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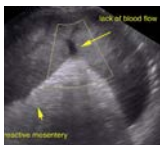
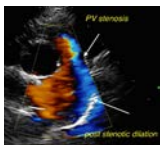
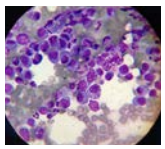
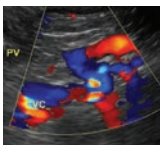





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Trixie Donovan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

9.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care Vet Center

REFERRING VET

Dr. Sharon Stone

INVOICE

42637

DATE

11/9/22

PRESENTING CLINICAL SIGNS

Chronic pancreatitis, treating symptomatically with metronidazole, pred and ProPectalin off and on 2 years. Recently started cerenia which seems to help more than anything.

Abnormal PE/Chem/CBC/UA Results: Raised pigmented cutaneous growth on the Rt side of chest wall 3x2mm. CBC normal. Chemistry increased amylase and BUN (46), spec FPL 11.9 high.

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 is normal in size (3.6 cm). It is irregular in shape and almost has a lobulated appearance with significantly decreased corticomedullary distinction, likely somewhat attributable to previous infarcts. 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 is normal in size (3.5 cm). It is irregular in shape and almost has a lobulated appearance with significantly decreased corticomedullary distinction, likely somewhat attributable to previous infarcts. 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 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 (0.92 cm in width at the level of the hilus), 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.

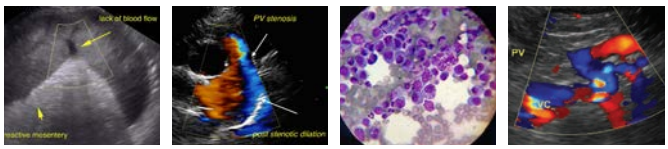
Liver

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 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.



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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. Duodenum wall measures 0.33 cm. Jejunum wall measures 0.28 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 occasional round, hypoechoic mesenteric lymph nodes. One such lymph node is visualized medial to the spleen, measuring 0.62 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Irregular kidneys with decreased corticomedullary distinction – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Large, hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Prominent mesenteric lymph nodes – Differentials include inflammation, infection, or underlying neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are non-specific. The kidneys are very irregular and almost lobulated in appearance. This is likely consistent with chronic progressive renal disease and possibly previous infarcts. Recommend a blood pressure evaluation, urinalysis and culture, and continued monitoring.

The pancreas is large and hypoechoic with possibly some mildly hyperechoic surrounding mesentery. These findings would be most consistent with mild chronic pancreatitis or previous episodes of pancreatitis. If the patient is not responding to therapy, you could consider a fine needle aspirate of the pancreas, as you can have infiltrative disease affecting the pancreas.

Occasional prominent, rounded mesenteric lymph nodes are visualized. If a fine needle aspirate of one of these lymph nodes can be obtained, that could be a good diagnostic evaluation. Most of the lymph nodes I observed would be difficult to reach.

Consider such differentials as food allergy/dietary intolerance, GI parasitism, chronic pancreatitis, IBD and less likely neoplasia, etc.. .

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)

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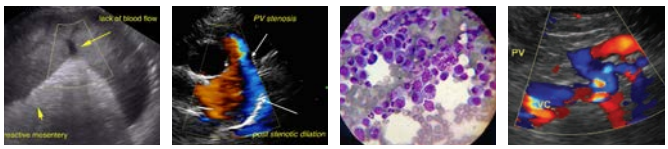

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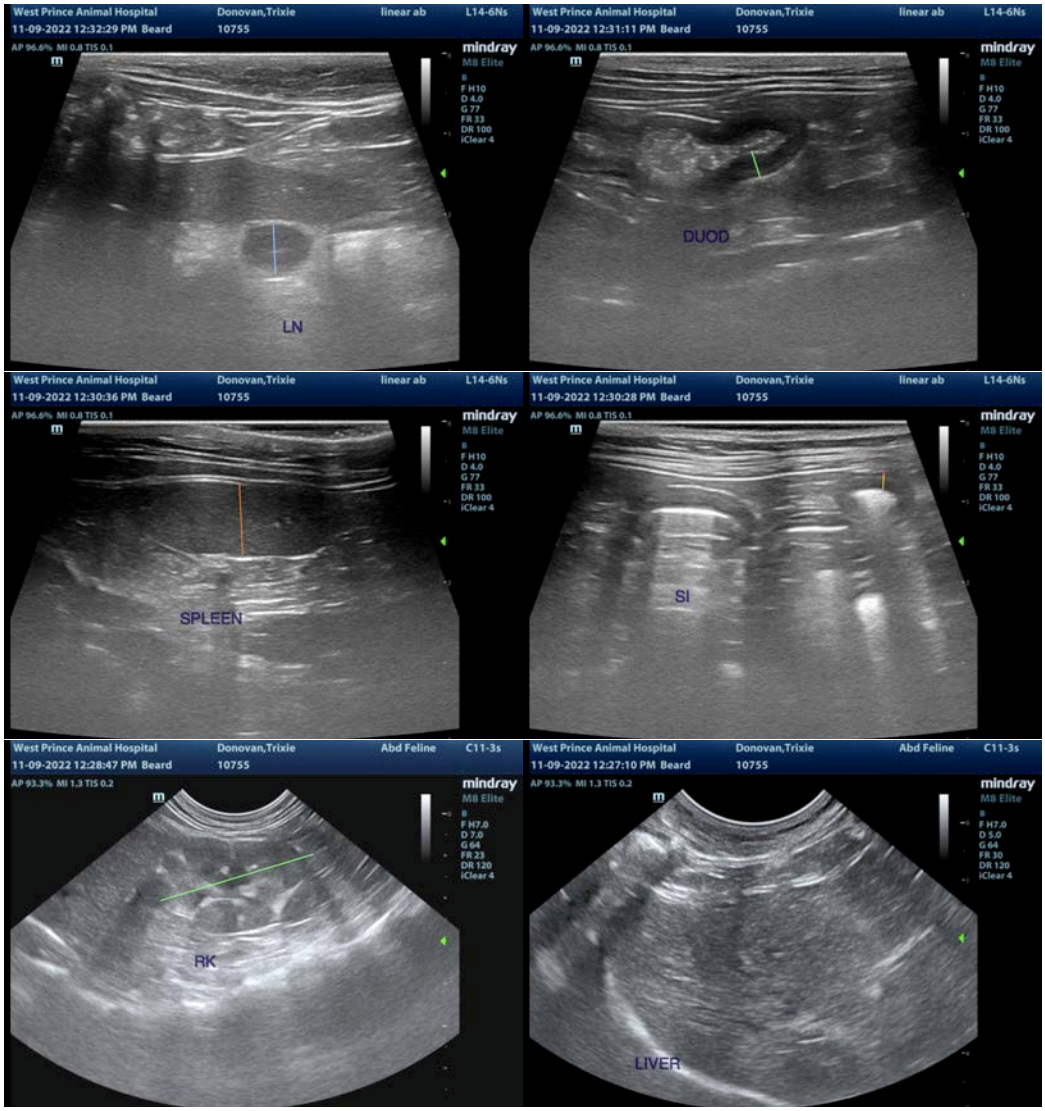
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.
- Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.
- If symptoms persist, you could consider obtaining GI biopsies (as well as pancreatic biopsies if surgical biopsies are obtained).



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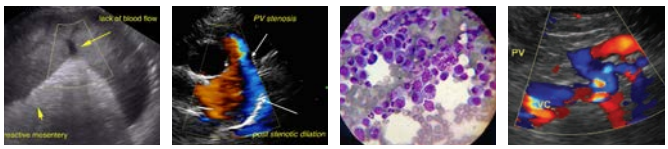

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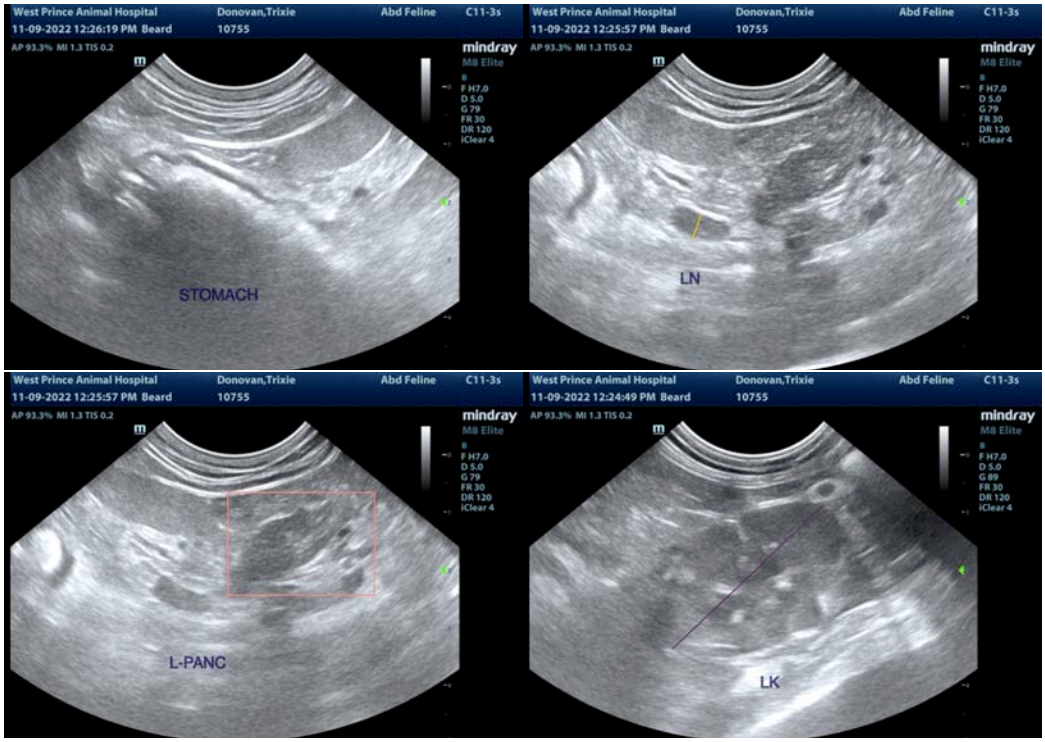

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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