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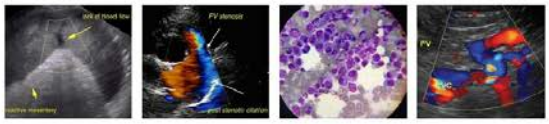


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Harley Davidson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7/15/07

WEIGHT

4.27 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Desert Hills AH

REFERRING VET

Dr. Michelle Caldwell

INVOICE

45408

DATE

2/21/23

PRESENTING CLINICAL SIGNS

Patient has a recent history of weight loss. Indoor only cat. 2 cat household. No known vomiting or diarrhea but does seem to be eating less.

Abnormal PE/Chem/CBC/UA Results: Senior lab work WNL

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, or masses. There is a very small mineralization visualized in the dependent portion of the urinary bladder, most consistent with a small stone or pile of sandy debris measuring 0.25 cm.

The left kidney has a normal shape and size (3.66 cm). Overall echogenicity is increased 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 (3.53 cm). Overall echogenicity is increased 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 0.42 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.

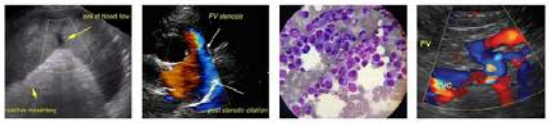
Spleen

The spleen is subjectively normal in size (0.89 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. There is a small hypoechoic nodule visualized on the right measuring 0.58 cm in diameter.

The gallbladder lumen is significantly distended. The wall of the gall bladder is mildly thickened and slightly irregular with a moderate amount of hyperechoic shadowing debris most consistent with sandy debris, which appears to be trailing down into a somewhat tortuous, mildly dilated bile duct that



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measures at 0.45 cm. The duodenal papilla appears somewhat prominent, but there is no obvious focal point of obstruction.

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

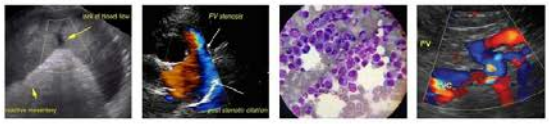
The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are some prominent lymph nodes in the cranial abdomen (particularly the pancreaticoduodenal lymph measuring 1.12 cm x 0.71 cm). Additionally, there are some prominent mesenteric lymph nodes measuring 0.61 cm and 0.49 cm.

PRIMARY FINDINGS

- Hyperechoic kidneys with intact corticomedullary distinction – Findings are likely consistent with early interstitial nephritis.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Hypoechoic nodule in the liver – The nature of this lesion is uncertain, as it could represent a small benign or neoplastic lesion. No significant criteria for malignancy are present. Recommend continued monitoring with ultrasound.
- Large amount of sandy mineralized debris in the dependent portion of the urinary bladder, which extends into the bile duct, which is dilated and somewhat tortuous. These findings could be consistent with cholecystitis. An obvious obstruction is not observed.
- Prominent muscularis layer of the small intestine – 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.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most



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consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS

- Small hyperechoic focal mineralization in the dependent portion of the urinary bladder – Findings are most consistent with a small stone or mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Review of the abdomen gives the general impression of somewhat thickened, "ropey" small intestine and prominent mesenteric lymph nodes. Additionally, there is a significant amount of dependent mineralized debris in the gallbladder and the bile duct. This type of mineralization can be associated with cholecystitis. The visualized areas of pancreas appear relatively normal, but there is significant cranial abdominal inflammation, so some degree of pancreatic inflammation is possible. Consider the possibility of Triaditis.

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- 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 starting Ursodiol therapy and continued monitoring of the gallbladder and bile duct with ultrasound to look for progressive dilation.
- Consider symptomatic treatment for gastroenteritis/pancreatitis.
- If symptoms are not improving with treatment, consider obtaining GI biopsies.
- Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

There are some prominent lymph nodes visualized in the abdomen. Most of these appear too deep for easy sampling. Recommend continued monitoring, and sampling if a window is available. Additionally, there is small mineralization of the urinary bladder. Consider a urinalysis and culture. The kidneys appear hyperechoic. Correlate these findings with bloodwork results and urine specific gravities. If underlying renal disease is a concern, consider blood pressure evaluation, urinalysis and culture.

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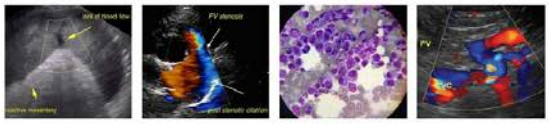

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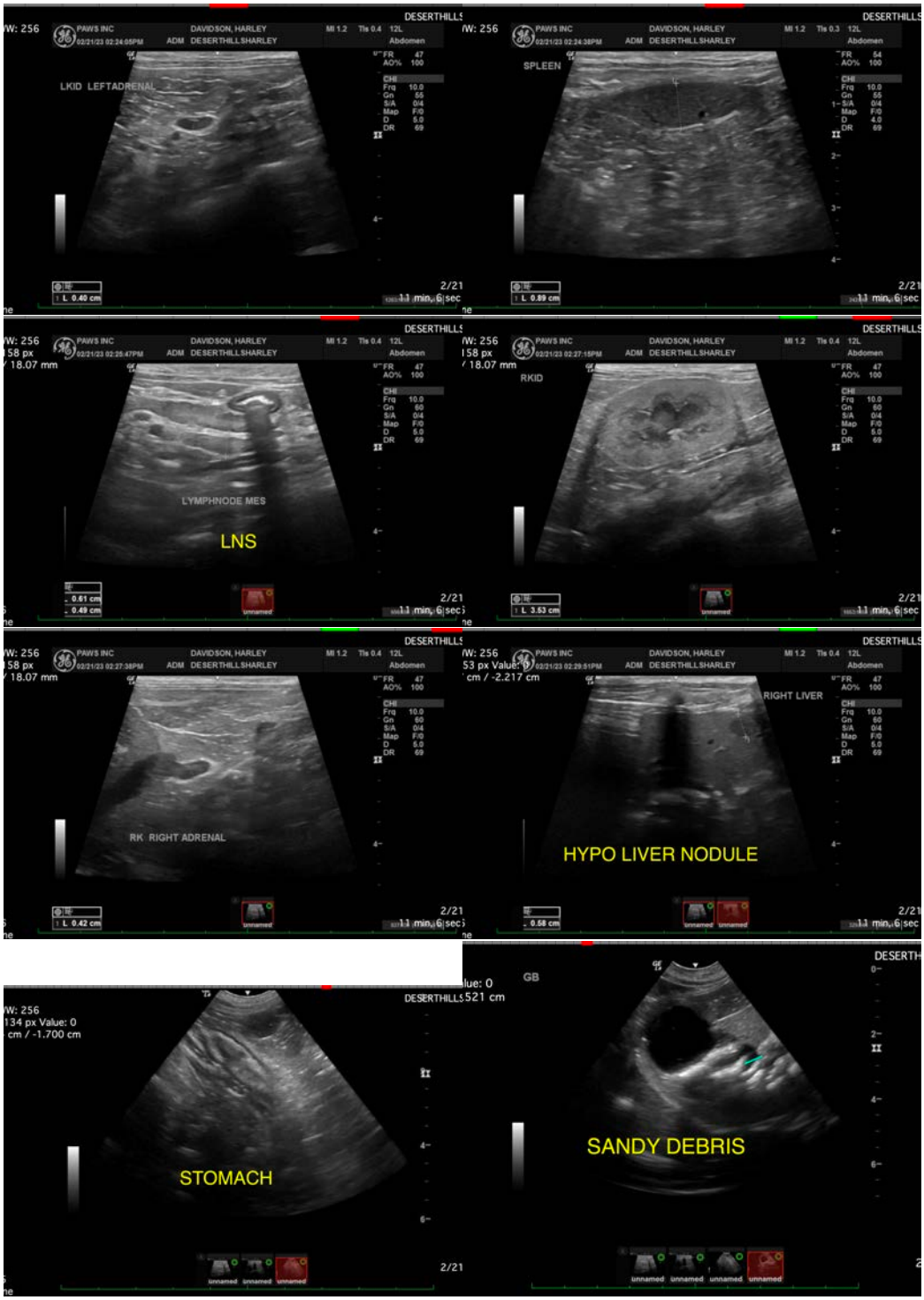

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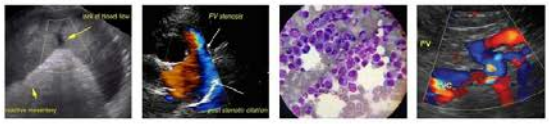

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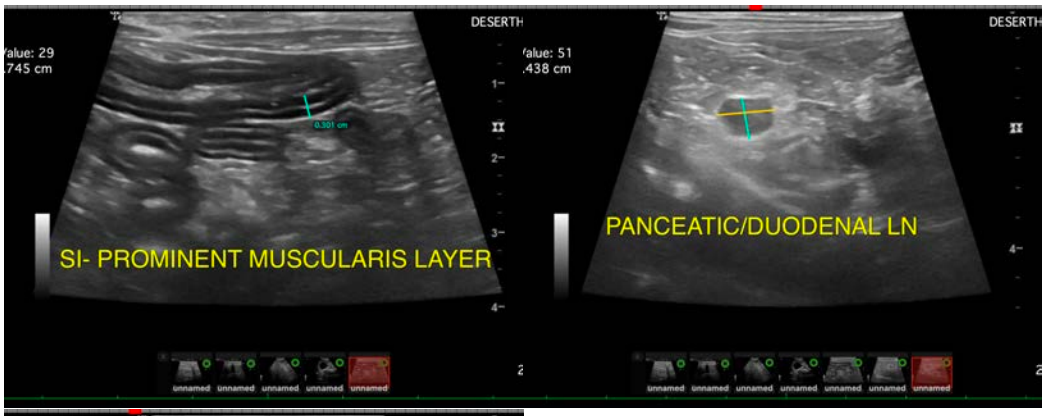

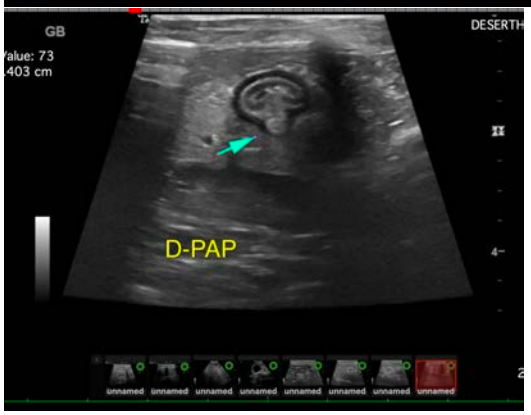

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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