



PATIENT

Edward Gorman

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

13.5 Years

WEIGHT

8.67 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Judy Schroeder

HOSPITAL NAME

Animal Health
Associates

REFERRING VET

Dr. Ashley N. Fadden

INVOICE

45573

DATE

2/28/23

PRESENTING CLINICAL SIGNS

Weight loss, decreased appetite, vomiting.

Abnormal PE/Chem/CBC/UA Results: Marked weight loss/muscle loss. CBC: Decreased RBC at 6.78 M/uL. Mild monocytosis at 0.619 K/uL. Adequate platelets. Chem: Mild elevation in SDMA at 16 ug/dL. Creatinine and BUN normal. Elevated TCO2 at 23 mmol/L. Elevated ALP at 82 U/L, total bilirubin at 0.6 mg/dL, unconjugated bilirubin at 0.4 mg/dL. Conjugated bilirubin high normal at 0.2 mg/dL. UA: NSF. SG 1.051, pH 7.0, UPC 0.1 TT4 normal at 2.2 ug/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. The Bladder wall appears diffusely mildly irregular and thickened, measuring at 0.31 cm. The trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (3.65 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 (3.49 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 0.34 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 0.35 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 (0.83 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 large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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 appears prominent and slightly thickened at 0.26 cm with a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

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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 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 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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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.

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Free Abdomen

Possible scant free fluid near the diaphragm by the liver. There are prominent hypoechoic, slightly irregular lymph nodes visualized in the mesentery measuring 0.65 cm and 0.53 cm. The omentum is generally of normal echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Echogenic debris in the urinary bladder with mildly thickened urinary bladder wall – Findings are concerning for possible cystitis. Recommend urinalysis and culture.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large, heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Mildly thickened gallbladder wall – This could be due to lack of distention or inflammation (cholecystitis).
- Mildly prominent muscularis layer to 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 consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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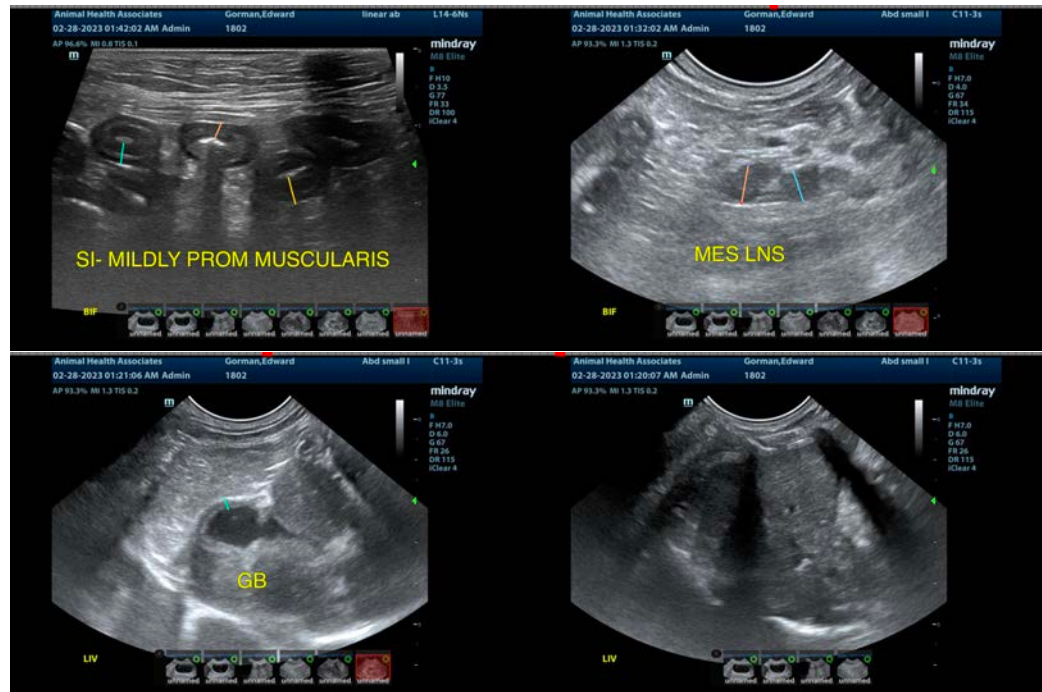
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No large focal mass lesions are observed and there is no evidence of a biliary obstruction. However, the liver is somewhat large and slightly irregular, and the gallbladder wall appears slightly thickened. These are non-specific findings, so the significance is somewhat unclear, but given the lab findings, further evaluation is warranted. If coagulation parameters are normal, consider a fine needle aspirate of the liver. Additionally, you could consider empirical treatment for cholecystitis with antibiotics, probiotics, and Ursodiol. There is minimal debris in the gallbladder, and the bile duct appears relatively normal, so interpreting the mildly thickened gallbladder wall is difficult.

The pancreas appears somewhat prominent but not overtly inflamed, and the small intestine has a slightly prominent muscularis layer. This can be a normal finding for some older cats, so this spectrum of findings could be consistent with geriatric variation, or could also be consistent with Triaditis, etc. To further evaluate, I would consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin, and folate. I would also consider changing to novel protein/hydrolyzed protein prescription diet, and the aforementioned liver aspirate if liver values are continuing to rise/not improving, and general treatment for pancreatitis/gastroenteritis. If this path of diagnostics and treatment is not resulting in improvement, surgical biopsies of the GI tract and liver may be considered.

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





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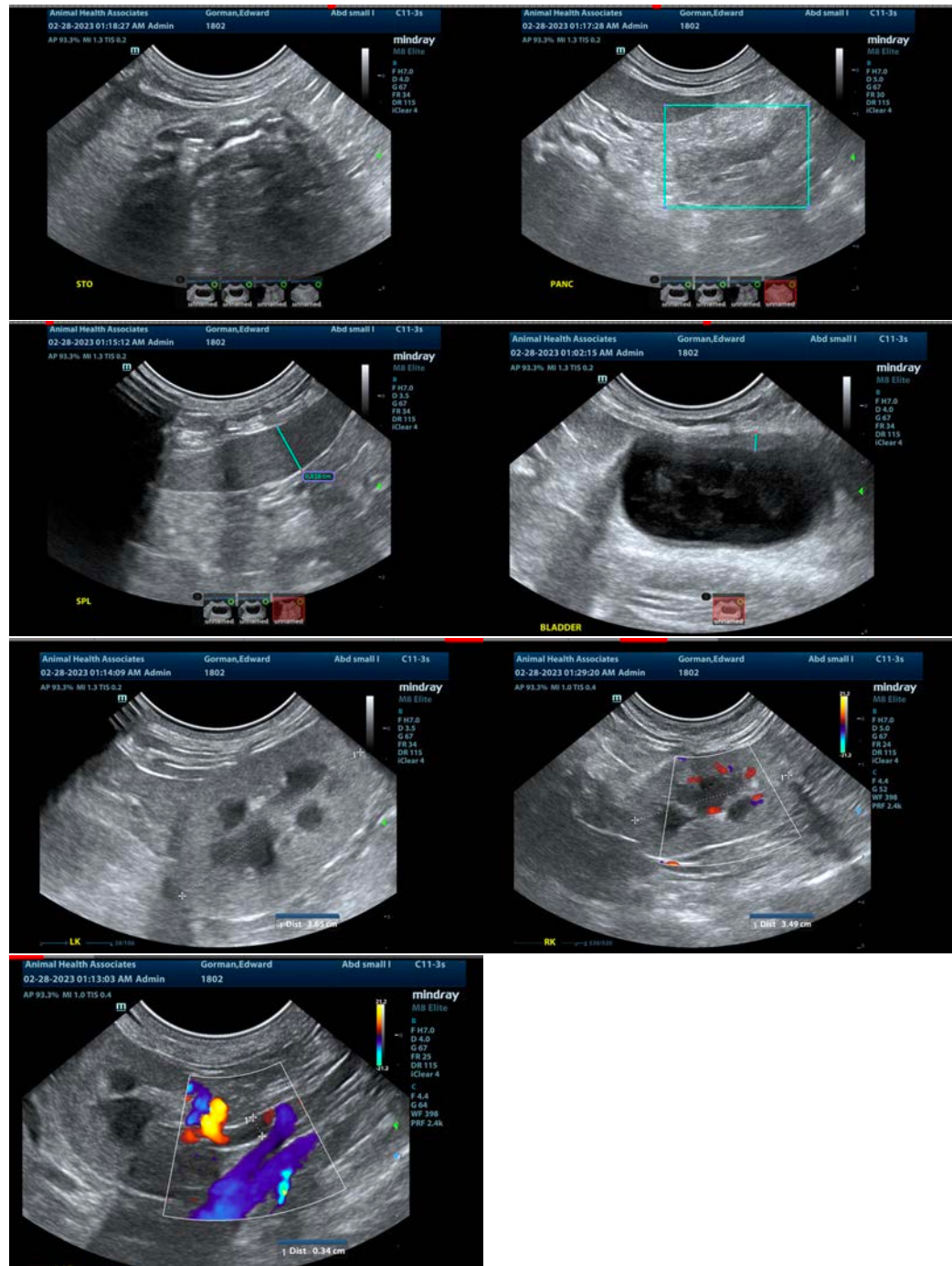
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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