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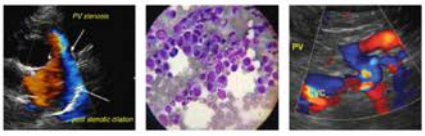

SonoPath
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PATIENT
Chase Hogan

SPECIES
Feline

BREED
Bengal X

SEX
Neutered Male

AGE
13 Years 4 Months

WEIGHT
7.6 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
Hidden Spring VS

INVOICE
44196

DATE
7/20/23

PRESENTING CLINICAL SIGNS

Indoor/Outdoor cat w/history of intermittent/chronic vomiting
Abnormal PE/Chem/CBC/UA Results: radiographs submitted via Vetconnect Plus, See attached labs from 6/17/23. Increased ALT/AST, FeLV

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly 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. **Full evaluation of the urinary bladder is challenging due to lack of urine distention.

The left kidney has a normal shape and size (3.61 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 (3.62 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 0.39 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 0.30 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 (0.68 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 heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a somewhat ill-defined hypo- to isoechoic nodule visualized within the parenchyma measuring 1.01 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. The cystic and common bile duct both appear dilated and tortuous with a small to moderate amount of mucoid debris. The bile duct measures at 0.36 cm with no obvious point of obstruction.

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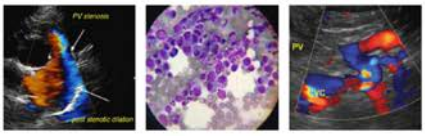

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.26 cm 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. Duodenum wall measures 0.35 cm. Jejunum wall measures 0.25 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 0.22 cm.

Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis. Prominent pancreatic duct noted at 0.21 cm.

Free Abdomen

There is scant free abdominal fluid. There are atypical lymph nodes in the abdomen. There is a cystic mesenteric lymph node measuring 1.22 cm x 2.83 cm, and a prominent hypoechoic pancreaticoduodenal lymph node measuring 0.29 cm. The omentum is hyperechoic around the irregular lymph nodes and the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic, prominent left and right limbs of the pancreas with prominent pancreatic duct and surrounding reactive mesentery – The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

- Heterogeneous liver with hypo- to isoechoic indistinct nodule – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The significance of the poorly defined nodule is uncertain. Recommend continued monitoring.

- Dilated tortuous bile duct with a small amount of intraluminal debris – Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).

- Large cystic mesenteric lymph node and cranial abdominal 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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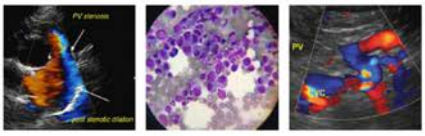

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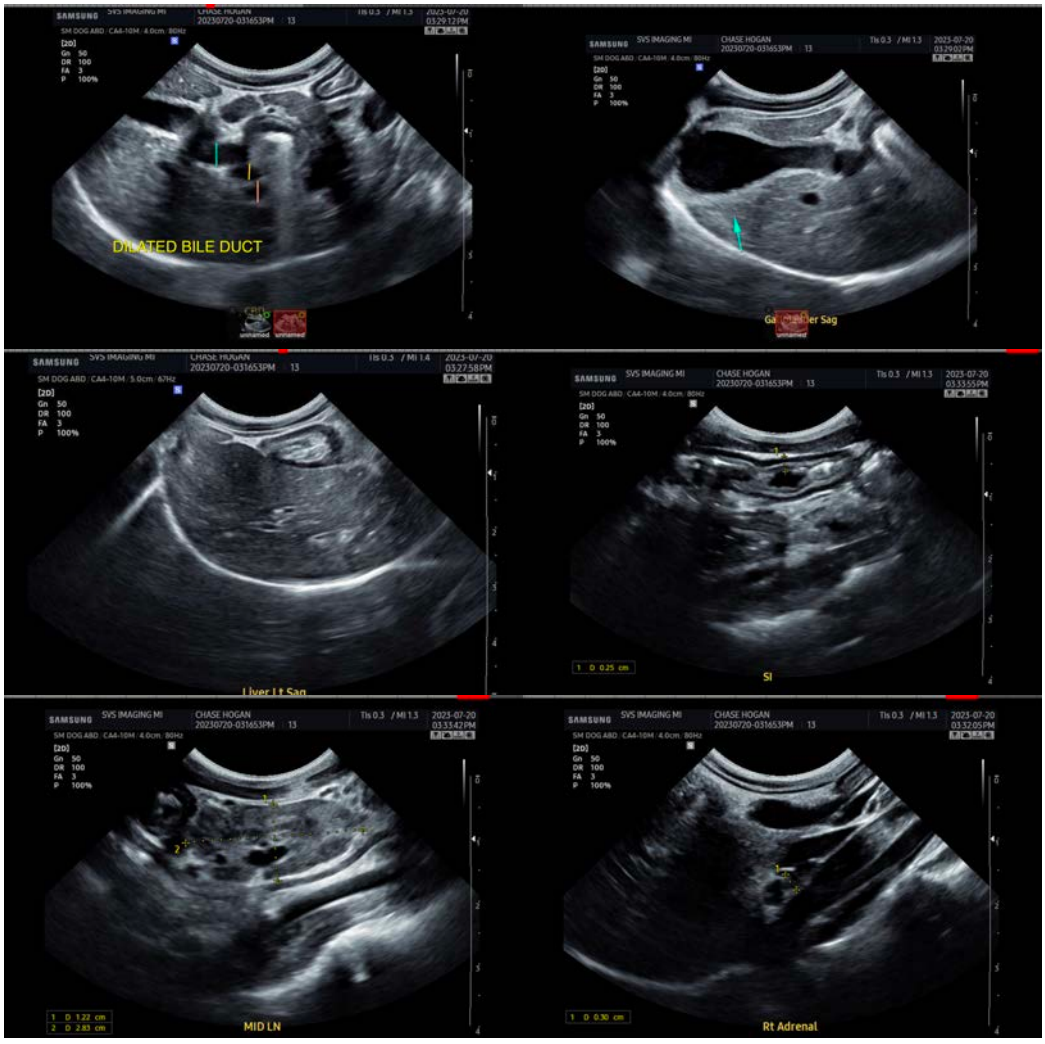
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas appears prominent and inflamed on today's exam, most consistent with chronic active pancreatitis. Additionally, the bile duct is dilated and tortuous. This is similar to the previous scan but could be accentuated by a possible post-hepatic obstruction due to the inflamed pancreas. Recommend treatment for cholangiohepatitis with Ursodiol, Denamarin, and likely antibiotics. If this does not result in improvement of the liver values, you could consider an anti-inflammatory dose of Prednisolone (0.5 mg/kg per day) with continued monitoring of liver values and concurrent treatment for pancreatitis. If values are not improving, consider a fine needle aspirate of the liver and repeat imaging of the biliary tract, as well as a fine needle aspirate of a mesenteric lymph node.

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



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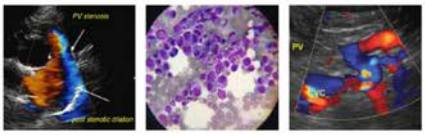

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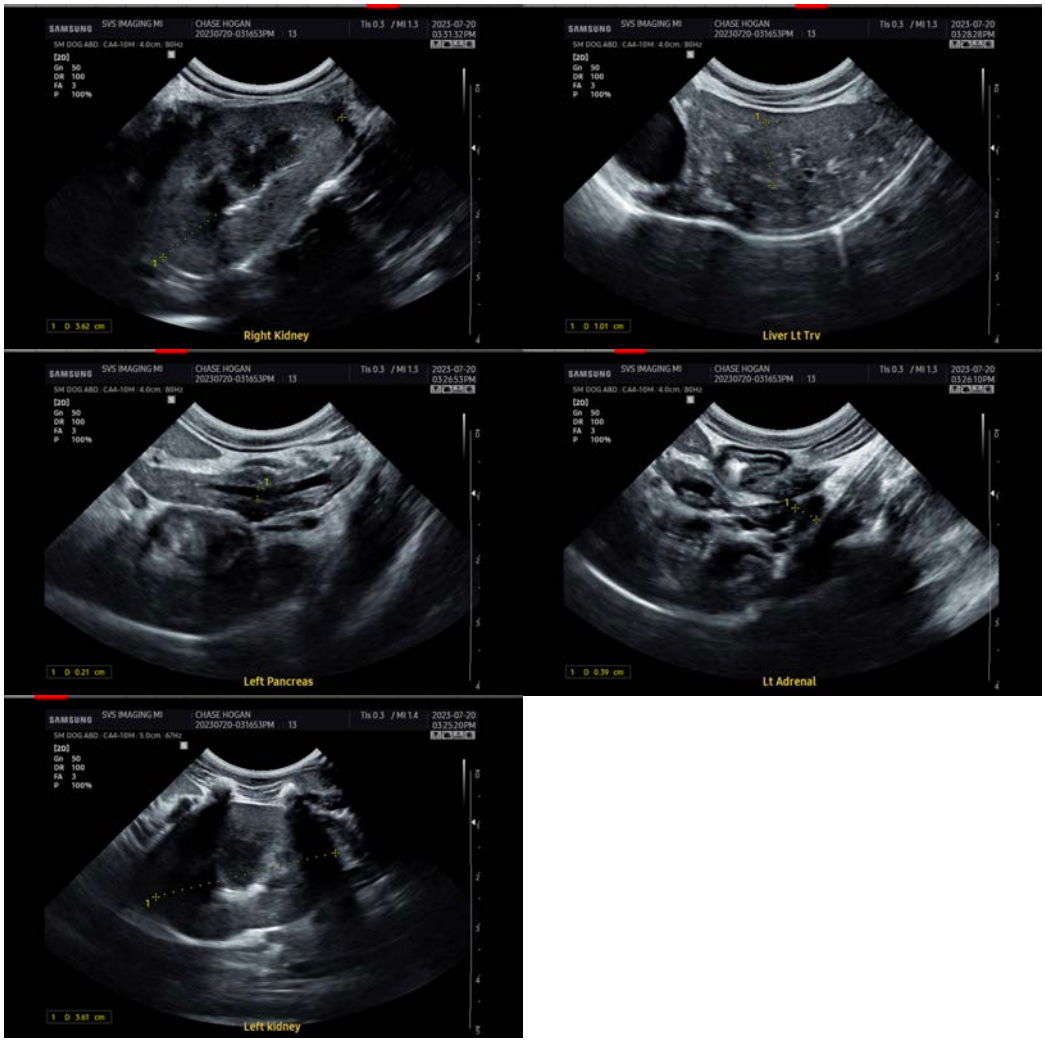

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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