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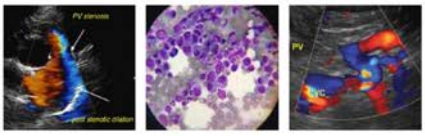

SonoPath
Clinical Sonography & Telecytology
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PATIENT
Nala Niedziolek

SPECIES
Feline

BREED
Bengal

SEX
Spayed Female

AGE
13 Years

WEIGHT
6.66 Pounds

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

IMAGING PERFORMED BY
Amy Mayhew, LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Dr. Taylor

INVOICE
46309

DATE
3/30/23

PRESENTING CLINICAL SIGNS

Chronic vomiting (once a month but recently vomiting once a day for 2+ weeks), soft stools. Stable weight. Had abd u/s 6-2-22 (through SVS) for weight loss with mild changes of unknown significance at that time. At that time, TLI/cob/folate wnl - Cobalamin >1000, folate 16.8 wnl, TLI 81.9 (high normal RR 12-82). No treatments pursued at that time (she was relatively asymptomatic and regaining weight).

Abnormal PE/Chem/CBC/UA Results: CBC: wnl Chem: Gluc 71 L - r/o lab error SDMA 8 (was 7) Creat 1.4 (1.4) BUN 44 H (32) - r/o dehydration, renal T4 1.0 fPL 3.6 - slightly high (was 6.4 last May) - r/o pancreatitis

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 (3.18 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 (3.33 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 0.33 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/borderline large in size measuring 0.59 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. This is stable from the previous scan 6/2/22.

Spleen

The spleen is subjectively normal in size (0.62 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 cystic structure visualized near the gallbladder measuring 1.2 cm in diameter.

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.

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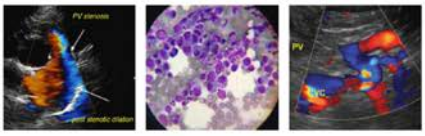

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.37 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 mild to moderate 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. Duodenum wall measures 0.26 cm. Jejunum wall measures 0.31-0.43 cm. Visualized peristalsis appears appropriate. No focal lesions are visualized, but the jejunum appears more prominent and thickened than the previous scan, and there is mild fluid distention visualized in several loops of small bowel.

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, hypoechoic and mottled compared to the surrounding isoechoic mesentery. There is a hypoechoic discrete nodule visualized within the left limb of the pancreas, measuring approximately 0.79 cm. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant free fluid visualized near the left kidney. There is a mild lymphadenopathy visualized, particularly near the ileocecal junction, where there is a cluster of hypoechoic lymph nodes surrounded by hyperechoic mesentery. In this region, lymph nodes measure 0.62 cm, 0.55 cm, 0.42 cm, and 0.38 cm. The omentum is generally hyperechoic around the prominent lymph nodes.

PRIMARY FINDINGS

- Hypoechoic, mottled pancreas with hypoechoic nodule – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation. The pancreatic nodule could represent a benign or neoplastic lesion, adenoma, carcinoma, insulinoma, other. Consider a fine needle aspirate.
- Prominent right adrenal gland – This is stable. Recommend continued monitoring.
- Thickened small intestine with prominent muscularis layer and mild to moderate fluid distention – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS

- Small hepatic cyst – This is likely an incidental finding.

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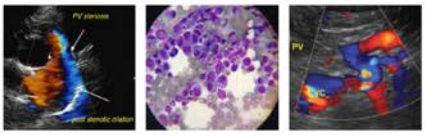

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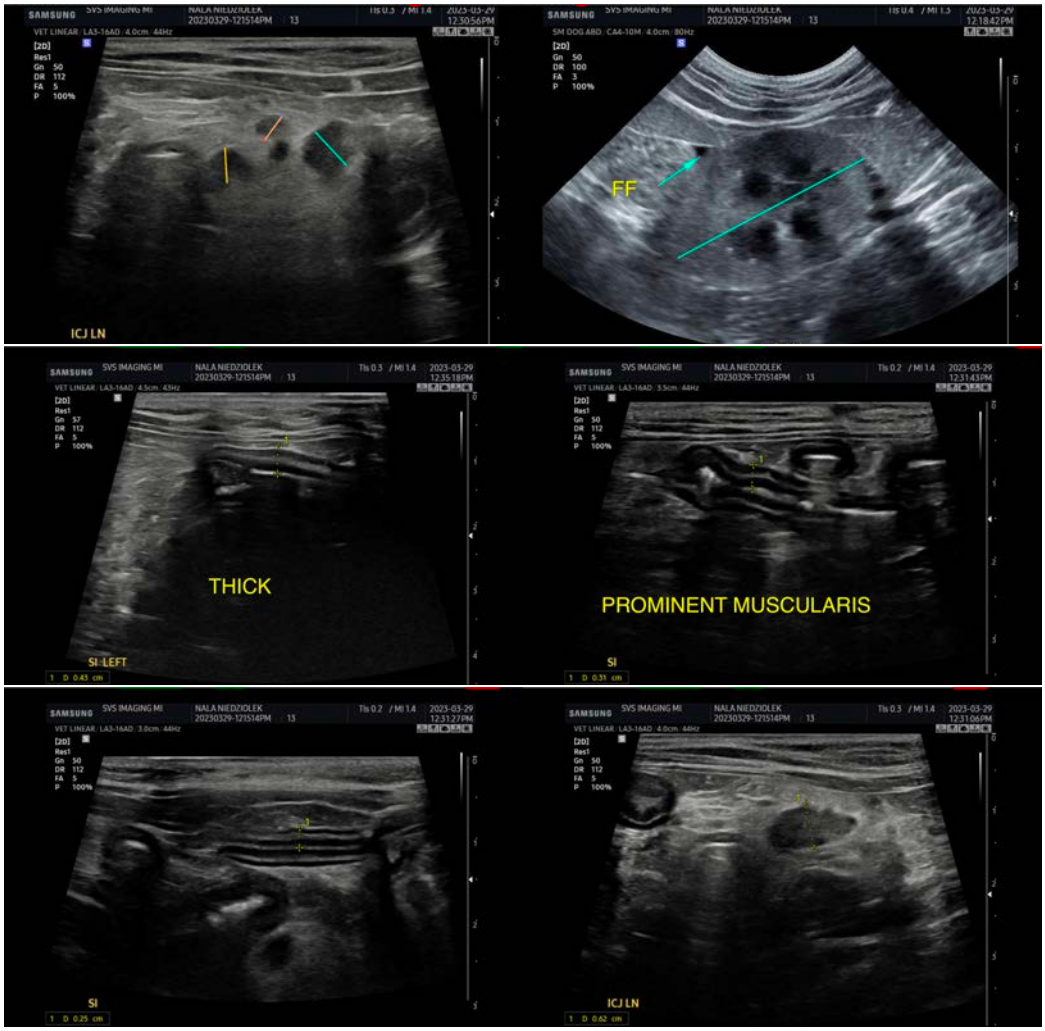
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left limb of the pancreas appears somewhat prominent, and there is a hypoechoic nodule visualized. The significance of this is uncertain. This could represent a benign or neoplastic lesion. Consider a fine needle aspirate. Additionally, recommend reevaluation of the low blood sugar reported in the history. Recommend continued monitoring with ultrasound. If a cytologic diagnosis cannot be obtained, if hypoglycemia is real, or this lesion is growing, consider surgical evaluation.

The small intestine appears somewhat thickened with intact wall layering. Additionally, there is some mild fluid distention, most consistent with generalized ileus, although ingested foreign material cannot be definitively ruled out. Given the previous workup and the progression of symptoms, GI biopsies could be considered, particularly if the pancreatic lesion and mesenteric lymph node can be sampled. If time allows, a diet trial should be performed prior to this (if not already done), and 3-view thoracic radiographs should be performed. Primary differential at this time would be inflammatory, but underlying neoplasia cannot be ruled out, and other lesions of unknown significant are also present (pancreatic nodule).



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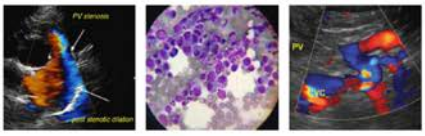

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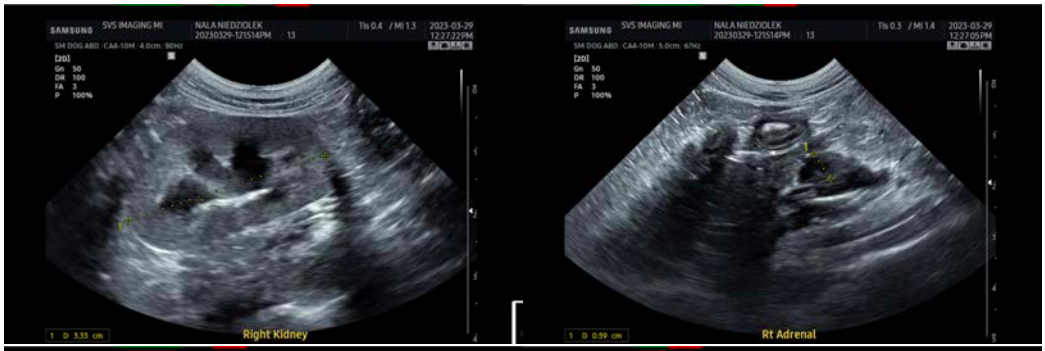

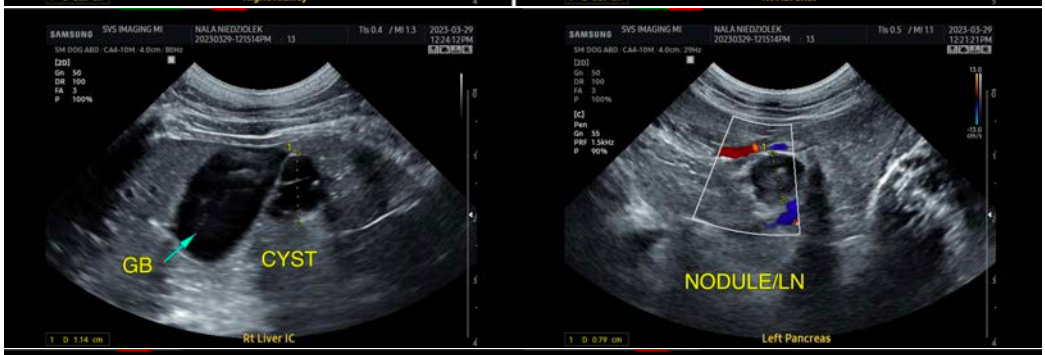

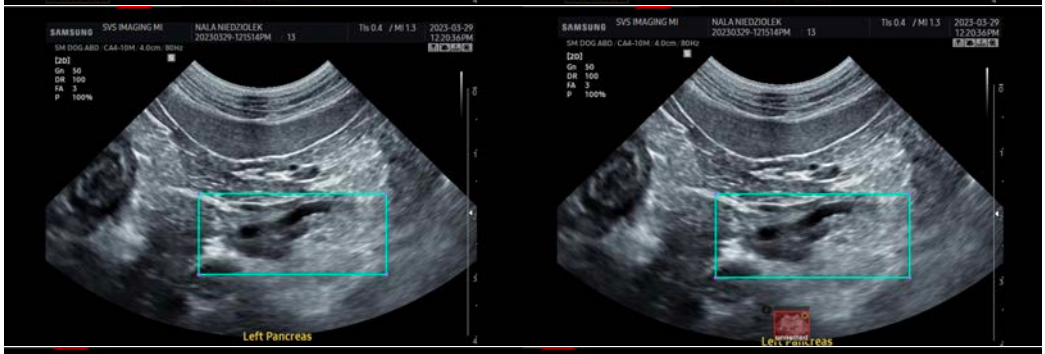

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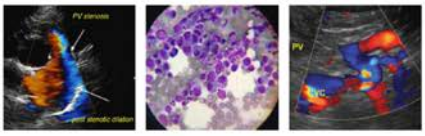

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com