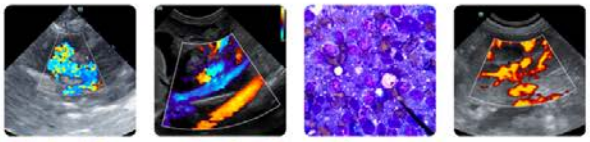




**PATIENT**

Linda Matscherz

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

11

**WEIGHT**

4

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shane Stafford

**HOSPITAL NAME**

West Newton Animal Clinic

**REFERRING VET**

Dr. Aaron Hofmeister

**INVOICE**

74154

**DATE**

4/2/26

## PRESENTING CLINICAL SIGNS

Diabetes Mellitus diagnosed based on glucose levels over 400 and weight loss. Early-stage kidney disease (IRIS stage 1P) identified due to mildly elevated kidney values and protein in urine. Elevated pancreatic markers suggest chronic pancreatitis as a potential contributing factor. Needs clarification regarding definitive confirmation of chronic pancreatitis. Ultrasound recommended to further investigate pancreas, liver, and kidneys. Patient was on Senvelgo but did not respond so patient is currently switched to prozin insulin and is 1 unit twice a day

Abnormal PE/Chem/CBC/UA Results: Initially seen for weight loss. Labs showed mild non-regenerative anemia (Hct 29.2%), thrombocytosis (667), dilute urine (USG 1.028) with protein (1+ dipstick, UPC 1.1). Glucose 439. BUN 45. ALP 67. Cholesterol 327.

## 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 (2.83 cm). Overall echogenicity is slightly hyperechoic with reduced 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 (3.26 cm) with mild pyelectasia at 0.14 cm. Overall echogenicity is slightly hyperechoic with reduced 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 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.

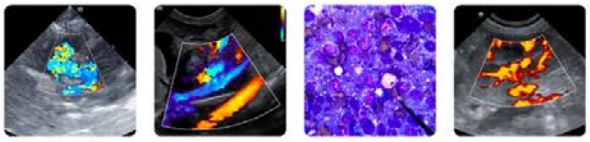
The right adrenal gland is normal in size measuring 0.31 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

### *Spleen*

The spleen is subjectively normal in size (0.65 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 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.





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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. 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. Duodenum wall measures 0.29 cm. Jejunum wall measures 0.20 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 large, irregular, and hypoechoic, particularly in the left limb. The caudal aspect of the left limb appears rounded and more solid, potentially creating a “mass effect” measuring 1.11 cm x 1.04 cm. An association with the spleen cannot be definitively ruled out. There is no evidence of regional mesenteric inflammation or fluid.

### *Free Abdomen*

There is scant free fluid noted. There are occasional prominent lymph nodes near the left kidney. There is a lymph node measuring 0.49 cm x 1.1 cm. A mesenteric lymph node is visualized measuring 0.31 cm x 0.96 cm. The omentum is mildly diffusely hyperechoic.

## ULTRASONOGRAPHIC FINDINGS

- Age related changes and mild left-sided pyelectasia visualized associated with the kidneys – Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Large, hypoechoic, irregular pancreas with a left-sided “mass effect” – Findings could be consistent with chronic active pancreatitis. An underlying neoplastic process or focal swelling is a concern.
- Heterogeneous liver – Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Occasional prominent mesenteric lymph nodes – These currently have an appearance most consistent with reactive lymph nodes, although an underlying neoplastic process cannot be ruled out.

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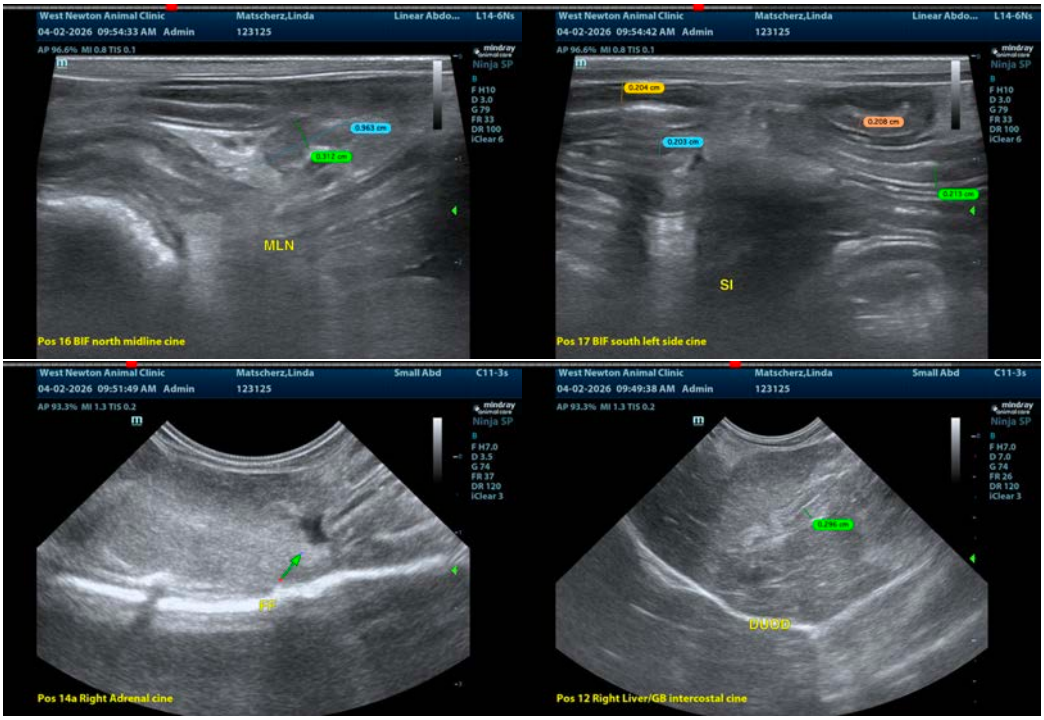
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both limbs of the pancreas are prominent and hypoechoic, most consistent with chronic active pancreatitis. In the caudal aspect of the left limb of the pancreas there is a larger, more rounded "mass effect". This could be a true neoplastic lesion, an enlarged swollen area of pancreas, or even a splenic lesion overlapping in this area (this tissue appears to come into contact with an area of the spleen). Recommend empirical treatment for pancreatitis and consider a fine needle aspirate of the caudal left limb "mass effect".

The liver is heterogeneous, most consistent with a diabetic hepatopathy. Other hepatopathies are possible.

There are occasional prominent mesenteric lymph nodes. These could represent highly reactive or early neoplastic lymph nodes. If cytology of the pancreas is not helpful and symptoms are persistent, you could consider fine needle aspirate of a mesenteric lymph node. Additionally follow up evaluation could be considered to look for improvement/progression.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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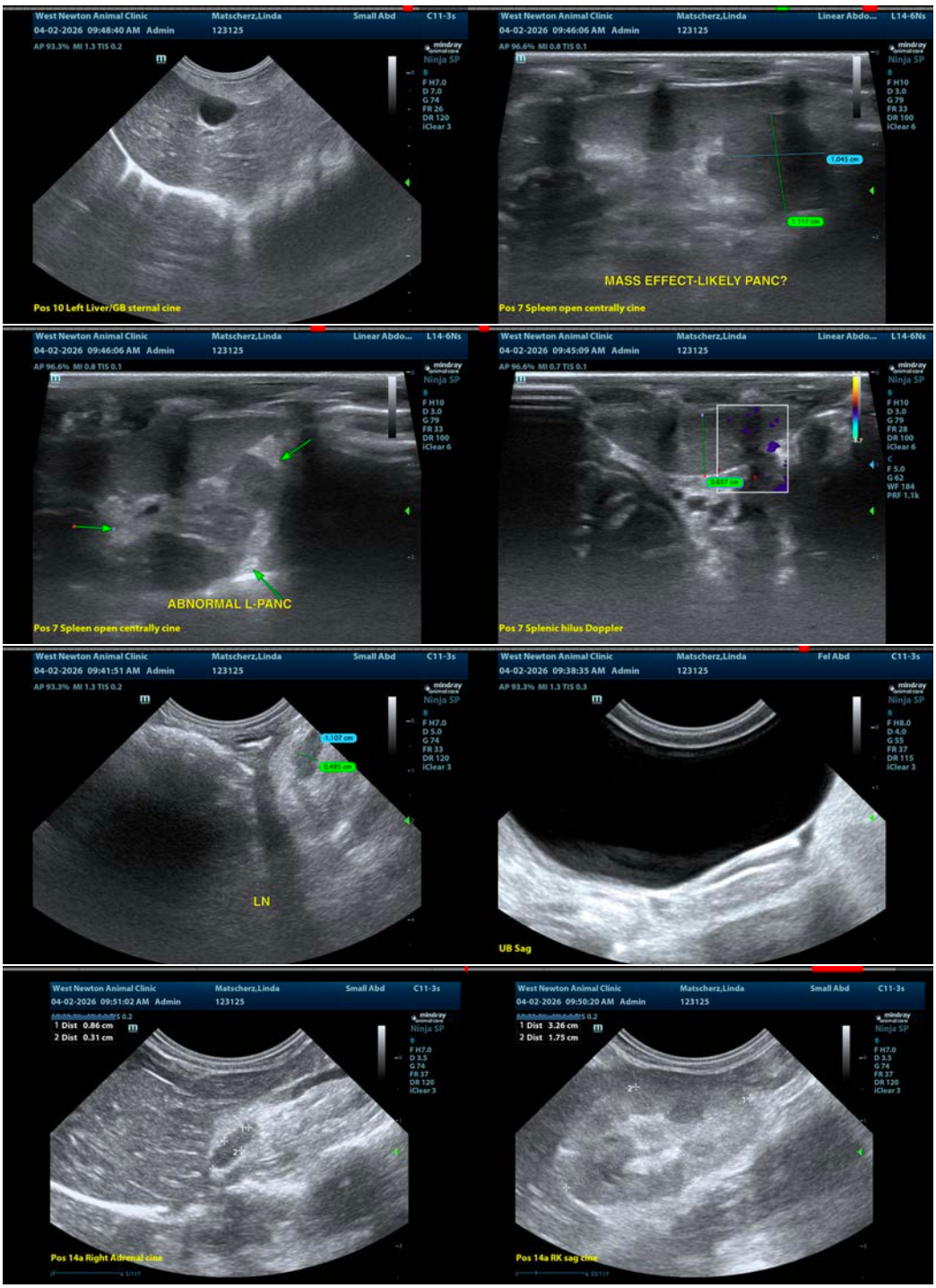

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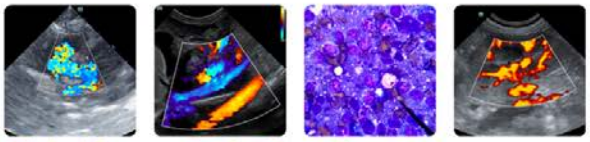

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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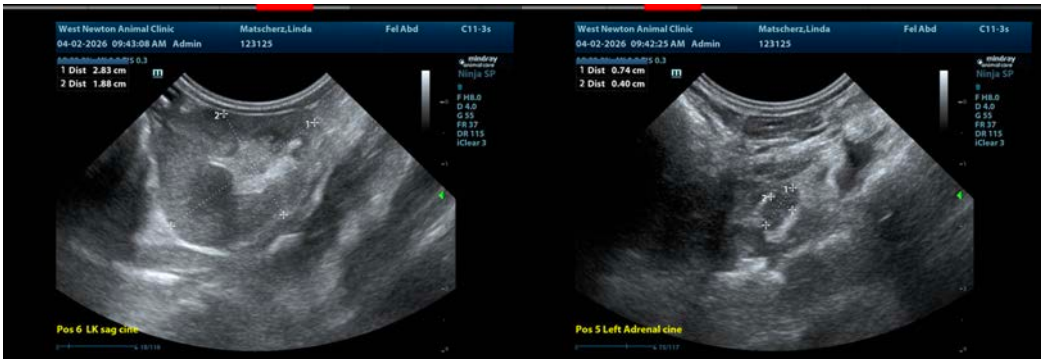


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)

info@sonopath.com