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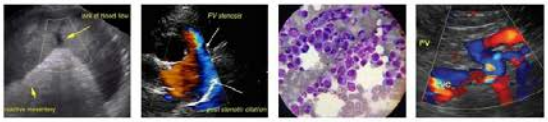


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Sebastian Johnson

SPECIES

Feline

BREED

Bengal X

SEX

Neutered Male

AGE

10 Years

WEIGHT

12.2 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Desert Hills AH

REFERRING VET

Dr. Amanda Coats

INVOICE

42264

DATE

10/20/22

PRESENTING CLINICAL SIGNS

Chief Concern/Provisional Diagnosis: Previous history of suspected IBD based on ultrasound 12/2/21 & splenomegaly-spleen was aspirated & was reactive lymphoid hyperplasia. Overall currently doing well, occasionally vomits or has loose stool but very infrequent. Ultrasound is precautionary History / Physical Findings: Senior blood panel is pending. Body weight has been stable (12.3# 2/21/22). Labwork: Pending Current Therapy and Medications : Diet is dry Nutro chicken & Purina HA; Buprenorphine PRN

Abnormal PE/Chem/CBC/UA Results: sEDATION- BUTORPHANOL

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 (3.81 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 (3.92 cm) with a cortical cyst measuring 1.0 cm x 0.72 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

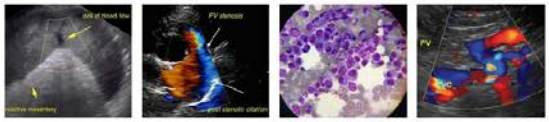
The right adrenal gland is normal in size measuring 0.34 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is large (1.38 cm in width at the level of the hilus). The spleen echotexture is heterogenous and significantly mottled, 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.



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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. Jejunum wall measures 0.23 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. Prominent pancreatic duct at 0.17 cm.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a significant lymphadenopathy with a cluster of nodes and hyperechoic mesentery. These nodes measure 1.05 cm and 1.23 cm in width and are hypoechoic. The omentum is generally normal but increased around the abnormal lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys and a right-sided cortical cyst – The bilateral renal findings are consistent with age-related change.
- Large spleen with significant mottling – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Hypoechoic, prominent pancreas with prominent pancreatic duct – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Significantly enlarged mesenteric lymph nodes surrounded by hyperechoic mesentery – The moderate mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of

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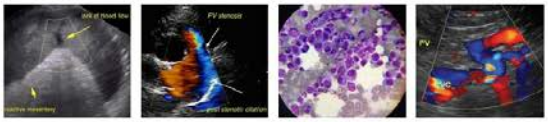

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autoimmune/inflammatory disease, infectious disease(tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

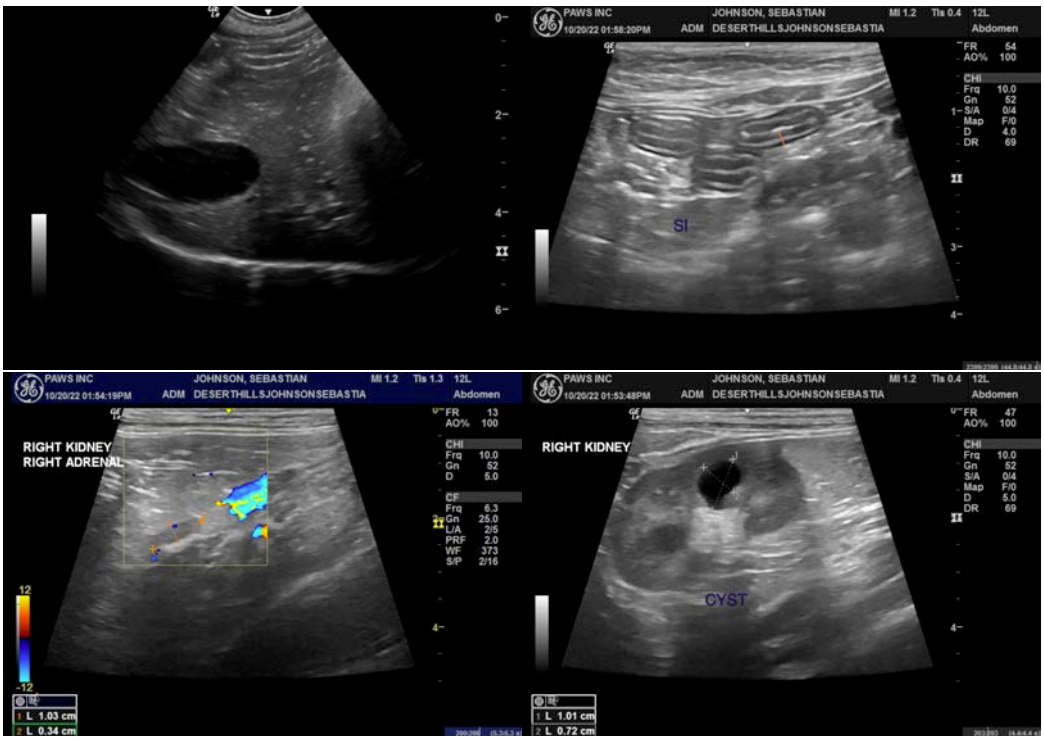
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is large and significantly mottled on today's exam. Without knowing about the previous aspirate, I would have been very concerned about underlying round cell neoplasia. I would consider reevaluation with another aspirate, as differentiating small cell lymphoma and lymphoid hyperplasia can be very challenging cytologically.

Additionally, significantly enlarged mesenteric lymph nodes are present. If possible, consider an aspirate of these lymph nodes.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

I realize this is unexpected, as this patient is currently doing well, but these are concerning findings. If no additional steps are taken, consider close continued monitoring.



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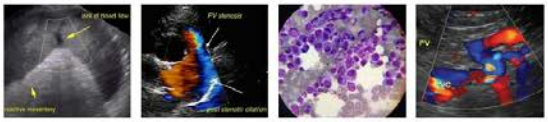

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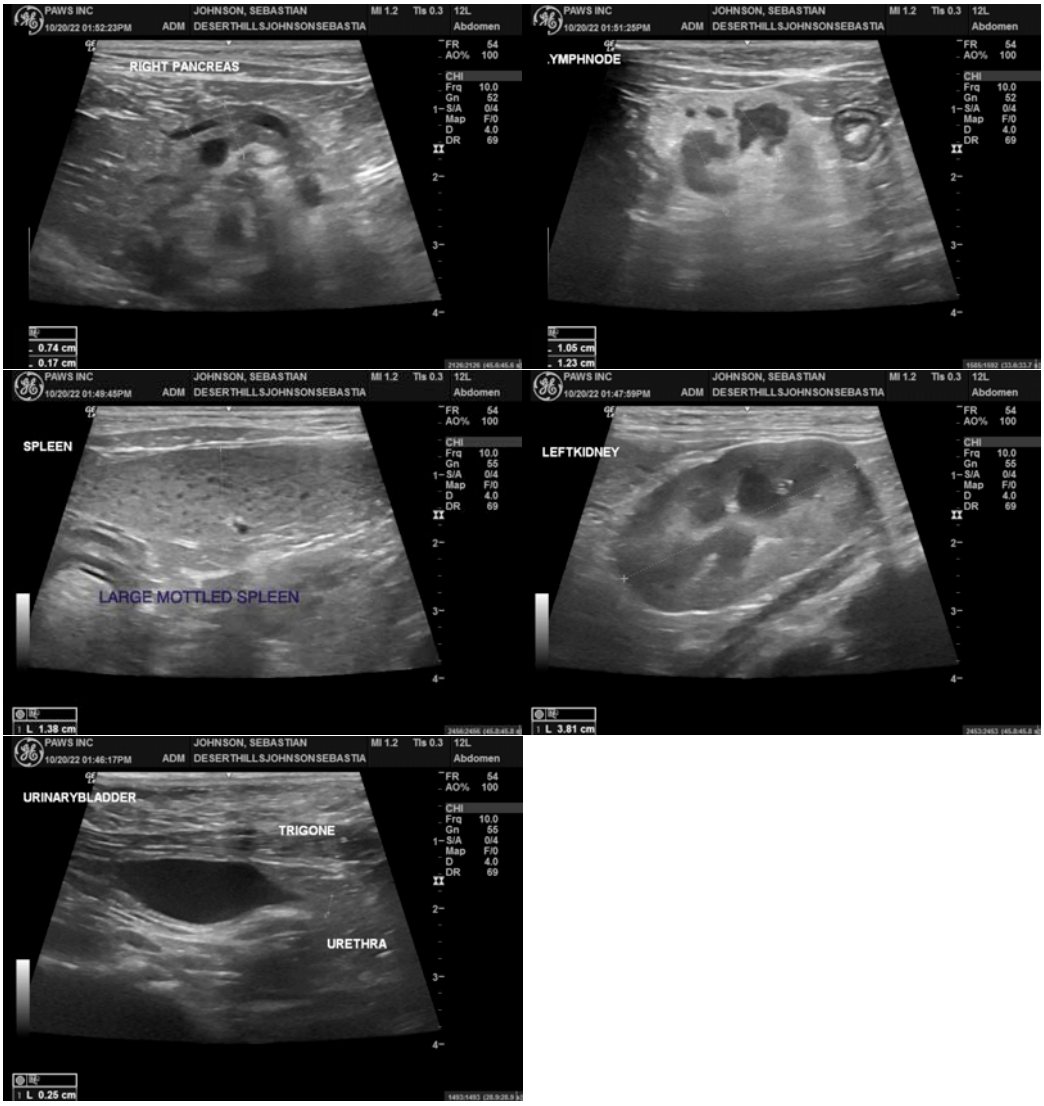

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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