

**DATE PRESENTING CLINICAL SIGNS**

4/6/23 Weight loss and anorexia over the last week or two. Hx of CRD, Hx of cardiac disease (4/6SHM). BCS 2.5/5, Dental disease - moderate to severe, Mild generalized sarcopenia

PATIENT

Socrates Hill

Current Medications: Historical: Prednisolone 5mg - 1/4 tab PO q 24 hours, Atenolol 25mg - 1/2 tab PO q 24 hours, Theophylline 45mg - 1 capsule PO q 24 hours. Started 3/31/23: Elura 20mg/ml 0.35ml PO PRN Zorbium applied topically, Convenia 80mg/ml 0.5ml SC

SPECIES

Feline

Lab Results: U/A - usg 1.018, SDMA 15, Crea 2.5 (0.8-2.4), BUN 24 (16-36), GGT 19 (0-4). 12/22 renal values were much higher, T4 was normal at that time. proBNP 1,400

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

DSH

Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

9/2/06

The left kidney has a normal shape and size (3.66 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.

WEIGHT

10.4 Pounds

The right kidney has a normal shape and size (3.53 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.

INTERPRETED BY

Kathleen Sennello DVM,
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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.

HOSPITAL NAME

Eastern AH

The right adrenal gland is normal in size measuring 0.33 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. Bottaro

Spleen

The spleen is normal in size but slightly irregular in shape, measuring 0.82 cm in width at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous ill-defined hyperechoic nodules throughout the splenic parenchyma. One of the larger nodules measures at 0.46 cm and mildly deviates the splenic capsule.

INVOICE

46470

Liver

The liver is subjectively normal in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. 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 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.

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. Jejunum wall measures 0.16 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.

Pancreas

The pancreas is hypoechoic, prominent and mottled. Prominent pancreatic duct noted. There are occasional areas of pancreas where mottling appears pronounced and almost diffusely nodular. A focal nodule is visualized in the left limb measuring approximately 0.58 cm in diameter. 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.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic nodules visualized in the spleen – The appearance of these nodules trends towards a benign lesion but underlying neoplastic process cannot be ruled out.
- Diffusely prominent hypoechoic and mottled pancreas with occasional ill-defined hypoechoic nodules – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation. The hypoechoic nodules could be consistent with lymphoid hyperplasia, a benign mass lesion, or an early neoplastic lesion. Lymphoid hyperplasia is favored.
- Hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

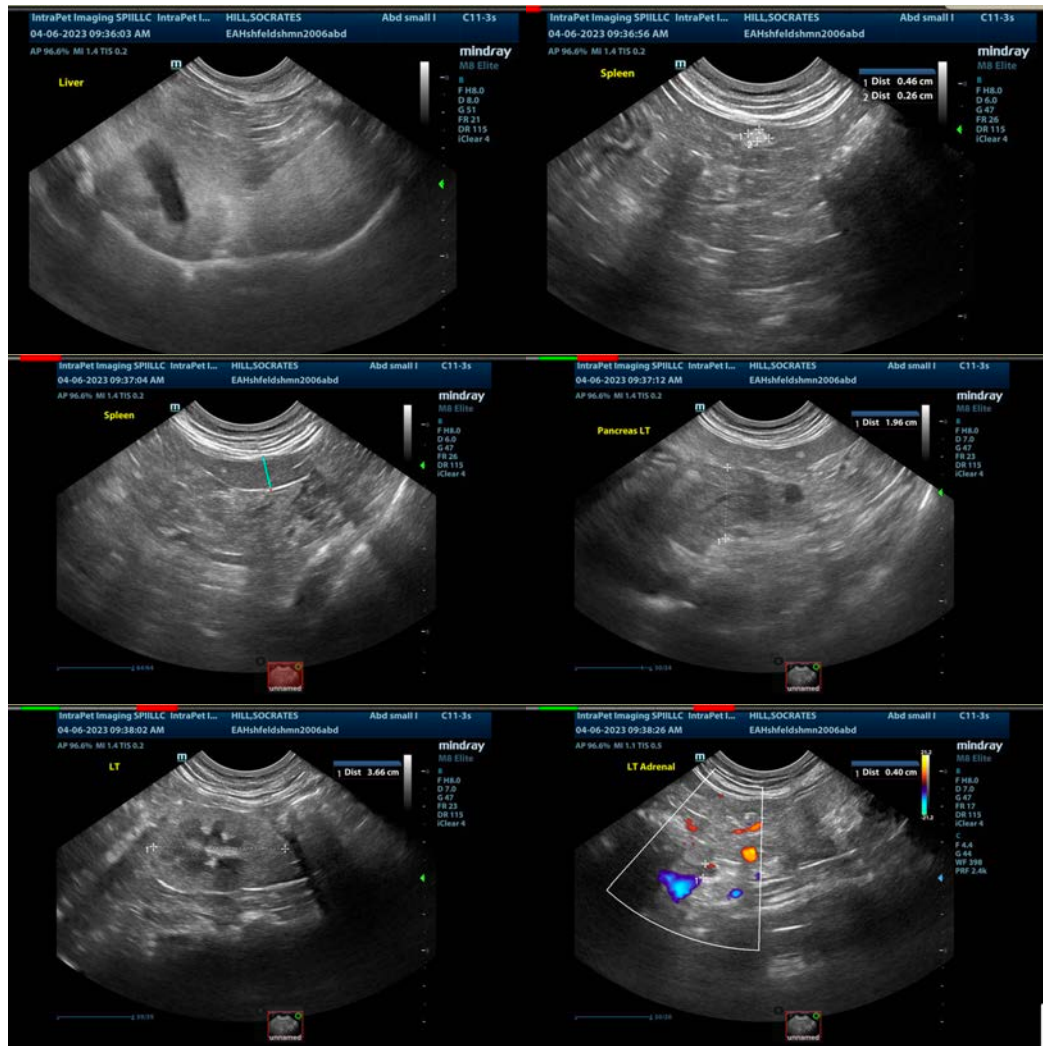
No focal lesions are visualized in the abdomen to explain the weight loss reported. The pancreas is very prominent, hypoechoic, and heterogeneous with some ill-defined hypoechoic nodules. I suspect this is consistent with mild chronic inflammation, but neoplastic infiltration cannot be ruled out. Correlate these findings with a quantitative fPLI level and consider treatment for chronic pancreatitis. Additionally, a fine needle aspirate of the pancreas, ideally the hypoechoic nodule visualized on the left (or other areas may be helpful too), is recommended to help rule out an underlying neoplastic process. Additionally, reevaluation of the pancreas in the future with ultrasound could be helpful.

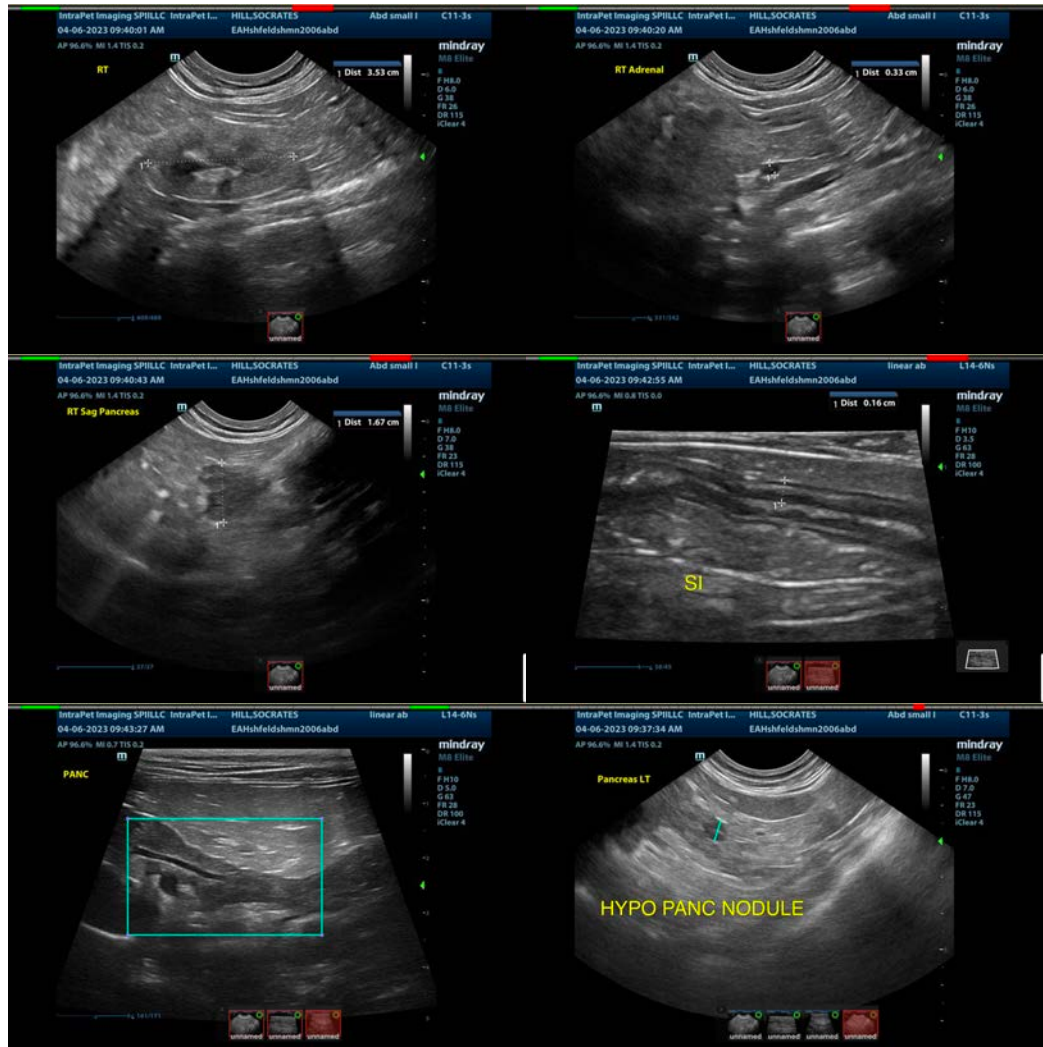
The liver appears somewhat hyperechoic. Given the lack of significant liver enzyme elevations, this could be consistent with fatty infiltration in a large cat.

The nodules visualized in the spleen are most consistent with benign nodules. One of these does deform the splenic capsule somewhat. Options moving forward would include a fine needle aspirate or continued monitoring with ultrasound.

It is possible to have significant gastrointestinal disease despite a relatively normal ultrasound. Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the GI tract. If primary gastrointestinal disease is suspected and there is no response to initial general therapy, then consider obtaining GI biopsies (in addition to pancreas?).

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





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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