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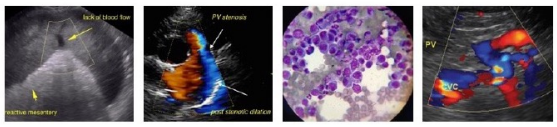


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Dexter Dinc

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

9 Years

WEIGHT

3.22 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

INVOICE

40581

DATE

8/18/22

PRESENTING CLINICAL SIGNS

jaundice, suspect hepatic lipidosis, primary vs secondary, elevated BG meds: baytril, ampicillin, metro, lantus insulin started today 1 unit BID
Abnormal PE/Chem/CBC/UA Results: please see attached BW and UA

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 has a normal shape and size (4.29 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 (4.56 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 0.45 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 0.51 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 (0.83 cm in width at the level of the hilus), 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.

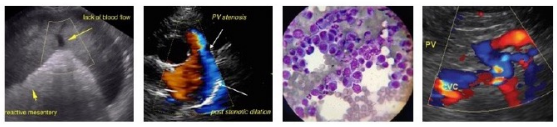
Liver

The liver is 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. No focal nodules or cystic lesions are observed.

The gallbladder lumen is severely distended with a moderate amount of echogenic debris visualized within the lumen. The wall of the gall bladder is hyperechoic and mildly thickened, measuring 0.38 cm with a dilated tortuous bile duct with echogenic intraluminal material measuring 0.40 cm in diameter.

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.



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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 0.20 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.

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, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large, hyperechoic liver – Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Distended gallbladder with dilated bile duct – concerning for a possible biliary obstruction. No focal point of obstruction is visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Some of the changes observed on today's scan would be expected in a newly diagnosed diabetic patient. Of most concern is the severe dilation of the gallbladder and bile duct along with the elevation in bilirubin, as this is concerning for possible biliary obstruction, although no focal point of obstruction is visualized. There could be a mucus plug, small mass effect, or focal pancreatic obstruction that is not readily observed on today's scan.

Options moving forward would include stabilization of the diabetes with IV fluids, treatment for possible pancreatitis, and antibiotics for possible cholecystitis as well as a urine culture and urinalysis, and reimaging of the gallbladder in 24-48 hours. If liver values continue to rise and/or the gallbladder appears more distended, then surgical evaluation may be need to be considered. Alternately, you could consider a contrast CT scan of the abdomen once stabilized, as this can sometimes provide better detail with identifying small strictures, obstructions, etc. If there is thickened mucus, inflammation, etc., it is possible that this could resolve with antibiotics +/- a single small dose of steroids.

The liver is large and hyperechoic. This could be consistent with a diabetic hepatopathy. Additionally, there could be some degree of lipidosis or even round cell neoplasia present. A fine needle aspirate of the liver could be considered if coagulation parameters permit.

The history mentioned thin, fragile skin. This can be seen in some diabetic cats with Cushing's. The right adrenal gland was difficult to visualize, but continued monitoring for adrenal enlargement is warranted.

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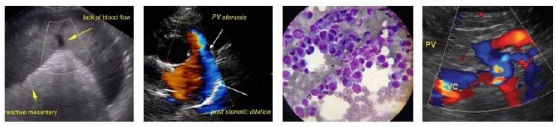

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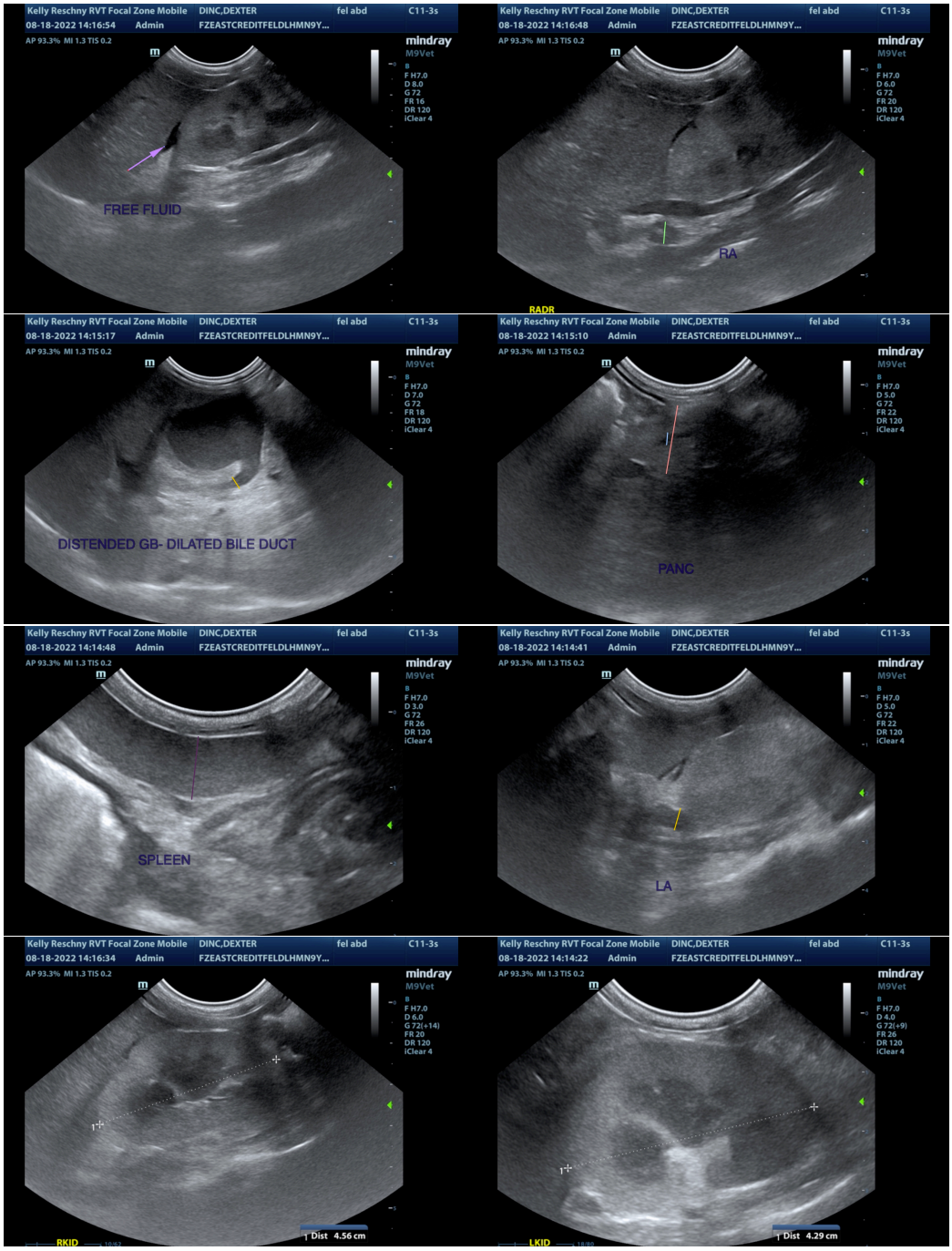

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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