRESENTING CLINICAL SIGNS

PC: Anorexia ATO in room: - 5-6 mo ago increase in e/d - Dx with DM and has been losing fur - has been having trouble getting on counter to eat -> sores will break open on legs and bleed when he jumps up - O's are concerned with over grooming - recent change in diet (about a week ago) to wet food - Acute decrease in begging started Wednesday/ Thursday – Decreased appetite Friday and Saturday, no not eating since breakfast Sunday. - Losing fur - DX'd with UTI 2 weeks ago and had course of antibiotics. - Last BG curve 2 months ago, currently gets 12U NPH insulin BID.

Current Medications: Potassium, Unasyn, Protonix, Cerenia, Humulin R.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly 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 (4.59 cm). Overall echogenicity is slightly hyperechoic with poor 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 (4.42 cm). Overall echogenicity is slightly hyperechoic with poor 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 large and hypoechoic, measuring approximately 2.0 cm x 1.66 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that it is large, round, and hypoechoic. There is no obvious evidence of vascular invasion. Findings are most consistent with an adrenal mass.

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/borderline large (1.06 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.

Liver

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

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.

Gastrointestinal

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.

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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

Pancreas

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Large, hypoechoic left adrenal gland – Left/right adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.
- Hypoechoic, prominent left limb of the pancreas with minimal surrounding inflammation – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Borderline large spleen – I suspect this is within normal limits for this large cat.

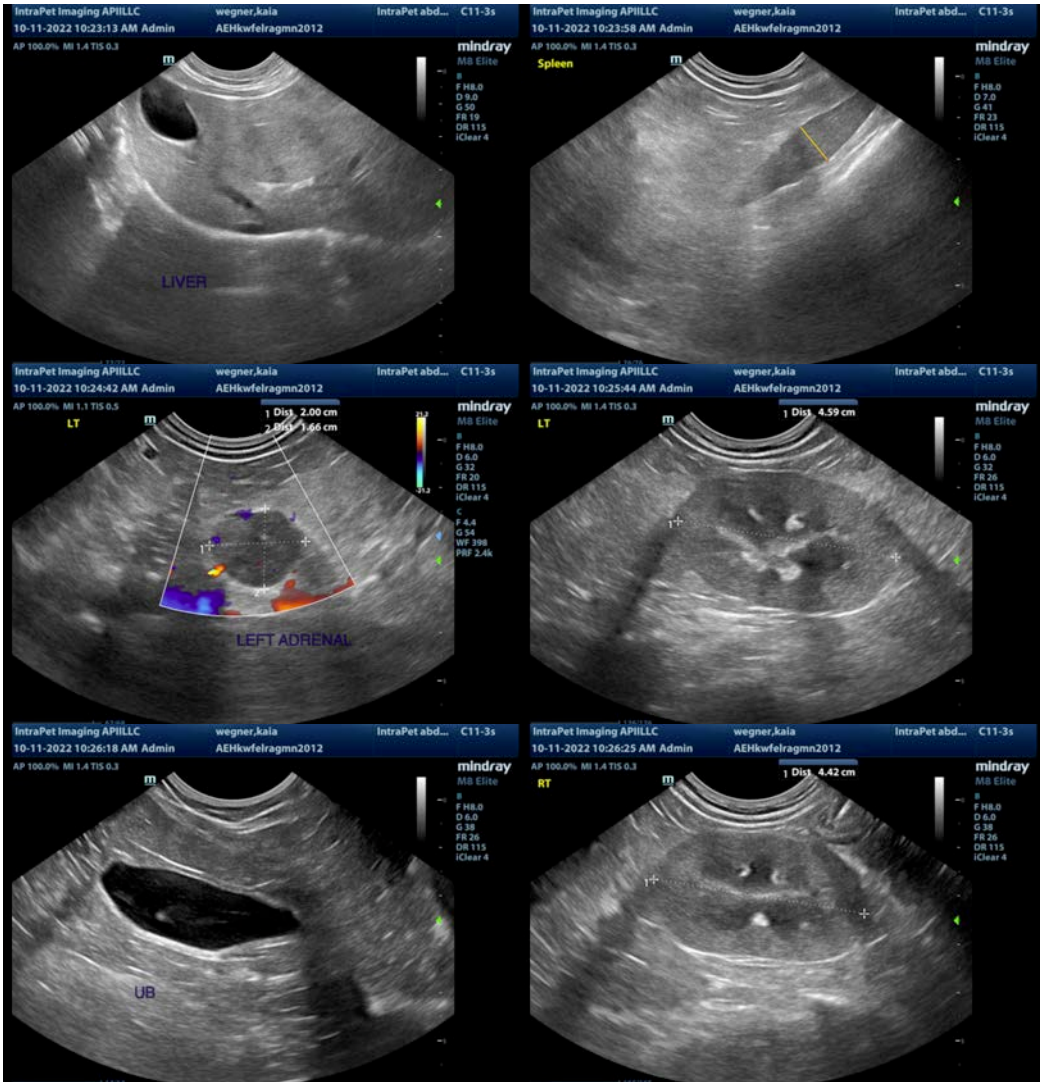
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

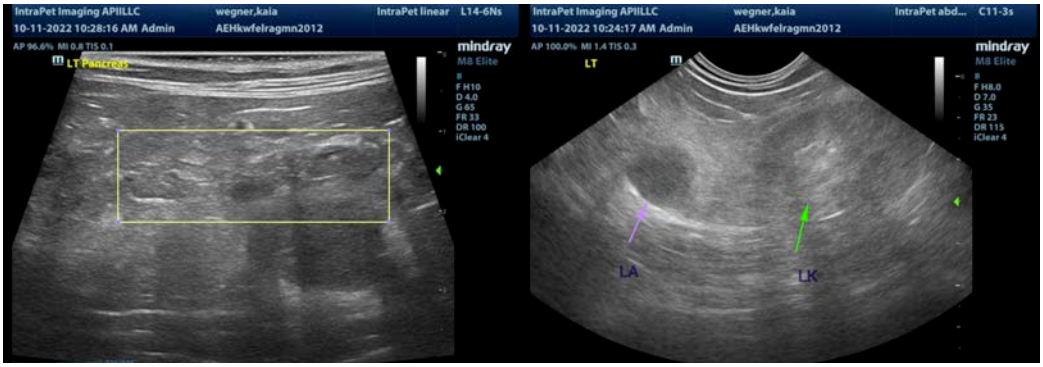
The pancreas is hypoechoic and prominent on today's scan. It does not appear overtly inflamed but correlate these findings with a quantitative fPLI level. To try and determine if active pancreatitis is of concern. Recommend supportive treatment for pancreatitis. Additionally, recommend reassessment of the diabetes

and screening for a urinary tract infection.

There is a mass effect in the region of the left adrenal gland, which most likely represent an adrenal mass. I suspect this is not directly causing illness, but is causing issues with diabetic regulation, etc. Recommend blood pressure evaluation and adrenal function testing. There is no 100% diagnostic adrenal function test in cats. I typically consider a combination of Dexamethasone suppression test with an ACTH stimulation test through Michigan State's diagnostic lab, as they have endocrinologists on staff that can assist with questions.

Additionally, evaluate electrolytes carefully for the possibility of an aldosterone secreting tumor. If there is hypertension, hypokalemia, etc., recommend measuring aldosterone levels. Ideally, for this diabetic cat, surgical intervention would likely be recommended. Ideally, a contrast CT scan preoperatively would be performed (but may not be 100% necessary). Recommend consultation with a veterinary surgeon and 3-view thoracic radiographs.





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.

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