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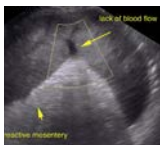
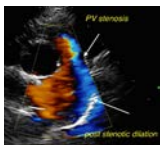
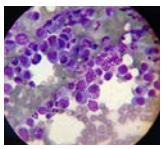
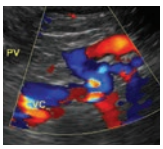





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Larry Olson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

13.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Chrissy Krell

HOSPITAL NAME

Paws & Prairie AC

REFERRING VET

Dr. Melissa Hensel

INVOICE

43413

DATE

12/13/22

PRESENTING CLINICAL SIGNS

Vomiting almost daily per previous notes. Gagging frequently. Only seems to happen around meal time. Sometimes it is bile, sometimes it is food. he has always eaten quickly and sometimes vomit but this has become frequent and persistent. Started feeding urinary calm food because of housemate's urinary issues. O mentioned vomiting was still present before that though. There is a new dog in the household too so unsure if that is causing. O noted weight loss. No coughing or sneezing. Debris in ears. Not on any medications presently. Outdoor cat. Patient has very severe periodontal disease, presented for anesthesia, dental and likely multiple extractions today.

Abnormal PE/Chem/CBC/UA Results: 12/13/22 PE: Severe periodontal disease, broken teeth, FORLs. 12/8/22 Chem: SDMA 21, BUN 15, TP 9.5, Globe 6.3, ALKP 12, ownl CBC: unremarkable FELV/FIV/HW: all negative.

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 (4.95 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.

The right kidney has a normal shape and size (4.7 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 0.31 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.

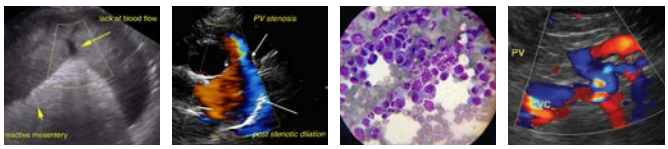
The right adrenal gland is normal in size measuring 0.31 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is borderline large (1.14 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 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 0.22 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 mottled compared to the surrounding isoechoic mesentery. The parenchyma appears diffusely nodular with numerous hypoechoic nodules disrupted throughout the pancreatic tissue. There is minimal 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.

ULTRASONOGRAPHIC FINDINGS

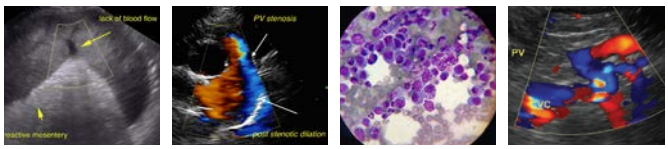
- Borderline large spleen – The splenic parenchyma appears normal. I suspect this is within normal limits for a large cat.
- Prominent, mottled pancreas with diffuse hypoechoic nodules – These findings are suspicious for nodular hyperplasia. Consider a fine needle aspirate and evaluation of an fPLI level to further evaluate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is prominent and somewhat nodular on today's exam. I suspect these findings are most consistent with lymphoid hyperplasia, although an underlying neoplastic process cannot be definitively ruled out. Consider a fine needle aspirate of the pancreas and correlation with a quantitative fPLI level.

No focal lesions were visualized associated with the stomach or small intestine to explain the vomiting reported, although chronic pancreatitis is very possible, and symptomatic treatment for this should be implemented. There is always the possibility of concurrent small intestinal disease.

- Consider either a low-fat diet or 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.



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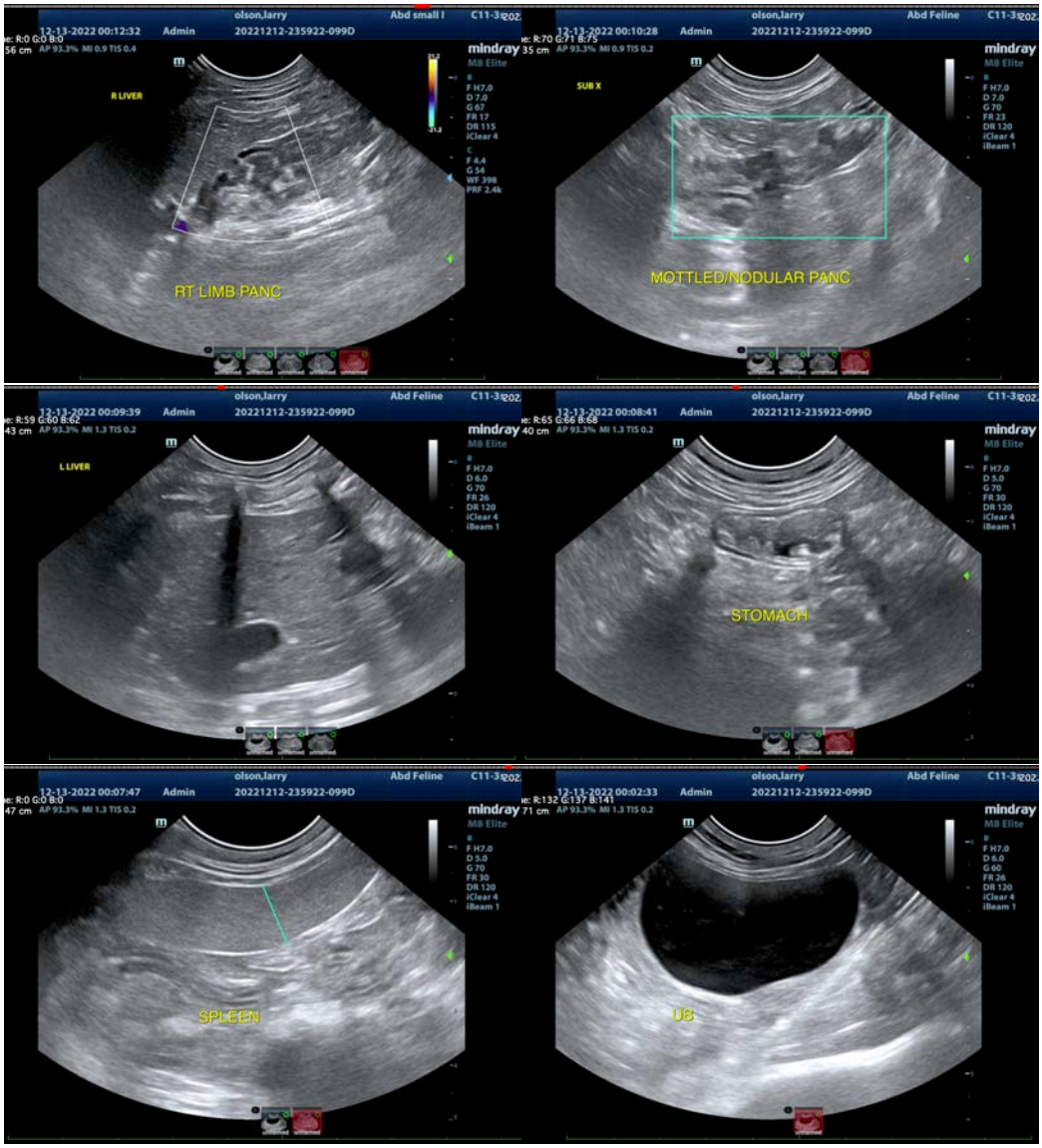
- Consider chronic probiotic therapy.
- Recommend pain medications, nausea medications, etc. for the treatment of possible pancreatic inflammation.
- Recommend a fine needle aspirate of the pancreas.
- Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.
- If symptoms persist, consider obtaining GI biopsies +/- biopsies of the pancreas.



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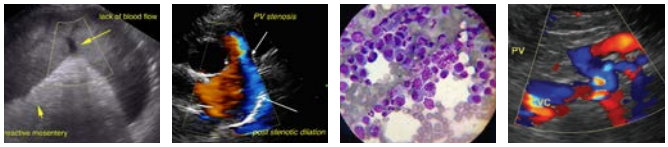

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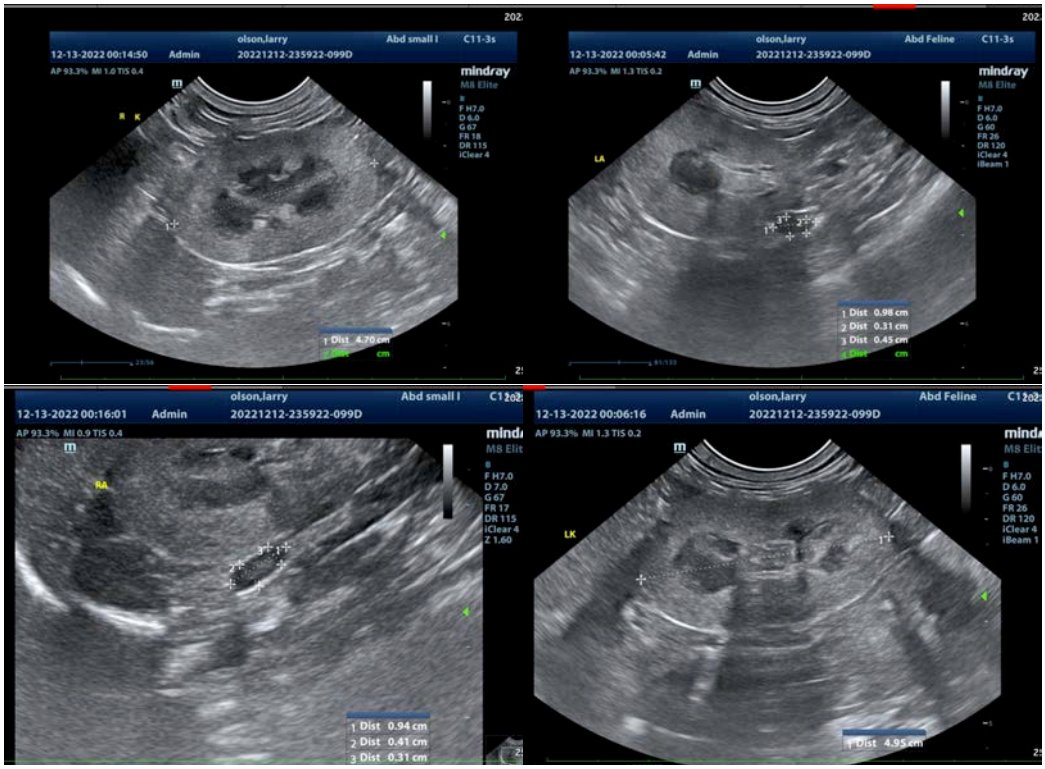

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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