

**DATE PRESENTING CLINICAL SIGNS**

6/17/22

5/15/22 presented to Urgent Vet Care for making strange low-growling noise, would make sneezing noises going with it. Urine noted in litterbox that morning, but unsure when it's from. O heard him scratching in litterbox last night, but he normally has a loud stream and O didn't hear it last night. PE: Abdomen- Abnormal: caudal abdomen mildly uncomfortable, urinary bladder small, hard to isolate so placed u/s on bladder to confirm no obstruction, bladder 1.8cm x 3cm in size, no debris visible. Bloodwork showed mild hyperglobulinemia. Unable to collect urine sample. Administered convenia inj. Sent home Buprenex. O reports P did well while on meds then symptoms recurred.

PATIENT

Franklin Martin

SPECIES

Feline

6/2: Presented to Lutherville Animal Hospital. Did not received medical records. According to O they were unable to localize pain. Radiographs wnl. Urine sample was collection and UA was unremarkable. Sent home gabapentin.

BREED

Siamese

6/16/22: O reports intermittent episodes every 1.5 weeks. Still having episodes on gabapentin. PE: Thickened elbows and stifles bilaterally. No overt spinal pain. Normal neurologic exam. Grade 1 dental disease.

SEX

Neutered Male

Current Medications: Gabapentin for 2 weeks. Unknown dosage. 6/16/22 Metacam (1.5mg/ml) 0.6ml PO SID.

Lab Results: 5/15/22 Bloodwork: CBC: wnl. Chemistry: Mild hyperglobulinemia 5.3g/dL.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

AGE

9/15/11

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT**

21.3 Pounds

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.35 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (4.69 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.54 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 0.38 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.

INTERPRETED BY

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(Small Animal Internal
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IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Timonium AH

REFERRING VET

Dr. Falkowski

INVOICE

38843

Spleen

The spleen is borderline large in size, 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. This is likely normal for such a large cat.

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.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are 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 measured 0.28 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 (0.23 cm). 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 prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. 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

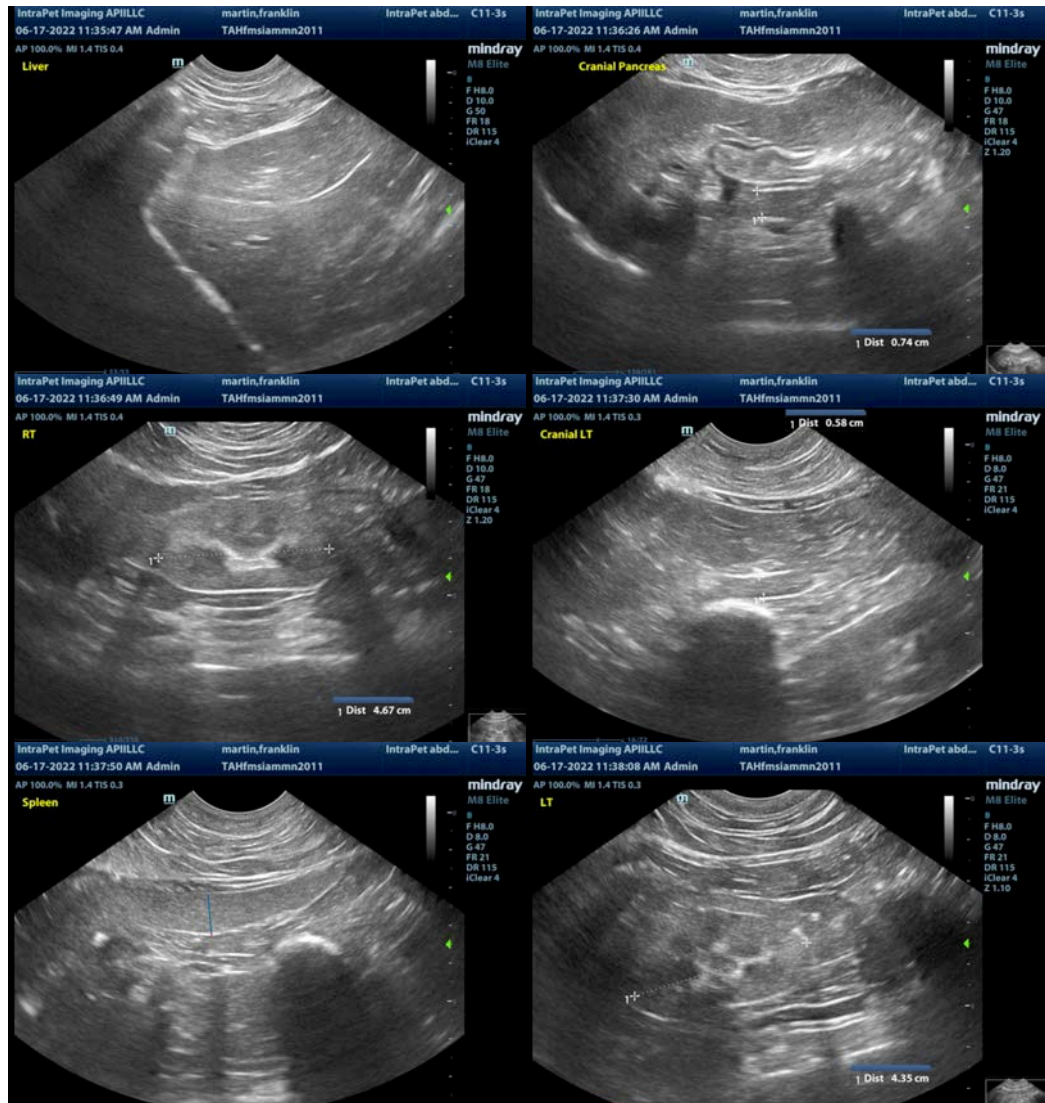
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mildly echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal for this 11 year old cat. There is a small amount of echogenic debris in the urinary bladder, which can be commonly seen in normal cats. A urinalysis and culture is recommended (and I believe already done). The pancreas is somewhat prominent and hypoechoic, but no pain response was noted on scanning. I suspect these changes are consistent with previous pancreatic disease, fibrosis, etc., but a

quantitative fPLI may be helpful.

Consider a recheck of the globulin level. If it is persistently elevated, you could consider a protein electrophoresis to look for a monoclonal gammopathy and signs of multiple myeloma, which can cause diffuse bony pain (this is rare and unlikely, but possible). Recommend 3-view thoracic radiographs and radiographs of the spine.





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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