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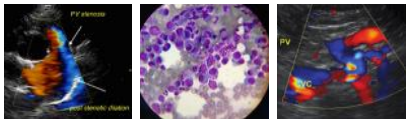

SonoPath
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**DATE**

10/22/21

**PATIENT**

Mercury Janiszewski

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

1/13/2008

**WEIGHT**

16 Pounds

**INTERPRETED BY**

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

**HOSPITAL NAME**

Timonium AH

**REFERRING VET**

Dr. McMichael

**INVOICE**

13988

## PRESENTING CLINICAL SIGNS

History: Recheck pancreatitis. Assess any changes to small intestinal loops. If possible FNA lymph node (if enlargement noted/able)
Known diabetic.

Current Medications: ProZinc, Cerenia, Convenia, Buprenex, Gabapentin.
Lab Results: Not provided by the veterinarian.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: 10-8-2021.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

## 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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.52 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 (4.96 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 previously observed pyelectasia is not evident n today's scan.

### *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 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. The gall bladder 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.

### *Gastrointestinal*

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36 cm 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. The jejunum measured 0.28 cm, 0.31 cm in diameter. 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. This is improved from the previous scans where there was peripancreatic inflammation which is currently not evident.

### *Free Abdomen*

Rare prominent mesenteric lymph nodes are visualized, measuring 0.25 cm and 0.27 cm. The omentum is generally of normal echogenicity. No free fluid noted.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Subjectively thickened small intestine with prominent muscularis layer- The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma. These changes are similar to the changes reported in the previous scan.

- Prominent hypoechoic pancreas- The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation. This appears improved from the previous scan.

### Secondary Findings

- Prominent mesenteric lymph nodes- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. These lymph nodes are not enlarged and are too small to aspirate. They could be within normal limits or improving.

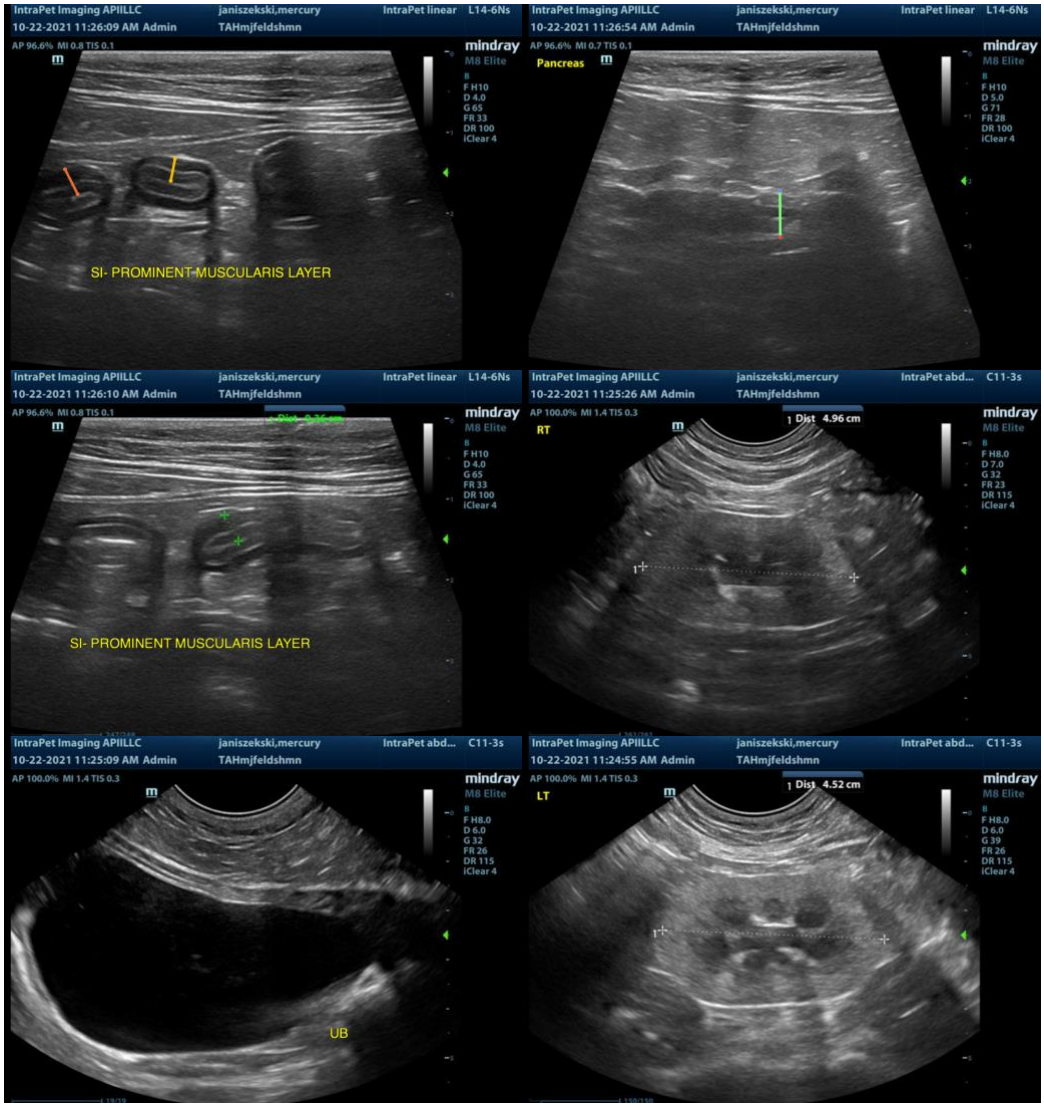
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

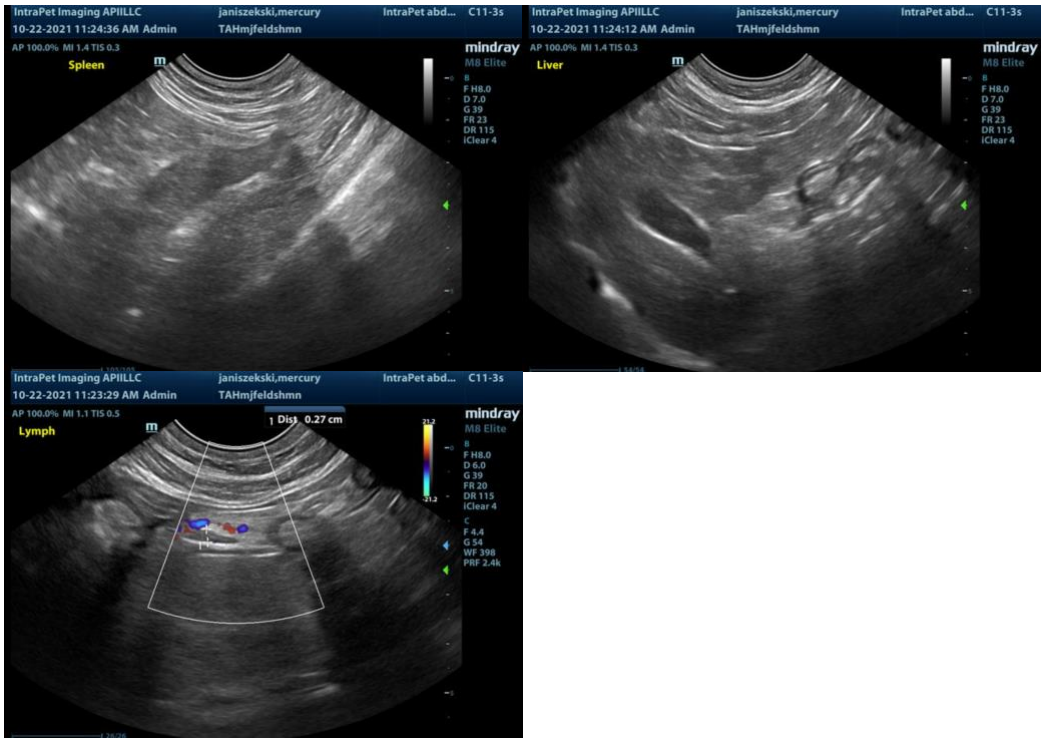
There appears to be improvement in the pancreatic disease previously identified on the scan 10/8/21. The pancreas is still prominent, but not overtly inflamed and the inflammation appears to be improving. The only parameter which appears consistent and potentially not improving is the prominent muscularis layer

in the subjectively thickened small intestine. These are mild lesions which can sometimes be normally observed in older cats, correlate with the findings of you GI panel. I would recommend continuing your current therapy to allow more time for the pancreas to heal as you appear to be on the right track. If, down the road, when this episode of pancreatitis has resolved, there appears to be persistent weight loss, GI signs, etc.

- Consider a diet trial with a novel protein/hydrolyzed protein prescription diet
- Probiotic therapy

- If GI symptoms are progressing and are of concern you could consider obtaining GI biopsies to look for evidence of IBD or less likely intestinal neoplasia.






**The information and recommendations provided are based on the images presented by the referring veterinarian. 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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