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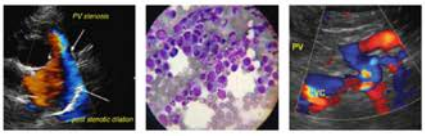

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PATIENT

Nala Niedziolek

SPECIES

Feline

BREED

Bengal

SEX

Spayed Female

AGE

12 Years

WEIGHT

8.58 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

Cat Care of Rochester Hills

INVOICE

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DATE

6/2/22

PRESENTING CLINICAL SIGNS

Weight loss despite seemingly eating normal amounts (food not measured though). Occ sneezing and congestion x 1 month, no nasal discharge.
Abnormal PE/Chem/CBC/UA Results: Mild upper respiratory congestion, slightly thin (BCS 2.75/5), rest nsf BP = 180 (stressed) UA =Hematuria likely due to cystocentesis, rest wnl CBC wnl, Chem wnl, T4 2.5, fPL = 6.4 (0-3.5)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 (3.48 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 (3.5 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 0.36 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/borderline large in size measuring 0.58 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, 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 0.9 cm x 1.54 cm cystic structure visualized near the gallbladder.

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. The proximal bile duct is prominent, measuring 0.27 cm.

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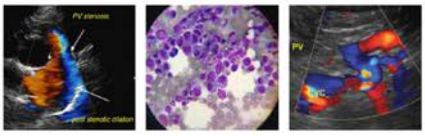

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Gastrointestinal

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 measured 0.26 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 prominent and mottled 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. Prominent pancreatic duct noted at 0.23 cm.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent mesenteric lymph nodes visualized. Examples measure 0.34 cm and 0.43 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Cystic lesion visualized in the liver – This likely represent a benign cyst.
- Mild gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Prominent muscularis layer to the small intestine – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Borderline large right adrenal gland – The significance of this is unclear, as it appears relatively normal in shape and appearance. This could represent a normal variant or a mass lesion. Correlate with clinical signs and recommend continued monitoring.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Prominent, mottled pancreas with prominent pancreatic duct – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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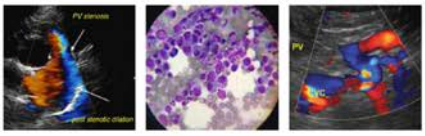

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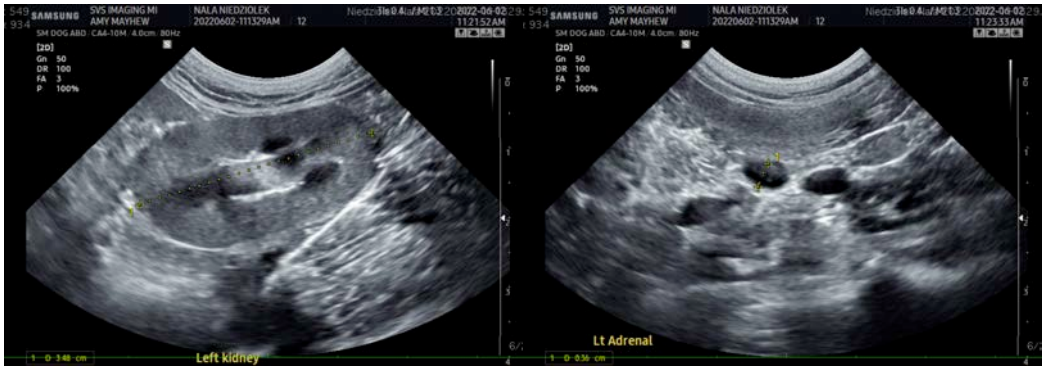
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

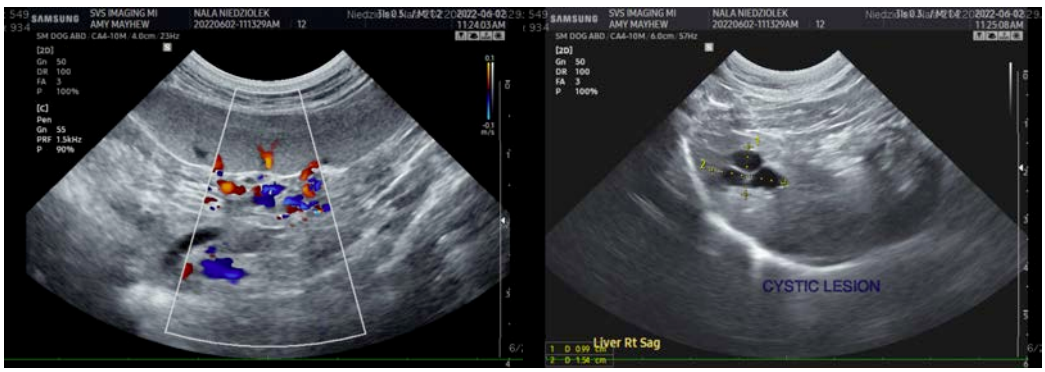
The changes observed on today's scan were relatively subtle. The muscularis layer of the small intestine appears prominent in some views. This can be a common finding in some normal older cats, but given the weight loss, this could be an indicator of underlying small intestinal inflammation. Additionally, the mesenteric lymph nodes are not overtly enlarged, but prominent, which could be supportive of this theory. If GI disease is suspected, consider the following:

- Recommend a novel protein/hydrolyzed protein prescription diet.
- Consider chronic probiotic therapy.
- Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to get more information regarding the pancreas and small intestine.
- If weight loss persists and suspicion for GI disease is high, consider obtaining GI biopsies.
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

The right adrenal gland is prominent and borderline enlarged. It appears relatively normal in shape and appearance, so the significance of this is unclear. Correlate with bloodwork, looking for any evidence of hyperaldosteronism (low potassium, high sodium, hypertension, etc.). If this was suspected, aldosterone levels could be measured Additionally, consider a cortisol excess. Most of these cats are diabetic, have thin skin, etc. If this is suspected, adrenal function testing could be considered. Otherwise, I would continue to monitor this adrenal gland to ensure it is not changing in size and shape.

There is a cystic structure visualized in the liver. This most likely represents a benign hepatic cyst, but it should be monitored. Additionally, there is some echogenic debris in the urinary bladder. A urinalysis and culture is recommended.





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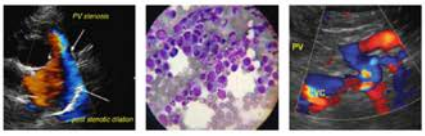

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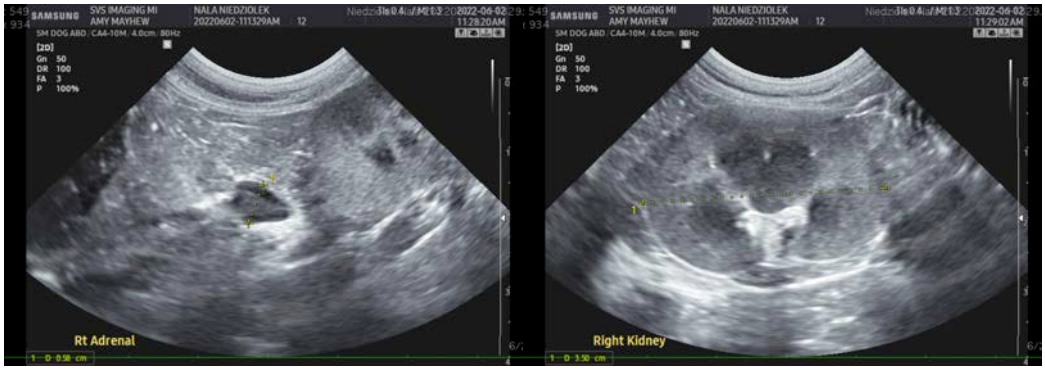

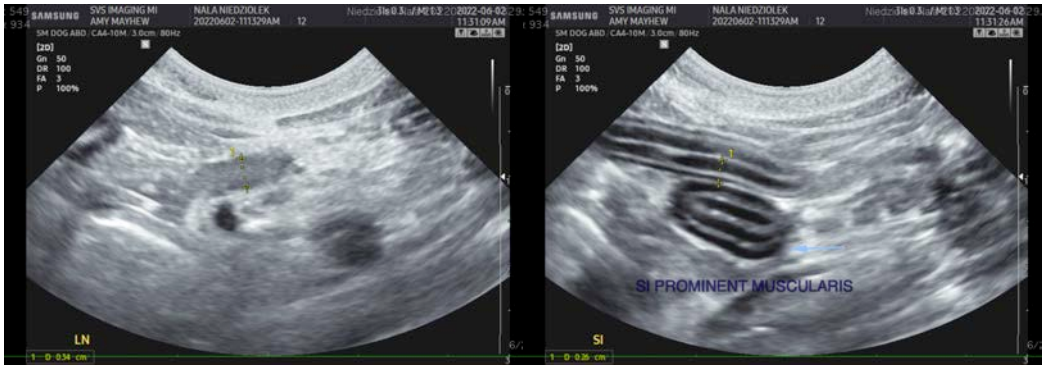

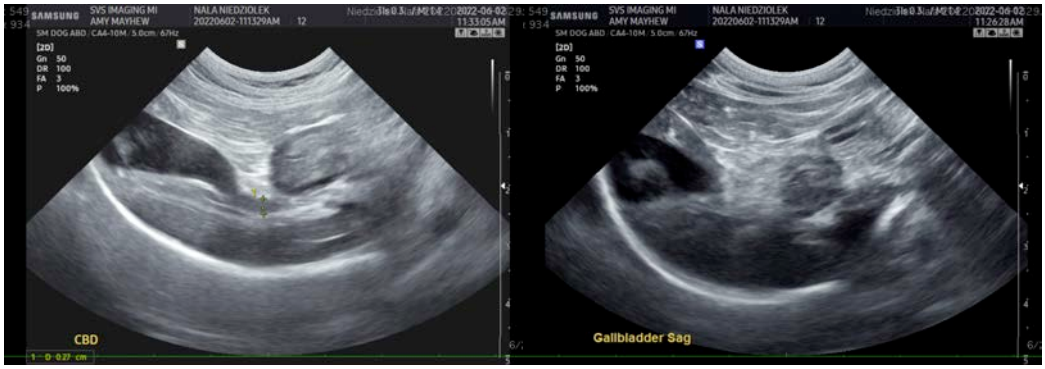

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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