

PATIENT PRESENTING CLINICAL SIGNS

Gerber Youngren

Three-day hx of lethargy, hyporexia Seen yesterday (4/21) by the pDVM Per owner, pt was dehydrated, had gingivitis, cerenita, SQF. Bloodwork showed mildly low potassium per owner. Ate and drank after appt, but owner does not think she ate or drank this AM (multicat household). Normally food oriented, tries to get into things on the counter Does not try to ingest toys/other foreign material Syringe fed some hydracare tonight May be in pain, o not sure where.

SPECIES

Feline

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

Urinary System

SEX

Spayed Female

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.

AGE

11y11m

The left kidney has a normal shape and size measuring 4.09 cm. There are too numerous to count pinpoint mineralizations visualized within the cortex, most consistent with dystrophic mineralization. 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.

WEIGHT

4.77kg

The right kidney has a normal shape and size measuring 4.35 cm. There are too numerous to count pinpoint mineralizations visualized within the cortex, most consistent with dystrophic mineralization. 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.

INTERPRETED BY

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

Adrenal Glands

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

The left adrenal gland is normal in size measuring 0.42 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.

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The right adrenal gland is normal in size measuring 0.54 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.

REFERRING VET

Dr. Catherine Rebholtz

Spleen

The spleen is subjectively normal in size (0.81 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.

INVOICE

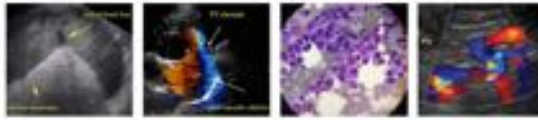
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Liver

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.

DATE

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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.

SPECIES

Gastrointestinal

Feline

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.

BREED

DSH

SEX

Spayed Female

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. The jejunum measured 0.33 cm in diameter. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

11y11m

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 large and hypoechoic to surrounding mesentery. The parenchyma appears diffusely nodular/mottled. There are occasional more defined hypoechoic lesions one such lesion measures 0.64 cm, most consistent with a hypoechoic nodule or cystic lesion. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a diffuse mild mesenteric lymphadenopathy noted with lymph nodes measuring 0.73 cm, 0.52 cm, 0.85 cm, and 0.79 cm in diameter. The omentum is of normal uniform echogenicity.

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PRIMARY FINDINGS

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- Prominent hypoechoic mottled pancreas with hypoechoic regions most consistent with ill-defined nodules or cysts. The pancreatic changes are most consistent with mild pancreatitis/pancreatic infiltration. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

REFERRING VET

Dr. Catherine Rebholtz

- Prominent muscularis layer of the small intestine with mild diffuse fluid dilation of the small bowel. 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. The fluid dilation is most consistent with generalized ileus although obstructive material cannot be definitively ruled out.

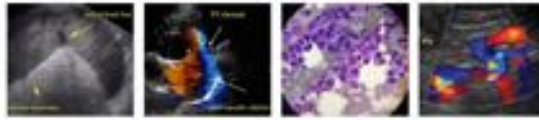
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- Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is prominent and irregular on today's exam with focal hypoechoic regions. Which I suspect are most consistent with cystic regions, although hypoechoic nodules cannot be definitively ruled out. Correlate these findings with quantitative cPLI level and consider empirical treatment for pancreatitis. If symptoms are not improving, you could consider a fine needle aspirate of the pancreas.

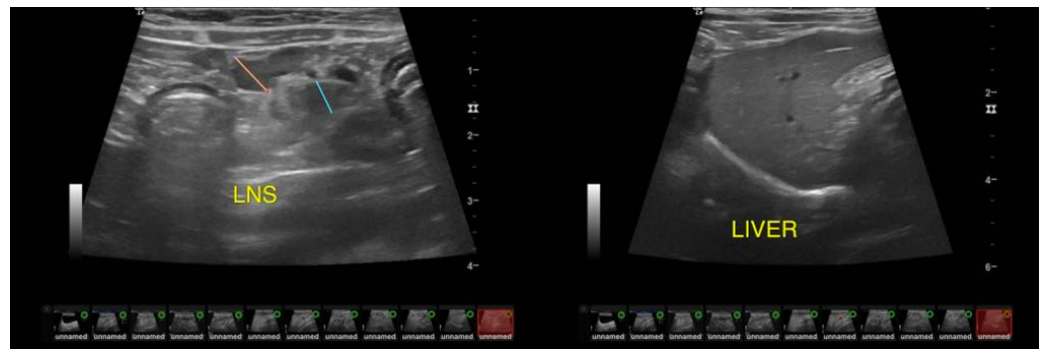
Additionally, the small intestine appears somewhat diffusely thickened with a prominent muscularis layer and mild fluid dilation. These findings are most consistent with mild ileus and a primary enteropathy, although ingested foreign material cannot be definitively ruled out.

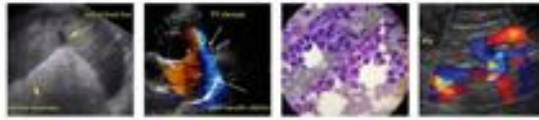
Consider such differentials as dietary indiscretion, acute pancreatitis, food allergy, GI parasitism, nonspecific gastroenteritis, and much less likely IBD or intestinal neoplasia.

- 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 nonspecific treatment for generalized gastroenteritis/pancreatitis.

If symptoms are not improving, then consider a fine needle aspirate of the pancreas or even biopsies of the GI tract and pancreas (+/- lymph nodes).

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





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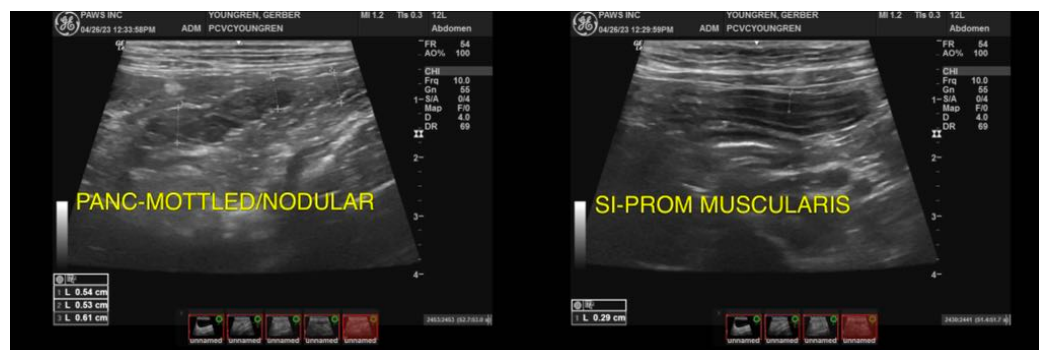
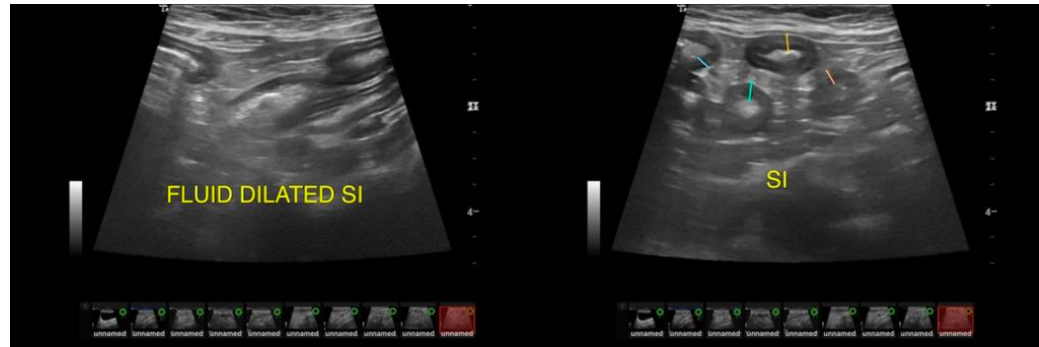
Dr. Catherine Rebholtz

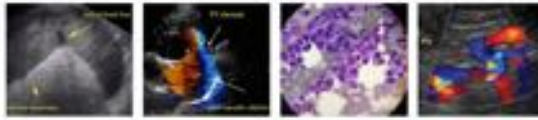
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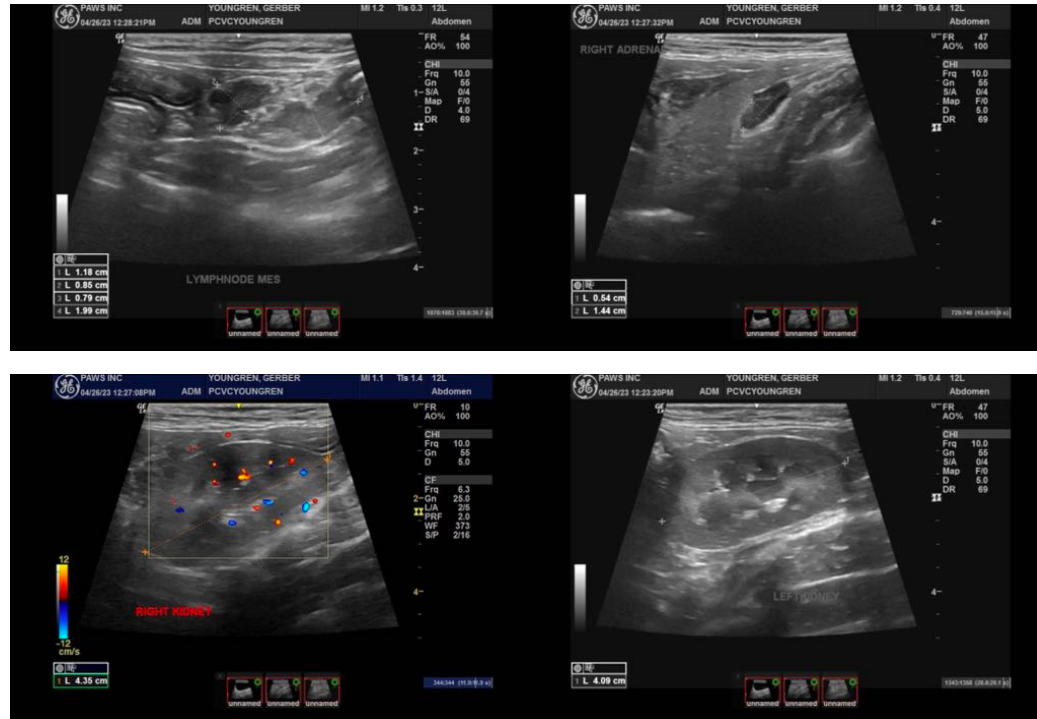
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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