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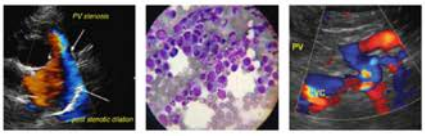

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PATIENT

Cheese Bendert

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

13.26 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

46988

DATE

4/27/23

PRESENTING CLINICAL SIGNS

Chronic intermittent vomiting for years, Increased vomiting (5 x a week) in last couple of months. No c/d/s

Abnormal PE/Chem/CBC/UA Results: Gained 1 lb since 2016 (last seen). Had RI Tx 2016. Tachycardiac (stressed), dental disease CBC: wnl Chem: SDMA 23 Creat 2.9 BUN 46 IRIS stage 3 moderate kidney disease T4 1.9 (had RI TX 2016) fPL 13.1 dx pancreatitis Blood pressure 166 UA - USG 1.018, hematuria likely iatrogenic, rest nsf.

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 (3.79 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 (3.21 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 0.43 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 (0.91 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 homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a hyperechoic nodule visualized on the right side of the liver measuring 0.82 cm x 0.85 cm.

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. There is minimal debris. There is a small, homogeneous, rounded structure within the gallbladder measuring 0.62 cm x 0.66 cm, most consistent with debris, but a small polyp/mass cannot be definitively ruled out. The bile duct is slightly prominent at 0.23 cm.

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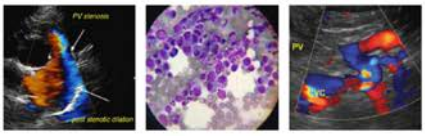

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Gastrointestinal

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 0.25 cm. Duodenum wall measures 0.31 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. Colon wall measures 0.12 cm.

Pancreas

The pancreas (particularly the left limb) is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is an irregular, somewhat ill-defined, hypoechoic lesion measuring approximately 0.61 cm x 0.61 cm, which appears to have minimal color flow. This could represent a hypoechoic nodule or a small pancreatic cyst. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Hypoechoic, prominent left limb of the pancreas with a small hypoechoic lesion – Findings are most consistent with mild active pancreatic inflammation or previous episodes of pancreatic inflammation. The hypoechoic structure could represent a nodule or cyst.
- Small hyperechoic nodule visualized in the liver – This could represent a benign or neoplastic nodule. The appearance of this lesion trends towards a more benign etiology.
- 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.

SECONDARY FINDINGS

- Slightly irregular structure visualized within the gallbladder lumen – This could represent an accumulation of debris or a soft tissue structure (polyp, mass, etc.). Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left limb of the pancreas is hypoechoic and prominent. Additionally, there is a hypoechoic lesion visualized within the pancreas. This is most consistent with either a nodule (lymphoid hyperplasia, adenoma, carcinoma, etc.), or a cystic structure. Options moving forward would include correlating these findings with a quantitative fPLI and treating for pancreatitis while monitoring this lesion for

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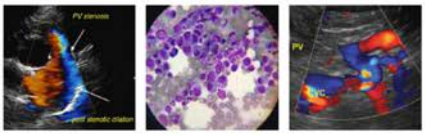

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resolution or growth. Alternately, a fine needle aspirate could be considered. Given the recent upswing in vomiting, concurrent pancreatitis would make sense.

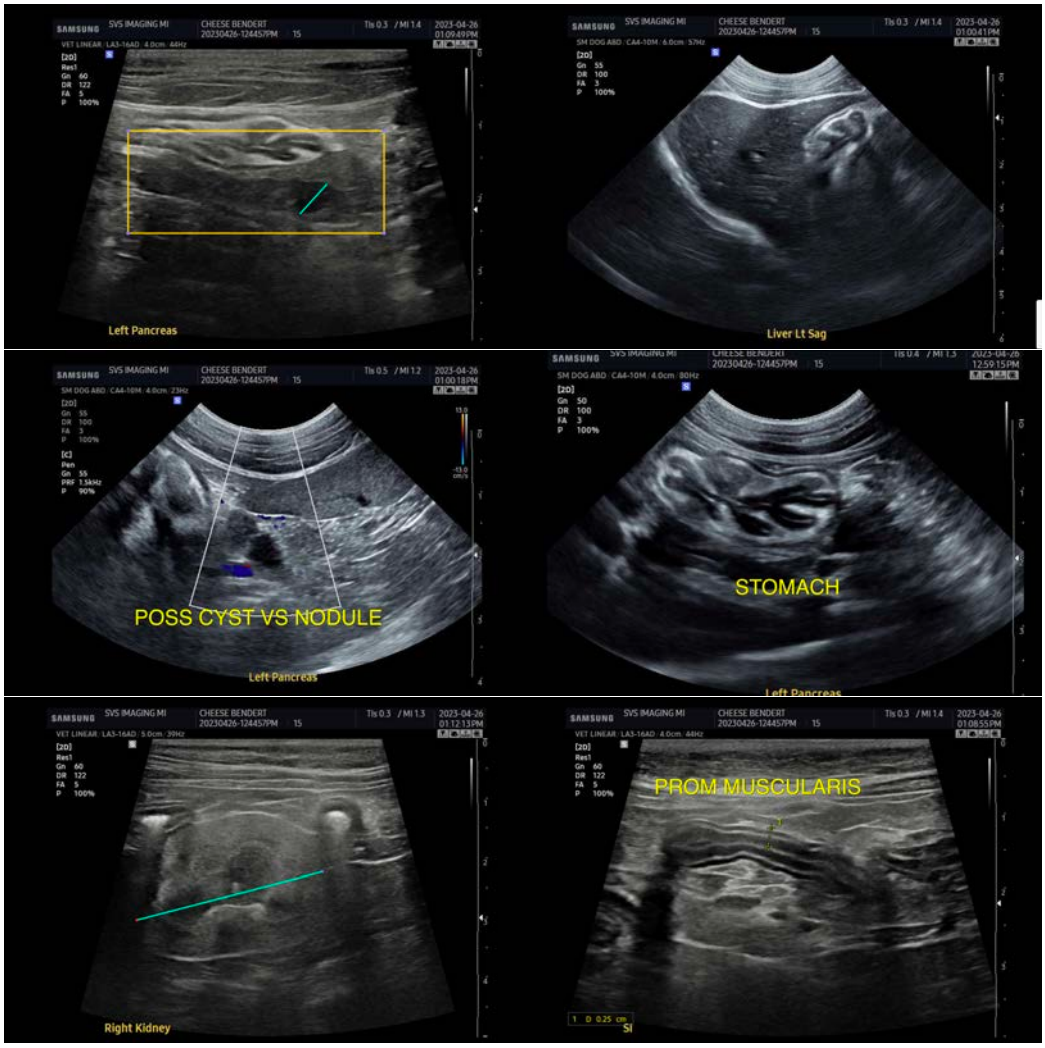
The muscularis layer of the small intestine is somewhat prominent. This is a non-specific finding and can be seen in some normal cats, but it can be an indication of an underlying enteropathy.

Consider such differentials as food allergy/dietary intolerance, GI parasitism, chronic pancreatitis, IBD and less likely neoplasia, etc.. .

- 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.
- If symptoms persist and pancreatitis is thought unlikely, consider obtaining GI biopsies.

The small hyperechoic nodule in the liver and the small structure visualized within the gallbladder both are small and relatively benign in appearance. Recommend continued monitoring of both of these structures.

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



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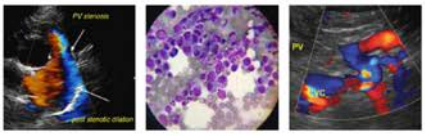

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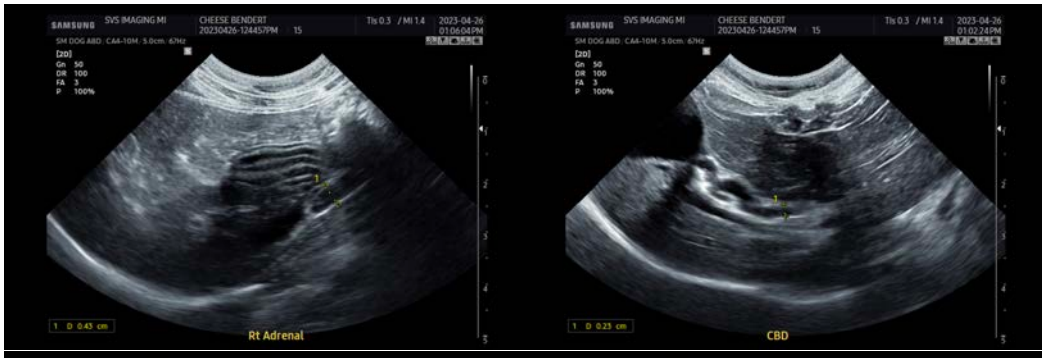

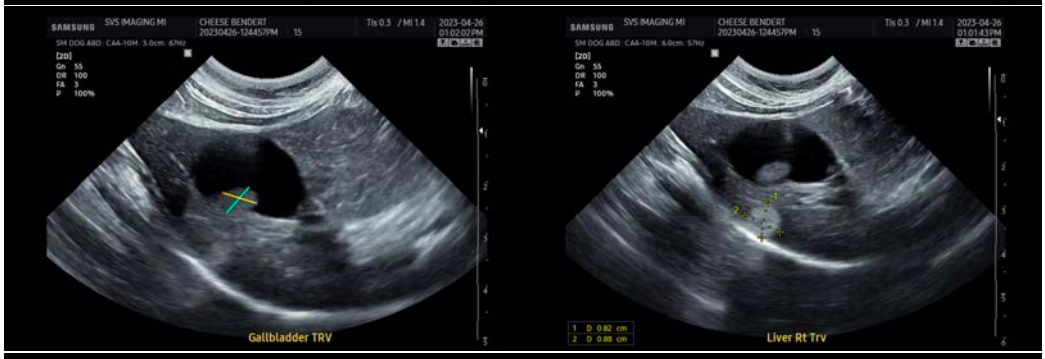

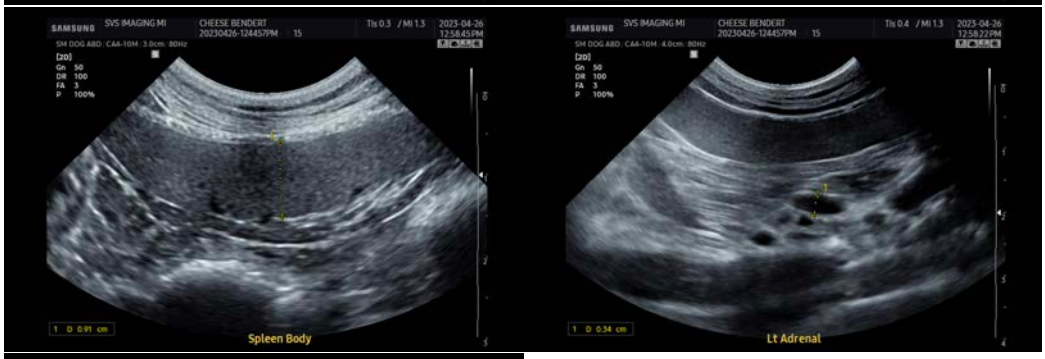

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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