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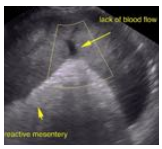
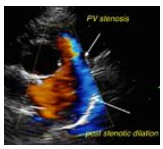
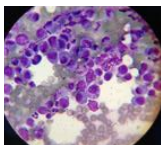
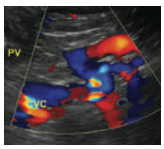

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1-800-838-4268 info@sonopath.com

PATIENT

Milo Szczepanski

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9y

WEIGHT

5.58kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach Pet Hospital

REFERRING VET

Dr. Singh

INVOICE

10204

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5/10/2023

PRESENTING CLINICAL SIGNS

Was diagnosed with diabetes in Jan 2023. Started on Lantus however not able to get diabetes under control. He's continuing to lose weight, though being quite ravenous. He's drinking a lot of water and peeing a lot. He was started on 2 units twice daily, however currently on 4.5 units twice daily. Despite the increase in insulin dose, he's not getting controlled. Recently he's developed alopecia (non-inflammatory) as well. His amylase and lipase levels are elevated as well as GGT.

Abnormal PE/Chem/CBC/UA Results: Chemistry shows elevated GGT and elevated amylase/lipase 2+ protein in urine.

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 is borderline large in size (4.99 cm). Overall echogenicity is slightly hyperechoic with poor 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 is borderline large in size (4.9 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.38 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

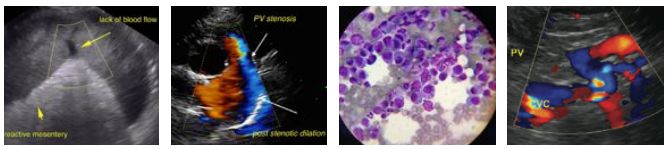
The spleen is not clearly visualized.

Liver

The liver is subjectively large 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. A cystic structure measuring 2.6 cm in diameter is visualized.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris present, as well as a focal shadowing area most consistent with a cholelith measuring 0.88 cm. The cystic and common bile ducts are normal/not visible.

Gastrointestinal



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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 moderate 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. The duodenum measured as normal (0.39 cm), and the jejunum measured as normal (0.21 cm.) Visualized peristalsis appears appropriate. There are some loops of bowel which appear significantly fluid distended with no clear evidence of an obstruction.

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 large, irregular, hypoechoic, and nodular visualized in both the left and right limbs with surrounding hyperechoic mesentery. Findings are most consistent with moderate pancreatitis, underlying neoplastic change cannot be ruled out.

Free Abdomen

Evaluation of the peritoneal cavity did reveal scant free abdominal fluid. There are occasional prominent mesenteric lymph nodes visualized measuring 0.52 cm, 0.56 cm, and 0.57 cm. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is hyperechoic around the abnormal pancreas.

PRIMARY FINDINGS

- Large irregular hypoechoic nodular pancreas surrounded by hyperechoic mesentery. The pancreatic changes are most consistent with moderate 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. The nodules could be consistent with lymphoid hyperplasia, but an underlying neoplastic process cannot be ruled out.

- Hyperechoic liver. Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy. This is most consistent with diabetic hepatopathy.

- Shadowing material is visualized within the gallbladder. Findings are most consistent with a cholelith.

- Borderline large kidneys with decreased corticomedullary distinction. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. The significance of the borderline large kidneys is uncertain. This could be normal in a large cat seen with acute renal failure, acromegaly, etc.

- 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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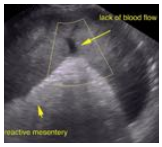
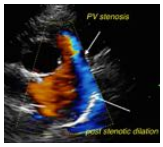
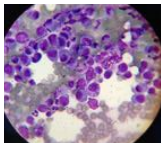
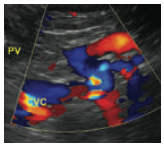

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- Scant free abdominal fluid.
- Focal areas of fluid dilated small intestine. Findings could be consistent with focal ileus or an unseen obstructive process.

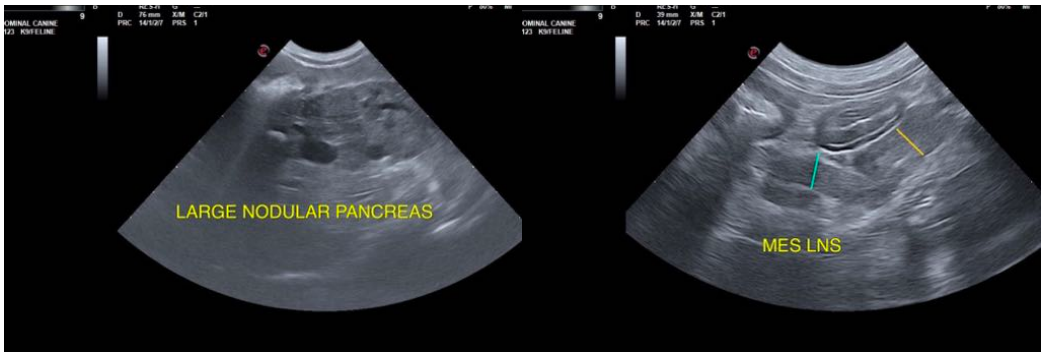
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

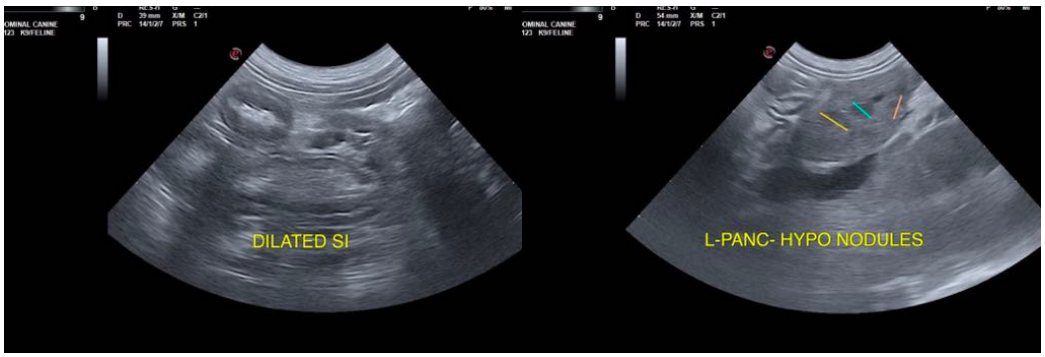
The pancreas is very prominent in this individual. It is large, irregular, and hypoechoic with ill-defined hypoechoic nodules and surrounding inflammation. This could be consistent with severe pancreatitis which has changed to chronic pancreatitis, or even pancreatic neoplasia. Recommend aggressive treatment for pancreatitis and if there is no significant improvement you could consider a fine needle aspirate of the pancreas.

The changes in the liver are likely associated with the diabetes reported. There is a stone visualized in the gallbladder with some debris. If liver enzyme elevations are present this could be consistent with concurrent cholestasis. Additionally, some bowel loops are significantly fluid dilated. I don't see a focal obstruction (but there still could be one) or this could be consistent with focal ileus secondary to severe pancreatitis. Recommend close monitoring for an obstructive process.

If this patient's diabetes continues to be difficult to treat once the pancreatitis has improved, you could consider screening for acromegaly.

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





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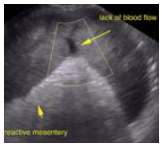
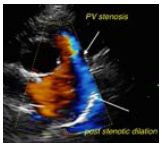
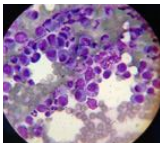
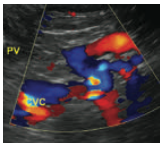

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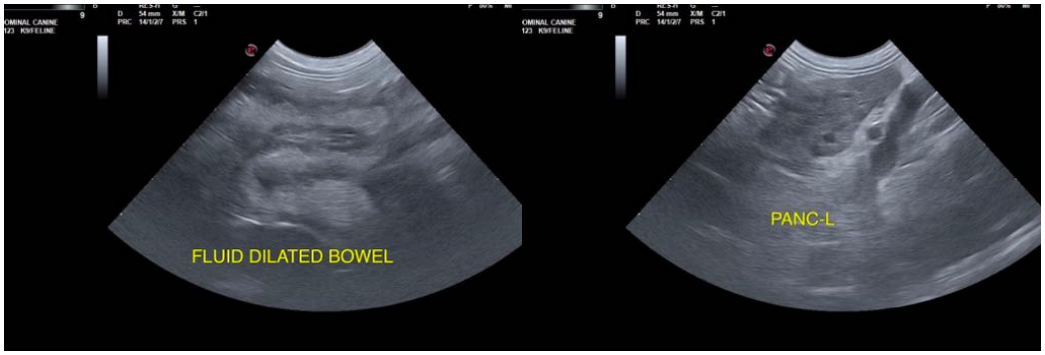

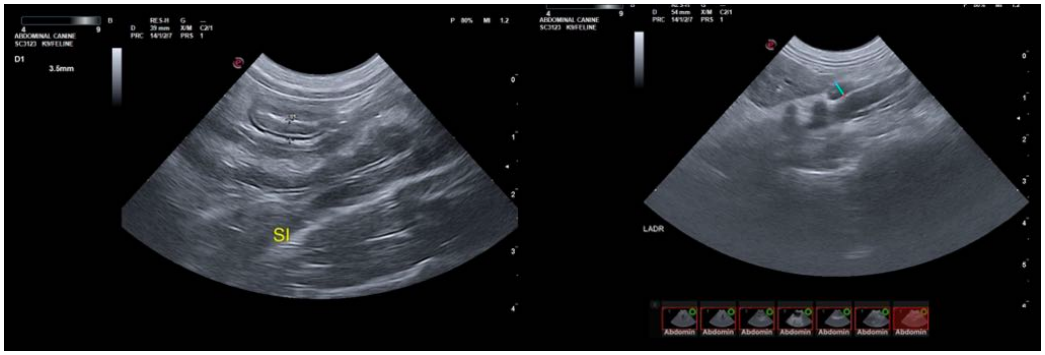

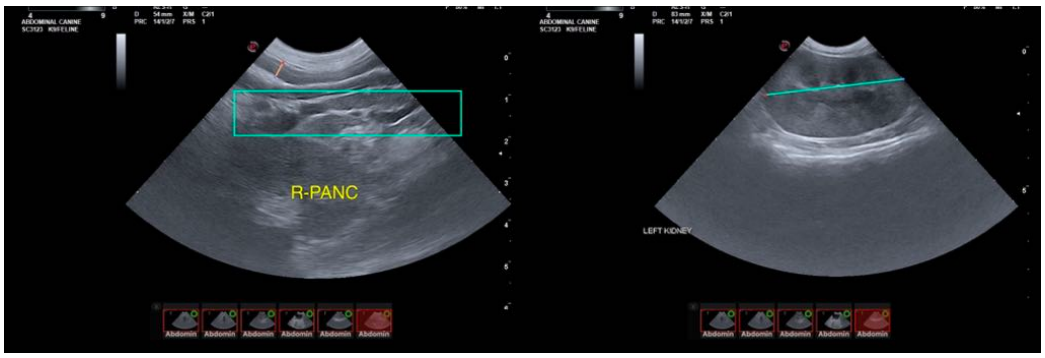

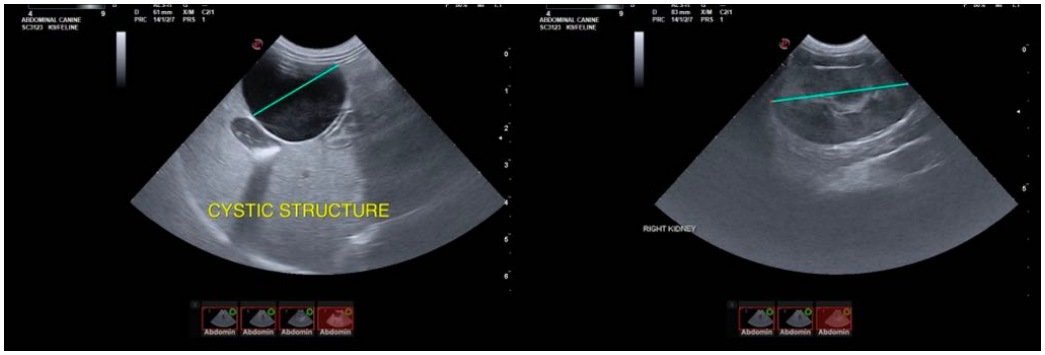

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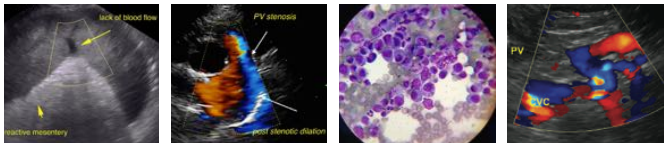

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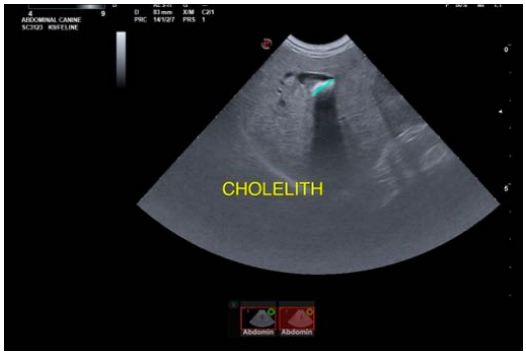

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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