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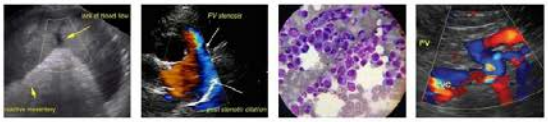

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Ryu Grzymalski

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

11.5 Years

WEIGHT

9.3 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Fairgrounds AH

REFERRING VET

Dr. Renee Krebs

INVOICE

41983

DATE

10/12/22

PRESENTING CLINICAL SIGNS

Ryu Grzymalski, 11.5 yo, DLH, NM JULY 2022 - Problem Assessment: weight loss, ongoing (today he weighed 9.3 lbs, 4 years ago Ryu weighed almost 19lbs) – R/O neoplasia - LSA, STS - no mass effect seen on rads tho, infiltrative GI dz - inflammatory, infectious (pythiosis, eosinophilic, lymphocytic, etc.), PLE In July, I recommend abd U/S, +/- GI bx if indicated based on US; discussed wtih O that if they can't financially go all in, we can also do a prednisone trial to assess response – O's scheduled AU/S in OCT. proteinuria, hematuria, mild: R/O CKD, UTI, low grade – UPC is normal hiding more: pain/discomfort - abdominal? no obvious lameness/ms issues On HX and PE today: O states that P seems to have plateaued at home; P still vomits about once per week (mainly food, sometimes bile/foam), BMs are not completely formed, P still wants to cuddle with O but also seems distant at times. P seems very interested in food, will become vocal when going to eat but will then only eat a few bites. 10/11/202 updated HX P presented for drop-off for abdominal ultrasound w/ loetitia; O approves CPR, will call for pick up. O states that P seems to have plateaued at home; P still vomits about once per week (mainly food, sometimes bile/foam), BMs are not completely formed, P still wants to cuddle with O but also seems distant at times. P seems very interested in food, will become vocal when going to eat but will then only eat a few bites. O leaves food out for P to eat as needed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mildly 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 cystic calculi.

The left kidney has a normal shape and size (3.8 cm) with a 0.40 cm nephrolith. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.6 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 0.40 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 0.51 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 (0.67 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.

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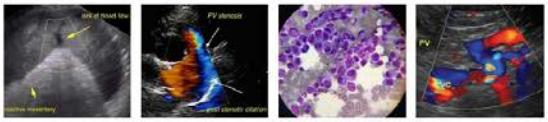

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Liver

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.

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 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 0.30 cm. 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. There are enlarged hypoechoic, rounded mesenteric lymph nodes visualized measuring 0.91, 0.65 cm. Another measures 0.49 cm. The omentum is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Left-sided renal nephrolith – There is a small amount of fluid surrounding the nephrolith, but no obvious obstruction.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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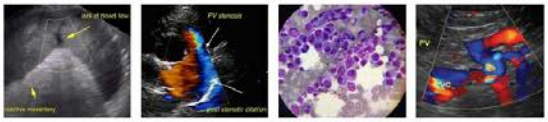

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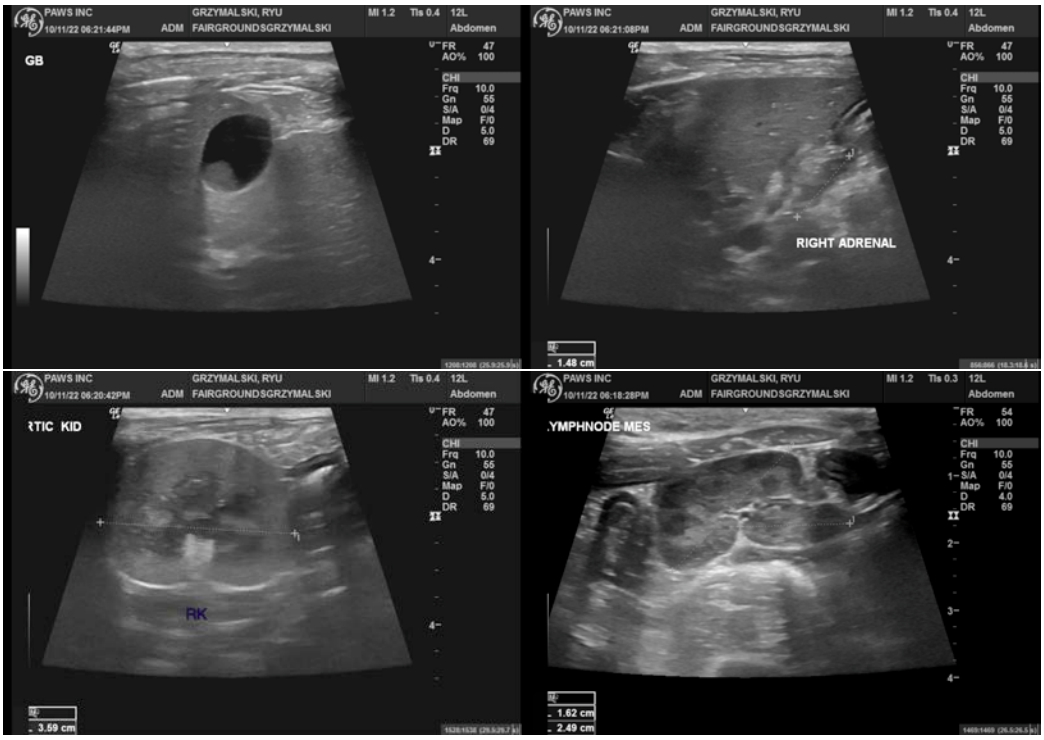
- Subjective thickening of the small intestine with a prominent muscularis layer – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.
- Moderate mesenteric lymphadenopathy – Consider such differentials as inflammation, infection, or underlying neoplastic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of weight loss, thickened bowel with prominent muscularis layer, and enlarged mesenteric lymph nodes is concerning for a primary enteropathy. Consider such differentials as food allergy/dietary intolerance, chronic pancreatitis, IBD, intestinal neoplasia, other. I'm particularly concerned because the lymph nodes are relatively large and hypoechoic. Recommend a fine needle aspirate of a mesenteric lymph node and 3-view thoracic radiographs. Additionally, consider:

- Recommend a novel protein/hydrolyzed protein prescription diet.
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- If symptoms persist, and lymph node cytology is not diagnostic for round cell neoplasia, consider obtaining GI biopsies.



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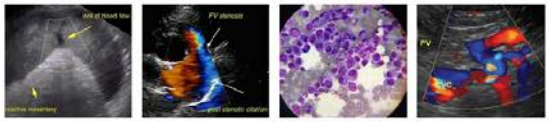

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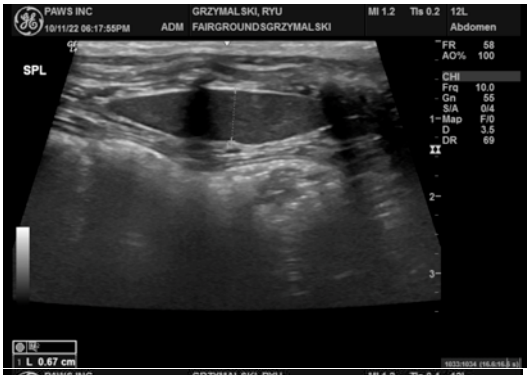

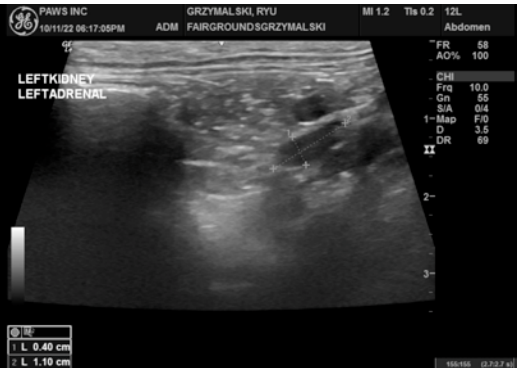

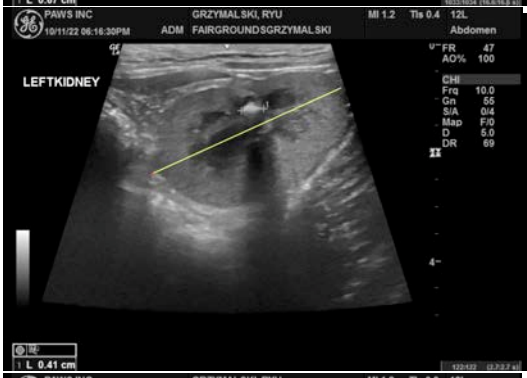

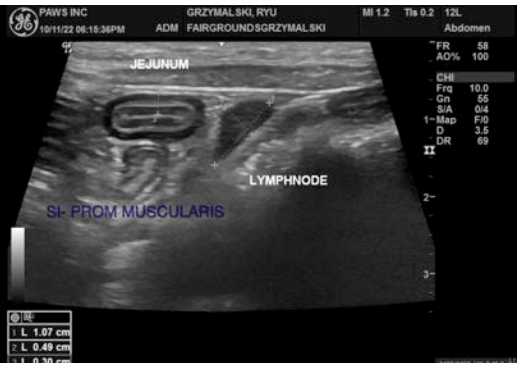

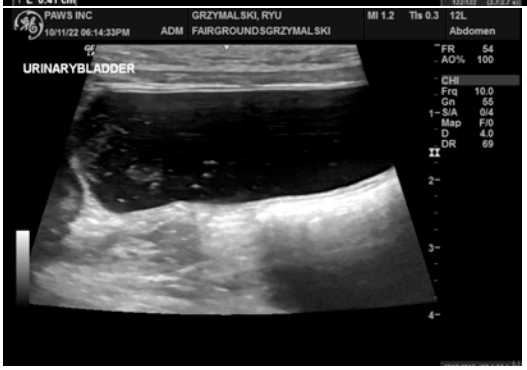

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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