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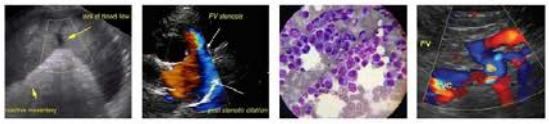

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Hot Chocolate With Marshmallows Feller

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

9.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Options Vet Care

REFERRING VET

Dr. Slatin

INVOICE

44762

DATE

8/17/23

PRESENTING CLINICAL SIGNS

Adopted Feb 2023, started throwing up shortly after - went to ER as cat threw up in 4x a day-started Prednisone 10mg- heavily sedated for scan- Diet: halds dd duck and greenies treats and pill pockets for meds- Lethargic- chronic vomiting- unable to examine without sedation- Cerenia also given

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 (3.98 cm). Overall echogenicity is increased 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 (3.7 cm). Overall echogenicity is increased 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 0.34 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 0.36 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 (0.82 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 homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a small ill-defined hyperechoic nodule visualized within the liver measuring 0.49 cm in diameter.

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.

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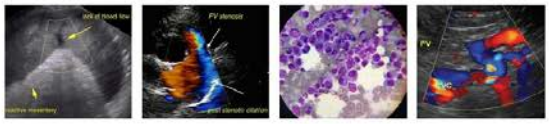

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Gastrointestinal

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 appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.32 cm. Jejunum wall measures 0.19 cm. Visualized peristalsis appears appropriate. There is a focal area in the proximal duodenum that appears slightly irregular, fluid dilated, and wall distinction is reduced.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with prominent 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 a small hypoechoic rounded structure with minimal color flow, most consistent with a cystic lesion measuring 0.41 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. There are occasional prominent lymph nodes. The pancreaticoduodenal lymph node in the cranial abdomen measures at 0.48 cm in diameter. The omentum is generally 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.
- Slightly hyperechoic kidneys – Findings could be consistent with early interstitial nephritis.
- Mildly mottled pancreas with hypoechoic structure visualized in the left limb – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. The hypoechoic structure is most consistent with a pancreatic cyst. Recommend continued monitoring.
- Small, hyperechoic nodule visualized within the liver – This lesion could represent a benign or neoplastic lesions. The current appearance trends towards a more benign lesion. Continued monitoring is warranted.
- Focal area of thickened duodenum with reduced detail of wall layering – This could be consistent with a focal area of enteritis, an early neoplastic lesion, etc.
- Occasional prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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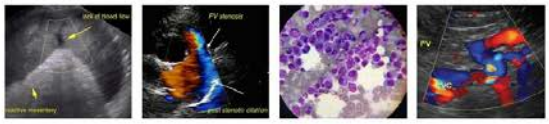

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The proximal duodenum appears slightly irregular with some mild fluid distention and wall thickening with slightly reduced (but not gone) wall layering. This could represent an area of focal enteritis, early infiltrative disease, etc. Additionally, if this patient is taking 10 mg of Prednisone daily, this could be masking some lesions, making the significance of these changes more difficult to interpret.

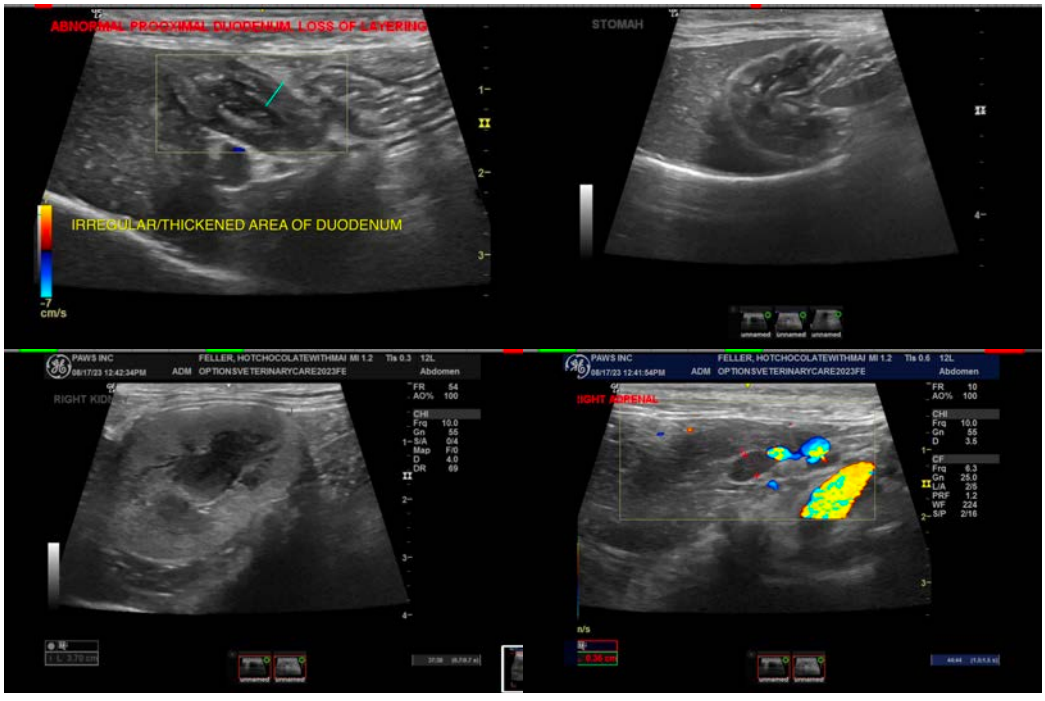
The pancreaticoduodenal lymph node is somewhat prominent, and there are occasional other prominent lymph nodes that at this time appear reactive but similar to the duodenal lesion and could represent a neoplastic process suppressed by the current steroid use.

There is a small hypoechoic structure visualized within the pancreas. This is most consistent with a pancreatic cyst lesion and is likely benign/incidental. A very hypoechoic nodule cannot be definitively ruled out. Recommend continued monitoring of this lesion.

Correlate these findings with lab work and full body radiographs (3-views). If metabolic disease is thought unlikely, then a primary enteropathy is likely. Consider the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

If symptoms persist despite these changes, options moving forward would include possible surgical GI biopsies (to evaluate the focal irregular area of duodenum) or repeat imaging in the future if symptoms progress, looking for progression of these lesions.



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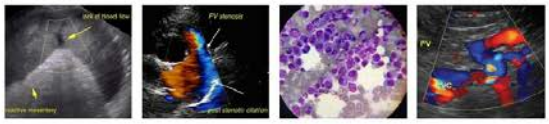

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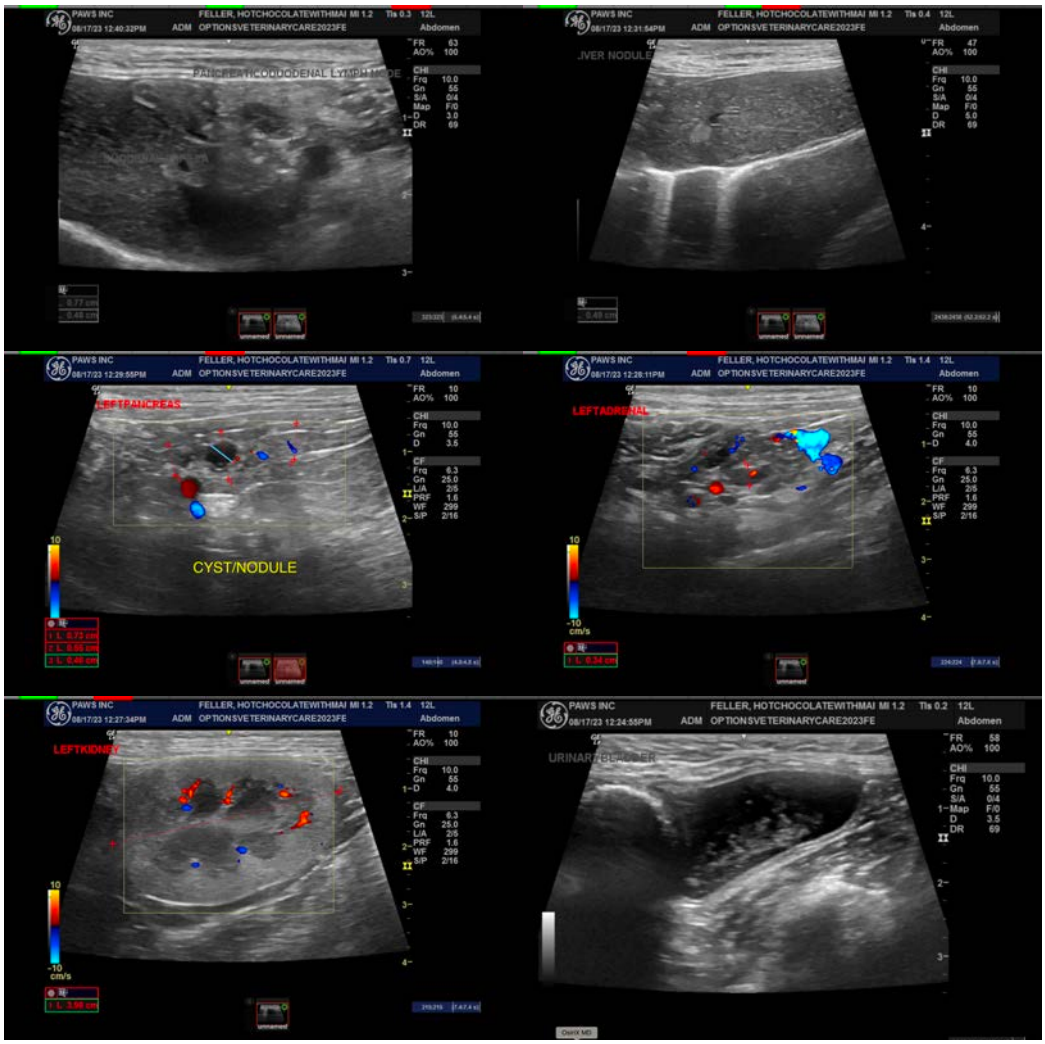

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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